



**APPLICATION FOR ENROLLMENT IN THE NOVA SCOTIA
HEALTH EMPLOYEES' PENSION PLAN (NSHEPP)**

Please read and complete the following questions:

You are required to **immediately** enroll in the Capital Health pension plan if you continue to be employed with another facility where you are contributing to the NSHEPP at less than 100%. Any future change in status with another facility should be reported to Benefits at (902) 473-5757 or toll free at 1-866-473-5757.

1. I am contributing to the NSHEPP at another organization at less than 100%
NO ___ YES ___ Name of Facility _____

2. Have you been employed by any other NSHEPP member organization but terminated employment within the past 6 months.
NO ___ *YES ___

Termination Date _____ Name of Facility _____

**A Benefits Advisor will contact you with more pension details and options*

If questions 1 or 2 do not pertain to you, please mark an X in one of the following pension options:

I wish to immediately enroll in the NSHEPP

I wish to wait 3 months to enroll in the NSHEPP

Signature _____ Date _____