Print Form

nshepp
NOVA SCOTIA HEALTH EMPLOYEES' PENSION PLAN

Reg. # 0355925

Nova Scotia Health Employees' Pension Plan (NSHEPP)

Leaves of Absence (Unpaid)

Employee's Name: _____ **Social Insurance Number (SIN):** _____|_____|_____

Name of Employer: _____ **Employer Code**: _____

1. EMPLOYEE AND EMPLOYER INSTRUCTIONS – PLEASE READ IN FULL BEFORE COMPLETING FORM

This form is to be completed for any Employee going on any employer-approved unpaid leave of absence.
During an employer-approved unpaid leave of absence, the following will occur under the terms of NSHEPP:

a) An Employee WILL continue to be a member of the Plan during an approved leave of absence of *up to 2 years* in duration.

b) The Employee **HAS THE OPTION** to contribute to the Plan during an employer-approved unpaid leave of absence.

c) If the ***Employee chooses to contribute during a pregnancy or parental leave of absence or while in receipt of Worker's Compensation Benefits (WCB)***, the Employee is required to pay the Employee's contributions and the Employer is required to pay the Employer's contributions unless there is a collective agreement or employment contract that requires a different cost sharing arrangement.

d) If the ***Employee chooses to contribute during any other employer-approved unpaid leave of absence,*** the Employee is required to pay the Employee's and Employer's contributions unless there is a collective agreement or employment contract that requires a different cost sharing arrangement.

e) The Employee **must** complete this form and must pay the required contributions in order to exercise this option under the Plan. If the form is not completed or if the required contributions are not remitted to the Employer, the Employee will be deemed to have chosen to not contribute during the leave. This cannot be changed after the leave of absence begins.

f) **Before the leave begins**, the Employer will complete section 2 of this form and have the Employee complete section 3. The Employer will then forward the original to NSHEPP at the commencement of the leave.

g) The Employer is responsible for the timely remittance of contributions to the Pension Plan**.** The Employer should retain a copy of this form in the Employee's personnel file.

h) **When the Employee returns to work,** the Employer must notify NSHEPP **by e-mail** at employerpensionhotline@nshepp.ca

i) NSHEPP will use this information to record applicable leaves of absence.

2. TO BE COMPLETED BY EMPLOYER AT START OF EMPLOYER-APPROVED UNPAID LEAVE OF ABSENCE

Period of Leave From: _____|_____|_____ To: _____|_____|_____ Current Hourly Rate_____ FTE_____
DD MM YY DD MM YY

Service %_____

Type of Leave: ☐ Pregnancy or Parental ☐ WCB ☐ Personal ☐ Education ☐ Other

3. TO BE COMPLETED BY EMPLOYEE AT START OF EMPLOYER-APPROVED UNPAID LEAVE OF ABSENCE

❑ I **choose to continue** to contribute to the Pension Plan during the period of my employer-approved unpaid leave. I understand that:

1. I must make my choice **before** my leave begins.
2. Since I have chosen to contribute, I will be earning credited service in the Plan during this period.
3. If I join a pension plan with another employer during my unpaid leave, I am unable to continue to contribute to NSHEPP during this period. I will contact NSHEPP if I join the pension plan of another employer during my leave of absence.
4. I must make arrangements with my Employer to pay all the required contributions during my unpaid leave (see section #1, c) and f) above for cost sharing requirements) by (please check one):
   - ❑ Lump sum Payment (**to be paid prior to start of leave**)
   - ❑ Monthly post-dated cheques (**to be provided to Employer prior to start of leave**)
   - ❑ Authorizing my Employer to deduct from top-up being paid to me by my Employer (if applicable)
   - ❑ Authorizing my Employer to debit my designated personal bank account on a bi-weekly basis for the required pension contributions. I understand the amount of the withdrawal may increase during the period of my leave of absence. (*Note: This option may not be available through your employer).*

❑ I **choose NOT** to continue contributing to the Pension Plan during the period of my employer-approved unpaid leave. I understand that since I have chosen to not contribute:

1. I will not be earning credited service in the Plan during this period and this will result in a lower pension at retirement.
2. I can purchase this credited service at a later date under the current terms of the Past Service Purchase Program. However, I will be required to pay 100% of the actuarial cost of the service being purchased. The Past Service Purchase Program is subject to change, which may affect the cost or eligibility to purchase any period of service.

_____ _____ _____
Date Employee Signature Witness

Aug/2016

Please send to 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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