Registration No. 0355925

OPTION FORM

Eligibility to join NSAHO Pension Plan
(part-time employee)

Part-time Employee's Name: _____ **SIN:** _____

Facility Name: _____

To: NSAHO Pension Plan

I hereby declare that my employer has explained the details of my eligibility to become a member of the NSAHO Pension Plan and I understand my options. I elect the following option:

Option 1

I wish to become a member of the NSAHO Pension Plan. _____ (Initials)

Option 2

I *do not* wish to become a member of the NSAHO Pension Plan. _____ (Initials)

In electing Option 1, I understand that my membership in the Plan will commence on the first day of the pay period immediately following the date I sign the NSAHO Pension Plan enrolment card.

In electing Option 2, I understand that if I wish to become a member of the Plan at some future date, it will depend upon my meeting the Plan's eligibility requirements for Plan membership at the future date. I further understand that I will not receive credit for pensionable service for any period of employment that precedes the effective date of my future membership in the Plan unless I proceed with a past service purchase as allowable under the terms of the Plan and the Income Tax Act.

Signed _____ _____
Employee's Signature Here Print Employee's Name Here

Signed _____ _____
Witness Signature Here Print Witness Name Here

Date _____

(NSAHOPP May 2002)