

THE ANGLICAN CHURCH OF CANADA

THE CONTINUING EDUCATION PLAN

ENROLLMENT / RE-ENROLLMENT FORM

If you are joining this Plan for the first time, please complete this form.

EMPLOYEE INFORMATION

Ordained Lay

Name (First, initial, last) (Miss, Ms., Mrs., Mr.)	Date of birth(dd/mm/yyyy)
Address	
Social insurance number	Telephone
Date of ordination (dd/mm/yyyy)	Date of employment(dd/mm/yyyy)
CONSENT I consent to the information provided in this form being collected by the Pension Office Corporation for the purposes of assessing eligibility for all benefits for which I may be entitled.	
Employee's signature	Date

FOR DIOCESE/ EMPLOYER USE ONLY

Diocese/Employer	Address
We accept the responsibility as outlined in Canon XII & the Regulations of the Continuing Education Plan to remit the Employer contributions of \$450.00 per year to the Pension Office Corporation.	
Diocese/Employer Signature	Date