



PENSION ADMINISTRATION *BULLETIN*

Reference No. 2007- 03

Date: March 14, 2007

TO: All Pension Administration Contact Persons at
Contributing Member Organizations

RE: NSAHO Pension Plan – New Employee Enrolment Form

Attached is a copy of our new “*Application for Enrollment/Re-Enrollment*” Form.

The form has been completely revised and we would like to point out a few important details:

- **The application provides for enrolment or re-enrollment of a member** - New members are required to complete sections 1 to 6 of Part 1 of the form if it is their first time joining the plan.

If an employer is already a member of the Plan at another facility *or* if an employee is re-joining the Plan within 6 months of their termination and has not withdrawn their funds from the Plan, the employee need only complete their name and SIN in section 1 along with sections 2 and 5 of the Employee section. Sections 3 and 4 are only to be completed, if the employee has any changes in the spousal or beneficiary information on file with the Plan.

The Employer is required to complete Part 2 of the form in all cases.

Please note that the “*Option to Immediately Join the NSAHO Pension Plan*” is no longer in use and has been removed from the website.

- **The application now includes a section for employees to request a past service purchase quotation (See Section 6)** - Employees are advised that they have ***one year from the date they join the Plan*** (as per the changes made to the past service purchase plan that took effect December 31, 2006) to do a past service purchase of a prior period of service and are asked to provide contact information if they are interested in exploring this further.
- **The application now provides a space directly on the form to allow employers to provide the reason for a delay between the employment date and registration date.**
- **The application can be filled out on-line** - the new enrollment form can be found on the “I’m an Employer” section of our website www.nsahopensionplan.ca. Simply click on “Forms” and then “Active Members” and you will find the new application form. Your options are to fill out the application on-line and then print the completed forms to be signed by both the employer and employee – the form can then be mailed to the NSAHO Pension Plan. Or you may print a blank form and fill it out manually – the choice is yours. If you would prefer to maintain a paper supply of the forms, please contact our office and we will forward to you.

We ask that you destroy any existing enrollment cards/forms and the “*Option to Immediately Join the NSAHO Pension Plan*” that you have on-hand and do not use them on a go forward basis.

Thank you to your Pension Plan Steering Committee for the great input and feedback on the new form.

Please contact us if you have any questions.



Application for Enrollment/Re-Enrollment

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)

2. PENSION PLAN PARTICIPATION:

- a) Are you currently employed by another NSAHO Pension Plan Employer? NO YES If yes, provide Employer Name: _____
 If yes, do you contribute to the NSAHO Pension Plan with your other employer? NO YES
- b) Were you previously a member of the NSAHO Pension Plan 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, I would like to leave my benefits in the Plan so that my prior period of service in the NSAHO Pension Plan is combined with my current period of service for purposes of determining when I can retire and how much pension I will receive? NO YES

Please note: If you are currently employed by another NSAHO Pension Plan 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) _____
Last First Middle Initial

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 the NSAHO Pension Plan 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. EMPLOYEE DECLARATION:

I hereby apply for membership in the NSAHO Pension Plan. 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 NSAHO Pension Plan 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.

EMPLOYEE SIGNATURE _____ DATE _____ WITNESS _____

6. 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 service from that plan in the NSAHO Pension Plan.
- I have service with an NSAHO employer before the employer participated in the NSAHO Pension Plan and want to explore the possibility of purchasing service from that plan in the NSAHO Pension Plan.
- I am a former NSAHO Pension Plan member who terminated employment within the last 5 years and am now rejoining the Plan and want to explore the possibility of reinstating my total period of service in the NSAHO Pension Plan.

Your email or mailing address: _____

EMPLOYER NAME _____ EMPLOYER CODE _____

PART 2 - TO BE COMPLETED BY EMPLOYER

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

PLAN ELIGIBILITY STATUS FOR THIS APPLICATION:

- 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 NSAHO Pension Plan to contact me by email to clarify information about this employee: Yes No

Please send the original to the NSAHO Pension Plan and make one copy for your files.

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