



## Payroll Summer Savings Plan

### Teachers

I, \_\_\_\_\_ hereby authorize and request my employer to deduct and remit

(please select)      5%      10%      15%      20%

of my monthly net pay, in accordance with the Letter of Understanding among School District #45 (West Vancouver), WVTA, BCTF and BCPSEA, to the 10 month Summer Savings Plan.

OR

I, \_\_\_\_\_ am currently participating in the Summer Savings Plan and do not wish to continue to deduct and remit contributions in the 2016/2017 school year.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

New requests for deductions or changes to existing contribution rates must be delivered to the Payroll Department by fax to 604-981-1001 or email to [payroll@wvschools.ca](mailto:payroll@wvschools.ca) by 4:30pm on SEPTEMBER 15th.

Requests to discontinue participation must be delivered to the Payroll Department by fax or email by JULY 31st.

**No late enrolments or changes will be accepted.**