

1. EMPLOYEE INFORMATION:

PART 1 – TO BE COMPLETED BY EMPLOYEE

NAME: _____
Last First Middle Initial

Social Insurance Number (SIN) _____ Birth Date _____ Gender _____ (M/F)
(dd) (mm) (yy)

Address _____ Phone # _____ E-Mail _____

2. PENSION PLAN PARTICIPATION:

- a) Are you currently employed by another NSHEPP Employer? NO YES If yes, provide Employer Name: _____
 If yes, do you contribute to NSHEPP (formerly called the NSAHO Pension Plan) with your other employer? NO YES
- b) Were you previously a member of NSHEPP but terminated your earlier employment within the last 6 months and have not withdrawn your benefits from the Plan?
 NO YES If yes, provide Employer Name and Date of Termination of your earlier period of Employment: _____
 If yes, would you like to leave your benefits in the Plan so that your prior period of service in NSHEPP is combined with your current period of service for purposes of determining when you can retire and how much pension you will receive? NO YES

Please note: If you are currently employed by another NSHEPP Employer and you participate in the Plan with that Employer, or you are rejoining the Plan within 6 months of your termination and you wish to leave your benefits in the Plan, if you have not had any changes in your spousal information or beneficiary designation, you only need to sign the Employee Declaration below and return this Form to your Employer. If there are changes to your spouse or beneficiary information, you need to complete the applicable sections below.

3. SPOUSAL INFORMATION: I am Married Common-law Single Divorced Widowed Married, living separate and apart or legally separated

Name of Spouse/Common-law partner (if applicable) _____ Spouse's Date of Birth _____
Last First Middle Initial (dd) (mm) (yy)

4. BENEFICIARY DESIGNATION:

I hereby revoke any previous appointment and appoint the following person (s) as my beneficiary to receive any death benefits that may be payable to a beneficiary* from NSHEPP should I die before retirement. If you designate more than one beneficiary, benefits will be divided equally among them unless you indicate otherwise.

Name of Beneficiary _____ Relationship _____

If you have designated a beneficiary who is a minor, please appoint a Trustee to receive benefits on behalf of that person. I hereby appoint, (name of Trustee) _____ as Trustee to receive benefits payable to (name of beneficiary) _____ during minority.

***IMPORTANT INFORMATION ABOUT NAMING A BENEFICIARY:** Subject to very limited exceptions, pension law requires that pre-retirement death benefits payable from a registered pension plan must be paid to a member's Spouse or Common-law partner at the date of death. Naming a beneficiary enables you to direct benefits to a specific person (s) **if there is no qualifying Spouse or Common-law partner at that time.**

5. IMPORTANT INFORMATION: PAST SERVICE CREDITING -You have one year from the date you join the Plan if you wish to complete the types of past service transactions that are described below. These transactions can have a very significant impact on your pension. If you have questions, please contact us without delay. (If you check any of the boxes in this section, please provide your email or mailing address in the space below so that we can contact you if necessary):

- I was a member of a pension plan at my previous place of employment and want to explore the possibility of purchasing or transferring service from that plan into NSHEPP.
 I have service with my employer before the employer participated in NSHEPP and want to explore the possibility of purchasing that service in NSHEPP.
 I am a former NSHEPP (formerly called the NSAHO Pension Plan) member who terminated a prior period of employment. My current period of employment started within 5 years of my prior termination and I want to explore the possibility of reinstating my prior period of service in NSHEPP.

If you are requesting a quote here, please indicate how you would like to be contacted: Mail E-mail

6. EMPLOYEE DECLARATION:

- I hereby apply for membership in NSHEPP. In doing so, I acknowledge the following:
- a) I have received a copy of an employee booklet and/or other information that describes the Plan and accept that it is my responsibility to review this material.
 b) My Employer will deduct contributions from my earnings as required by the Plan. When my compulsory participation is required by the Plan, my refusal to sign this application does not eliminate this requirement.
 c) It is a condition of participation in the Plan that certain personal information about me and my Spouse or Common-law partner, if applicable, must be provided by me and/or my Employer for purposes of administering and managing the Plan and my participation in it. Personal information will be collected and used only as required for these purposes. Personal information may be used by or disclosed to staff or agents of the Plan or my employer as required to discharge these purposes. I consent to such collection, use and disclosure. If applicable, I am authorized to provide such consent on behalf of my Spouse or Common-law Partner and I hereby do so. (For further information see NSHEPP Policy and Guidelines: Protecting the Privacy of Personal Information).
 d) I will comply with the requirements of the Plan.
 e) I certify that the information provided by me in this application is correct to the best of my knowledge.
 f) I understand that I have one year from the date I join the Plan to make a request to purchase, transfer or reinstate past service as described in Section 5 above. If I do not make a request within one year from the date I join the Plan, these options will no longer be available to me. I understand that this is an important decision with long-term financial consequences and it is my responsibility to initiate these past service purchase, transfer or reinstatement processes if I am interested in these opportunities to purchase, transfer or reinstate my past service.

EMPLOYEE SIGNATURE _____ DATE _____ WITNESS _____

EMPLOYER NAME _____ EMPLOYER CODE _____

PART 2 - TO BE COMPLETED BY EMPLOYER

EMPLOYMENT DATE _____ REGISTRATION DATE _____
(dd) (mm) (yy) (dd) (mm) (yy)

PLAN ELIGIBILITY STATUS FOR THIS APPLICATION: Where participation is compulsory, NO YES member opted to wait 3 months

- Compulsory Participation** = regularly scheduled to work 50% or more (must join no later than 3 months from the date of hire or date of eligibility, can join immediately at member's option).
 Optional Participation = not regularly scheduled to work 50% or more and have completed 24 months of continuous service and earned a minimum of 35% of YMPE or worked at least 700 hours in two calendar years immediately prior to enrollment.

If there is more than a 3 month difference between the member's date of hire and date of registration, please explain why: _____

I certify that the information contained in this form is correct to the best of my knowledge.

Employer Signature _____ Print Name _____ Date _____

I authorize the NSHEPP to contact me by email to clarify information about this employee: Yes No