

**PEI Civil Service Superannuation Fund
New Member Enrollment**

A. Personal

SIN	
Last Name	
First Name	
Other Name	
Initial	

Date of Birth	
Gender	
Language	

Mailing Address:

1	
2	
3	
4	
Postal Code	

B. Employment

Employer Name	
Employee's Date of Hire	
Employee ID no. (if applicable)	
Employment Type	Regular, Part-time
Work %	
Department Code	

Note: Department Code only needs to be completed by Government of PEI departments.

C. Pension

Standard Hours	75 hours or 80 hours
Contribution Start Date	

In the past, was the employee ever a member of the CSSF?	YES NO
If yes, who was the employer at that time?	

Submitted by _____ Date _____

For Office Use Only
Entered into Ariel by: _____ Date _____