



**Prior Service - Contributory LAPP Service Form**  
**Calgary Firefighters**  
**Supplementary Pension Plan**

This form is to be completed by members who have participated in the Local Authorities Pension Plan (LAPP) prior to participation in the Calgary Firefighters Supplementary Pension Plan (FSPP). In order to be eligible for purchase in the FSPP, the member must have contributed to LAPP during the period and the pension benefit relating to this period must remain on deposit in the LAPP. This form must be received by the FSPP administrator no later than 6 months from the date of FSPP participation.

Step 1: Provide the following information.

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ SIN: \_\_\_\_\_

Date of FSPP participation (date of hire with Calgary Fire Department): \_\_\_\_\_

Name of previous LAPP Employer you contributed to LAPP with: \_\_\_\_\_

Date of employment termination with previous LAPP Employer: \_\_\_\_\_

Step 2: Sign the Information Release Request.

**Member Authorization and Consent to Release Information:**

I hereby authorize Alberta Pensions Services Corporation, the administrator of the Local Authorities Pension Plan, to release information regarding my pensionable service on deposit with the Local Authorities Pension Plan. The information requested in *Step 4* is to be completed by an authorized representative of the Local Authorities Pension Plan administrator then returned to Morneau Shepell Ltd., the administrator of the City of Calgary Firefighters Supplementary Pension Plan. This information is required to calculate the cost of purchasing the corresponding period of service under the terms of the FSPP Agreement.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date Signed

Step 3: Mail the completed form along with a copy of a document indicating your date of birth to:

FSPP Administration Centre  
800 Bay Street, 7th Floor  
Toronto, Ontario M5S 3A9

For Morneau Shepell Use Only:

Date Form Received from Member: \_\_\_\_\_ Proof of Age Attached: \_\_\_\_\_ (Yes or No)

This information is being collected under the authority of Section 33c of the *Freedom of Information and Protection of Privacy Act*, and will be used for the purposes of administration of pension benefits under the City of Calgary Fire Fighters Pension Plan. If you have any questions about the collection of this information, please contact FSPP Administration Centre at 1-877-351-5911.



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Step 4: Completed by Alberta Pensions Services Corporation (LAPP Administrator).

Please answer the following questions with regards to \_\_\_\_\_, who has consented and authorized the release of this information in Step 2 of this application form:

- Does the member have a benefit on deposit with the LAPP? \_\_\_\_\_ (Yes or No)
- Enter the start date of LAPP participation with previous employer: \_\_\_\_\_
- Enter the LAPP participation end date with previous employer: \_\_\_\_\_
- Enter the pensionable service (in years) on deposit with LAPP from prior employer: \_\_\_\_\_
- Does the member have an active prior service account with LAPP? \_\_\_\_\_ (Yes or No)
- Enter the years of service being purchased if Yes indicated above: \_\_\_\_\_
- If the member has an active prior service account, is the member going to purchase the service as indicated on the 18-1 (in year report) submitted by the previous employer: \_\_\_\_\_ (Yes or No)
- Is the previous service of the active account reflected in the total pensionable service on deposit with the prior employer? \_\_\_\_\_ (Yes or No)

Printed name of LAPP Representative providing verification: \_\_\_\_\_

Title or position of LAPP Representative providing verification: \_\_\_\_\_

Phone number of LAPP Representative providing verification: \_\_\_\_\_

Date verification of LAPP details completed: \_\_\_\_\_

Signature of LAPP Representative: \_\_\_\_\_

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Step 5: The completed form should be returned to the FSPP administrator at:

FSPP Administration Centre  
800 Bay Street, 7th Floor  
Toronto, Ontario M5S 3A9

For Morneau Shepell Ltd. Use Only:

Date Form Forwarded to APS: \_\_\_\_\_ Date Form Returned by APS: \_\_\_\_\_

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