



PENSION PLAN ENROLMENT (NON-PUBLIC SAFETY OCCUPATIONS ONLY)

PART I (TO BE COMPLETED BY THE EMPLOYEE)

Name of Pension Plan: Halifax Regional Municipality Pension Plan

Employee Location/Division: _____

Employee Last Name _____ Employee First Name _____ Employee Number _____

Date of Birth: _____
Year Month Day Employee Social Insurance Number Gender

VOLUNTARY CONTRIBUTIONS ELECTION

I would like to make contributions on overtime and other non-regular taxable earnings.

- Yes Employee contributes 6.3% to a Defined Contribution (DC) Account, the employer will match the employee contributions
- No

PAST ELIGIBLE SERVICE

For questions regarding eligibility to purchase or transfer pensionable service from a former employer or past service with your current employer, please contact the HRM Pension Plan Office (see contact information below). Note that some options have time limits, so you should investigate your options as soon as possible following your enrolment in the pension plan.

CONSENT AND MEMBER SIGNATURE

By way of my signature, I consent to the use of the data shown on this form or collected from time to time that is required for the administration of the Plan. This would include daily administration, benefit calculations, annual statements, annual reporting, plan valuations and benefit costings.

I hereby acknowledge that I have been informed of my membership in the above-mentioned pension plan and, if applicable, authorize my employer to make the required payroll deductions, as specified in the pension plan or, as the case may be, in the collective bargaining agreement, starting from my Date of Membership.

_____ Date _____ Member signature

PART II (TO BE COMPLETED BY THE EMPLOYER REPRESENTATIVE)

Date of Employment: _____ Date of Membership: _____
Year Month Day Year Month Day

Full Time Part Time

_____ Date _____ Employer Representative - Print Name _____ Employer Representative signature

Please complete Part 1 of this form in full and mail along with the completed *Beneficiary and Spouse Designation Form*, to the Halifax Regional Centre for Education at the address below. Call the HRM Pension Plan office at 1-902-490-6213 or toll-free at 1-888-490-6213 with any questions.
Halifax Regional Centre for Education, 33 Spectacle Lake Drive, Dartmouth Nova Scotia B3B 1X7

