

Nova Scotia Health Employees' Pension Plan (NSHEPP)
Declaration of Spousal Status at Date of Termination

Reg. #0355925

(This form is to be completed by the Plan Member – please print)

Name: Miss Mrs. Ms. Mr. _____

Social insurance number (SIN): |_____| |_____| |_____|

Date of Birth: /dd_____/mm_____/yy_____/

Address: _____
number street apt. city province postal code

Home telephone: _____ E-mail: _____ Employer: _____

SPOUSAL DEFINITION

Pension legislation requires pension plans to confirm spousal status of plan members. You have a spouse for purposes of the Nova Scotia Health Employees' Pension Plan (NSHEPP) if you are in a relationship with someone who meets the following definition at the date of your termination from the Pension Plan:

"Spouse" means either of two people:

- (1) who are married to each other;
- (2) who are registered domestic partners under the terms of the Nova Scotia Vital Statistics Act; or
- (3) who are living together in a conjugal relationship for at the least the following time periods
 - a. If neither person is married to someone else, one year; or
 - b. If either person is married to someone else, three years.

Please note: It may be possible for more than one person to qualify as a "spouse" under this definition. Please contact NSHEPP staff if this applies to the member. In no case will NSHEPP pay benefits in excess of the total amount that would have been payable if there had been only one spouse.

SPOUSAL STATUS DECLARATION

I hereby declare that, at my date of termination:

- I am **single** I am **divorced** (A copy of the divorce decree is required if married during the period of Plan Participation) I am **widowed**
- I am **married and living with my spouse.**
Spouse's Name: _____ Spouse's Date of Birth: /dd_____/mm_____/yy_____/ Date of Marriage: /dd_____/mm_____/yy_____/
- I am **married and living separate and apart from my spouse, but not yet divorced.**
Spouse's Name: _____ Spouse's Date of Birth: /dd_____/mm_____/yy_____/ Date of Marriage: /dd_____/mm_____/yy_____/
Date of Separation: dd_____/mm_____/yy_____/ The Spouse has waived entitlement to survivor benefits? Yes No
(If yes, a copy of the signed waiver or court order/written agreement incorporating the waiver is required)
- I am **married and living separate and apart from my spouse, but not yet divorced and am currently in a common-law relationship with someone else.**
Spouse's Name: _____ Spouse's Date of Birth: /dd_____/mm_____/yy_____/ Date of Marriage: /dd_____/mm_____/yy_____/
Date of Separation: dd_____/mm_____/yy_____/ The Spouse has waived entitlement to survivor benefits? Yes No
(If yes, a copy of the signed waiver or court order/written agreement incorporating the waiver is required)
- Common-law Spouse's Name: _____ Common-law Spouse's Date of Birth: /dd_____/mm_____/yy_____/
Date of Cohabitation: /dd_____/mm_____/yy_____/ Is this person legally married to someone else? Yes No
- I am **not legally married but living in a conjugal relationship** as defined above.
Common-law Spouse's Name: _____ Common-law Spouse's Date of Birth: /dd_____/mm_____/yy_____/
Date of Cohabitation: /dd_____/mm_____/yy_____/ Is this person legally married to someone else? Yes No
- I am **in a Registered Domestic Partnership** – under the terms of the NS Vital Statistics Act. (A copy of the registration document is required)
Registered Domestic Partner's Name: _____ Registered Domestic Partner's Date of Birth: /dd_____/mm_____/yy_____/

PENSION DIVISION DECLARATION

I certify that as of the date of this declaration: (please choose one in each section)

- No part of my pension entitlement under the Plan has been assigned to a spouse or former spouse by an agreement or court order as a result of a relationship breakdown, **OR**
- A portion of my pension entitlement under the Plan has been assigned to a spouse or former spouse as a result of a relationship breakdown.
- There is a Separation Agreement and/or Court Order in place (copies required) **OR** There is **no** Separation Agreement or Court Order in place.

IMPORTANT MESSAGE TO MEMBERS WHO MAY BE SEEKING RE EMPLOYMENT IN HEALTHCARE

If you have terminated your employment but you are seeking re-employment elsewhere within healthcare in Nova Scotia, you may wish to leave your pension benefits in NSHEPP until your re-employment is settled. This allows you to:

- re-join NSHEPP immediately upon your new date of employment with an employer who participates in NSHEPP regardless of whether you qualify for Pension Plan participation at the start of your new employment; and
- have your prior period of service in the Pension Plan combined with your current period of service for determining when you can retire and how much pension you will earn under the Plan.

In order to have this option available to you:

- you must be rehired by an employer who participates in NSHEPP within 6 months of your date of termination; and
- you must not have withdrawn any monies from the Plan during this period.

If either of these conditions is not met upon your rehire, you will be treated as a new employee for purposes of determining eligibility to join the Plan and the future calculation of benefits.

(check this box and initial next to it if the following applies to you.)
I have been re-employed by _____, an NSHEPP participating employer, and I meet the criteria outlined above. I do not want to have my termination benefits processed for the period of employment outlined on this form. I understand that my Early Retirement Eligibility Service and my Credited Service related to this period of employment will be combined with my new period of employment to establish when I may start receiving my pension and the amount of that pension.

MEMBER CERTIFICATION

By signing this document, I certify that the information provided is complete and accurate, and I acknowledge that NSHEPP will rely on this information to calculate and process pension benefit entitlements. I am responsible for any loss suffered by NSHEPP should the information I have provided prove to be incomplete or inaccurate.

Signature of Member _____

Signature of Witness _____

Date _____

Print Name of Witness _____ Date _____

Please send the original to the Nova Scotia Health Employees' Pension Plan (NSHEPP) and make one copy for your files.

NSHEPP • 2 Dartmouth Road • Bedford • NS • B4A 2K7

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