

# THE ANGLICAN CHURCH OF CANADA

## THE CONTINUING EDUCATION PLAN DIOCESE/EMPLOYER APPROVAL FORM

Under the terms of the Continuing Education Plan, when an employee ceases employment, he/she is no longer eligible to make claims under the Plan, unless continuing to work in some capacity for a participating diocese/employer.

Please complete this form. Diocese/Employer will have to submit this form each calendar year until service ends. If you have any questions, please contact the Pension Office.

Account holder information:

Name: \_\_\_\_\_ Date of Retirement/  
Termination (dd-mmm-yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

This is to confirm that the above-named continues to perform work for:

Diocese/Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

(The position must be of a duration no less than 3 months and a minimum of 20 hours/week.)

Number of hours worked each week: \_\_\_\_\_

Commencing \_\_\_\_\_ and ending \_\_\_\_\_

(The work must commence within 12 months of the date of retirement or termination.)

Diocese/Employer will continue CEP contributions  Yes  No

\_\_\_\_\_  
Bishop/Director signature

\_\_\_\_\_  
Date (dd-mmm-yyyy)

Upon completion, please return to:

The Administrator  
The Continuing Education Plan  
The Pension Office Corporation  
625 Church Street, Suite 401  
Toronto, ON M4Y 2G1

Tel: (416)960-2484

Toll free: 1-800-265-1070

Fax: (416)968-7689

Email: [con-ed@national.anglican.ca](mailto:con-ed@national.anglican.ca)