



MUNICIPAL PENSION PLAN DECLARATION

Completed forms must be returned to benefits@selkirk.ca

Form **MUST** be filled out using **Adobe Acrobat**. Do not use **Apple Preview**.

SECTION A: FOR ALL STAFF

Employee Last Name:	Employee Given First Name:
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	YES	NO
1. Are you currently an active member of the Municipal Pension Plan? (An active member can be on a leave of absence, long term disability or on a recall list. You do not have to be currently contributing to be considered an active member.)		
2. Have you been an active member of the Municipal Pension Plan in the last 30 days?		
3. Are you currently receiving a pension from the plan?		

By checking "yes" for Questions 4-6, you are confirming that you have read the "Municipal Pension Plan Information" document.

4. I have been provided with an explanation or summary of the pension plan, and of the relevant entitlements and obligations under the pension plan.		
5. I understand how I may combine service and earnings with more than one plan employer to qualify for membership in the plan.		
6. I understand that I must inform my employer if I begin contributions with another Municipal plan employer. If I do not inform my employer, enrolment arrears will be billed to me and my employer.		

If you are a full-time, regular employee, OR you answered "Yes" to Questions # 1 or # 2, please complete Sections B & C.

In all other cases, please complete Section C.

SECTION B: TO BE COMPLETED BY STAFF ENROLLING IN THE MUNICIPAL PENSION PLAN

Social Insurance Number:	Date of Birth (YYYY/MM/DD):
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PERMANENT MAILING ADDRESS

Number:	Street:	PO Box:
City:	Province/Country:	Postal Code:

SPOUSE INFORMATION

Last Name:	First Name:
Date of Birth (YYYY/MM/DD):	<i>See "Municipal Pension Plan Information" document for definition of spouse. If you do not have a spouse, write "N/A" in these fields.</i>

SECTION C: TO BE COMPLETED BY ALL STAFF

I hereby confirm all of the above information to be true, and understand that this information is collected for the purpose of determining my eligibility for enrollment in the Municipal Pension Plan.

EMPLOYEE NAME

EMPLOYEE SIGNATURE

DATE SIGNED