Print Form

nshepp
NOVA SCOTIA HEALTH EMPLOYEES' PENSION PLAN

Nova Scotia Health Employees' Pension Plan (NSHEPP)

Employee Change of Information Form

EMPLOYEE INFORMATION: | **TO BE COMPLETED BY EMPLOYEE**

NAME:_____|_____|_____
Last *First* *Initial*

Social Insurance Number (SIN) _____|_____|_____ **EMPLOYER** _____

❑ CHANGE OF NAME:

Change Employee's Name to:_____|_____|_____
Last *First* *Initial*

❑ CHANGE OF MARITAL STATUS:

Change Employee's Marital Status to:

☐ Married ☐ Common-law ☐ Single ☐ Divorced ☐ Widowed ☐ Married, living separate and apart or legally separated

Name of Spouse/Common-law partner (if applicable) _____|_____|_____
Last *First* *Initial*

Date of Birth for Spouse/Common-law partner (if applicable) _____|_____|_____
DD *MM* *YYYY*

❑ CHANGE OF BENEFICIARY:

I hereby revoke any previous beneficiary appointment and appoint the following person(s) as my beneficiary to receive any death benefits that may be payable to a beneficiary* from the Nova Scotia Health Employees' Pension Plan (NSHEPP) 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 to Employee: _____

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 at the date of death, regardless of the designation of another individual as a beneficiary. Your qualifying Spouse may give up his/her right to a pre-retirement death benefit by completing a waiver form approved for this purpose under pension law. This would allow payment of a pre-retirement death benefit to a designated beneficiary other than your Spouse. Please contact us if you need more information on this option or to request a copy of the waiver form. To be effective, the waiver form must be properly executed and delivered to the plan before the member's death.

EMPLOYEE DECLARATION

I certify that the information I have provided on this form is accurate and complete.

EMPLOYEE SIGNATURE _____ **DATE** _____

WITNESS NAME (PLEASE PRINT) _____

WITNESS SIGNATURE _____

***PLEASE SEND THE ORIGINAL** to the Nova Scotia Health Employees' Pension Plan (NSHEPP) and make one copy for your files.*

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