

**PEI Public Sector Pension Plan
Annual Pension Statement Correction Form**

Member Name: _____

Member ID: _____

Statement for the period: _____

Member E-mail: _____ **Member Telephone #:** _____

If there is information regarding your pension account that you wish to have corrected or investigated, please enter the information below as you believe it should be.

INFORMATION TO BE CORRECTED:

Name: _____

Address: _____

Postal Code: _____

Date of Birth (dd-mmm-yyyy): _____

Please Note: the above corrections should also be provided to your payroll administrator

INFORMATION TO BE INVESTIGATED:

Membership Date (dd-mmm-yyyy): _____

Credited Years of Service: _____

Average Pensionable Salary: _____

Comments: _____

This form must be returned using ONE of the following:

MAIL

Department of Finance
Pensions and Benefits
P.O. Box 2000
Charlottetown PE C1A 7N8

FAX

(902) 620-3096

E-MAIL

peipspp@gov.pe.ca

If this form was completed by someone other than the employee, please provide the following:

(Name - Please Print)

(Phone Number)