

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

(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 retirement 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 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.

IMPORTANT NOTE:
Retirements always take effect the 1st day of the month.

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 retirement:

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_____/ Spouse's SIN # /_____/_____/_____/

(A copy of the marriage certificate is required)

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_____/ Spouse's SIN # /_____/_____/_____/

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_____/ Spouse's SIN # /_____/_____/_____/

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_____/ Common-law Spouse's SIN # /_____/_____/_____/

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_____/ Common-law Spouse's SIN # /_____/_____/_____/

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_____/

Registered Domestic Partner's SIN # /_____/_____/_____/

PENSION DIVISION DECLARATION I certify that as of the date of this declaration: *(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 AFTER RETIREMENT

If you decide to return to work with an employer who participates in NSHEPP after you start receiving a pension from the Plan, your pension may be affected as follows:

- If you are regularly scheduled to work 50% or more of the full-time equivalent hours for your position, you must re-join the Plan. You may re-join immediately, but you must re-join the Plan within three months of your date of hire. As soon as you re-join the Plan, your pension will be suspended and it will not resume until you cease your employment. The Income Tax Act does not permit a member to contribute to and collect a pension from the same pension plan at the same time.
- If you are regularly scheduled to work less than 50% of the full-time equivalent hours for your position, you will not be required to re-join the Plan and your pension from NSHEPP will continue, uninterrupted, as long as you do not re-join the Plan.

If you return to work with an employer who does not participate in NSHEPP, your pension will not be affected.

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 _____