Potential Enrollment in the
Nova Scotia Health Employees' Pension Plan (NSHEPP)

Participation in the NSHEPP is based on specific criteria. Answer the following questions to ensure that your participation in the pension plan occurs at the appropriate time.

Please answer all of the following questions.

1.   You are **required** to enroll in the Nova Scotia Health Employees' Pension Plan if you continue to be employed with another employer where you are contributing to the NSHEPP. Any further change in status with another employer should be reported to Benefits at (902) 473-5757, Option 3, Option 1

   I am contributing to the NSHEPP at another employer.

   YES____ NO ____ NAME OF FACILITY _____

2.   You have the **option** of immediately rejoining the NSHEPP **if you terminated employment within the last 6 months from another employer where you were a member of the NSHEPP and have not withdrawn any monies from the Plan.** If you immediately rejoin, your prior period of service will combine with the current period of service to determine when you can retire and how much pension you will receive from the NSHEPP.

   I have paid into the NSHEPP within the last 6 months.   YES ___ NO ___

   If you have answered "yes" to question #2 you have the option of joining the plan. Please indicate your decision below:

   I wish to immediately participate in the NSHEPP.   YES ____ NO ____

   If you choose to join the plan please supply the name of the NSHEPP participating employer you were employed with in the last 6 months.

   _____

Note: If you are not eligible for the reasons noted above, once you have completed 24 consecutive months of continuous service and either worked 700 hours or earned 35% of the Years Maximum Pensionable Earnings (YMPE) under the Canada Pension Plan in each of the preceding two calendar years, you will be eligible and have the option to participate in the NSHEPP.

You have been provided with a link to an electronic version of the NSHEPP Employee Information Booklet. If you would like a hard copy, you can either print the electronic version or request one by calling Benefits at 902-473-5757, option 3, option 1.

I understand the information that has been presented to me and confirm my answers to be factual. I authorize the use of my Social Insurance Number for identification purposes with the NSHEPP and as required by law.

Signature: _____   Print: _____

SIN: _____   Date: _____

Witness: _____   Date: _____