

CMS GMPP Transfer Application

1. Proceed to enter the required information to complete the online form. Please note, this online version contains the same fields as the pdf version. Some notable differences:
 - a. Mandatory fields are indicated by an asterisk. These must be filled in before you can successfully save the form or proceed to the next step.
 - b. Once you submit a form, you cannot edit it. You must contact Provident10 to make changes.
2. Click the **Request For** field. A list of your employees' names will appear. Search for the applicable employee and select it. You can find the Plan Member quicker by typing in the name or SIN of the Plan Member.

GMPP Transfer Application

Appendix "A" GMPP Transfer Application

* Indicates required

Employer Representative
Employer Chad

Participating Employer
Labrador Hydro Project

Request for
[Redacted]

*Are there any changes to the address?
No

Address 1
[Redacted]

Address 2
[Redacted]

City
NL

Province
[Redacted]

Postal Code
[Redacted]

Submit

Required information

Annual Current Salary

Was the employee working for a different employer during the period specified above?

I confirm, and I have verified with the employee, that the...

Addresses may not appear in the correct field within ServiceNow.

3. In the section 'Service to be transferred', click Add to add a row to the table.

Service to be transferred

Add Remove All

Actions	Employer	Start of Period	End of Period	Total Hours Worked	Employers Daily Full-Time Hours
No data to display					

4. Complete the fields in the window that appears. Choose the plan member's employer at the time that the plan member was contributing to the GMPP from the drop-down list. If the employer is the same as the employer listed in the 'Participating Employer' field at the top of the GMPP Transfer Application, you can choose 'Same as above'. Once all fields have been completed, click Add in the bottom right corner of the screen.

Add Row

Employer
001 - Government of Newfoundland and Labrador

Start of Period
04-01-2023

End of Period
05-31-2023

Total Hours Worked
195

Employers Daily Full-Time Hours
6.5

Cancel Add

Click Add to add the row.



5. If you make an error, the error will be highlighted with a red box and details on how to fix it. The message below appeared because the daily full-time hours were entered as 6.5 but it should include two decimal places, ie. 6.50.

The following fields contain errors: Employers Daily Full-Time Hours

Add Row

Employer
001 - Government of Newfoundland and Labrador

Start of Period
04-01-2023

End of Period
05-31-2023

Total Hours Worked
195

Employers Daily Full-Time Hours
6.5
Please enter (60000.00)

Cancel Add

Once you have successfully added your row, before you submit it, you can still edit or delete the row. Click Add if you have additional periods of time to add to the request.

Service to be transferred

Add Remove All

Actions	Employer	Start of Period	End of Period	Total Hours Worked	Employers Daily Full-Time Hours
	001 - Government of Newfoundland and Labrador	04-01-2023	05-31-2023	195	6.50


Prior to submitting, you can still edit or delete the transaction.



8. Review the following notes to ensure the transaction meets all the requirements for GMPP transfers and to ensure you have completed all sections as needed. Add any required attachments.

Please note:

1. As per the terms of the Reciprocal Transfer Agreement between the Government Money Purchase Pension Plan (GMPP) and the Public Service Pension Plan (PSPP), this application must be completed by the current employer when a plan member requests to transfer service between the GMPP and PSPP.
2. For transfers from the GMPP to the PSPP, all columns in the section "Service to Be Transferred" must be completed. If not, the application will be deemed incomplete and cancelled. This could result in less service credited and/or less monies available for transfer from the GMPP. If the application is cancelled, a new GMPP Transfer Application will be required to request the transfer of GMPP service in future.
3. For transfers from the PSPP to the GMPP only columns "Employer" and "Period" in the section entitled "Service to Be Transferred" are to be completed.
4. If the GMPP service to be transferred did not occur with the current employer, the employer with whom the service accrued must complete the supplement document, "Verification of (GMPP) Service Form". For submission and processing purposes, it is both the plan member's and employer's responsibility to ensure that the completed supplement document accompanies the transfer application. Failure to provide both documents will result in the application being deemed incomplete and cancelled. If the application is cancelled, a new GMPP Transfer Application and a new Verification of Service Form will be required to request the transfer of GMPP service in future.
5. To be eligible to transfer service from the GMPP to the PSPP, you must be an employee, as defined by the the Plan Text.
6. Provident10 will update the pension administration system to reflect the information contained on the application and supplement document (if applicable).

 Add attachments

Click to add attachments.

9. Once the form is submitted, a PDF will be created with the information you entered. This can be viewed in the Activity and Attachments section in the screenshot above.



APPENDIX "A" GMPP TRANSFER APPLICATION

15 International Place, Suite 200
St. John's, NL A1A 0L4
Email pensions@provident10.com

 First Name Last Name Last 4 SIN Date of Birth

Address 1 _____ City _____
 Address 2 _____ Prov _____ Postal Code _____
 Personal Email Address _____
 Phone Number _____ Phone Number (Alternate) _____
 Participating Employer Labrador Hydro Project

(Please refer to reverse for more information)

Annual Current Salary: _____

SERVICE TO BE TRANSFERRED

Employer	Start of Period	End of Period	Total Hours Worked	Employers Daily Full-time Hours
001 - Government of Newfoundland and Labrador	1-Apr-23	31-May-23	195	6.50

I, confirm, and I have verified with the employee, that the above information is complete, accurate and up-to-date. Please note that Provident¹⁰ pension systems will be updated to reflect the information contained in this form.

September 5, 2023 Employer Chad _____
 Date Employer Representative Name Employer Phone Number

(Please submit this form electronically to pensions@provident10.com using Kiteworks or another secure, encrypted method.)

The personal information collected or provided will only be used for purposes relating to the operation of the relevant pension programs and for statistical reports. All information will be kept confidential and will not be disclosed to third parties without your consent unless required or authorized by law. If you have any questions or concerns, please contact Provident¹⁰.

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