

Notice of Retirement

1. MEMBER INFORMATION *(Completed by employer or member)*

Name: Miss Mrs. Ms. Mr. _____
DD MM YYYY
 Social insurance number (SIN): _____ Date of birth: _____
 Address: _____
number street apt. city province postal code
 Home telephone: _____ E-mail: _____

2. SPOUSAL DECLARATION *(Completed by member)*

Pension legislation requires pension plans to confirm spousal status of plan members. You have a spouse/common-law partner, for purposes of NSHEPP, if either of the following applies at the date of your retirement from the Pension Plan:
"Spouse" means either of a man and woman who are married to each other, or who are registered domestic partners under the terms of the Nova Scotia Vital Statistics Act.

"Common-law partner" means another individual who has cohabited with you in a conjugal relationship for a period of at least two years, and neither of you is a spouse to another person, in accordance with the definition of "spouse" above.

Important Note: If you are separated from your spouse/common-law partner at the effective date of your retirement, you may be able to elect to be treated as "single" for purposes of the Plan. This has serious implications for pension benefit payments. Please seek additional information from Pension Plan staff if that is your situation.

I hereby declare that:

- I do NOT have a spouse/common-law partner.
- I have a spouse/common-law partner, and we live together. (Start date of cohabitation if common-law DD MM YYYY _____)
- I have a spouse/common-law partner, but we are living separate and apart. I will be treated as married for Plan purposes.
- I have a spouse/common-law partner, but we are living separate and apart. I elect to be treated as single for Plan purposes.

Name of Spouse/Common-law Partner _____ Date of Birth DD MM YYYY _____

If living separate and apart: Date of Separation _____ Spouse/common-law partner's SIN _____

Has any portion of your pension entitlement been assigned as a result of a relationship breakdown? Yes No

Attach a copy of the applicable agreement/court order.

Signature of Member _____

Signature of Witness _____

Date _____

Name of Witness (please print) _____

3. 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 rejoin the Plan. You may rejoin immediately, but you must rejoin the Plan within three months of your date of hire. As soon as you rejoin 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 rejoin the Plan and your pension from NSHEPP will continue, uninterrupted, as long as you do not rejoin the Plan.

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

4. FINAL PENSION INFORMATION *(Completed by Employer)*

Date of Retirement: DD MM YYYY _____

If there is a difference between date contributions ceased and date of retirement, give reason here: _____

Date contributions ceased: _____

A. Pensionable Data *(Breakdown between period 1 and period 2 required for years that had a rate change – if no rate change, use period 1)*

Include 'deemed' amounts for unpaid leaves	Pensionable Earnings (incl. retro & lump sums)	Pension Contributions (incl. retro & lump sums)	Pensionable Lump Sum Payments	Pensionable Hours	Annual Full-time Equiv. Hrs (e.g. 1950 2080)	Last Hourly Rate	Effective Date of Last Hrly. Rate	Hourly Rate at Start of Year
Current Yr Period 1	\$	\$	\$			\$		\$
Current Yr Period 2	\$	\$	\$			\$		\$
Previous Yr Period 1	\$	\$	\$			\$		\$
Previous Yr Period 2	\$	\$	\$			\$		\$

B. Retroactive Payments *(Breakdown between period 1 and period 2 required for years that had a rate change – if no rate change, use period 1)*

Year & period retro payment was made	Year covered by retro payment	Earnings retro to prior period 1	Earnings retro to prior period 2	Contributions on retro to prior period 1	Contributions on retro to prior period 2
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

C. Leaves of absence in current or previous year

Start date: DD MM YYYY _____ End date: DD MM YYYY _____ Did member contribute during this leave? Yes No

Start date: _____ End date: _____ Type of leave: _____

D. Was member in receipt of LTD Benefits in current or previous year? Yes No

5. EMPLOYER INFORMATION I certify that the information contained in this form is correct to the best of my knowledge.

Name of Employer: _____ Employer code: _____

Employer contact name: _____ Employer contact signature: _____
DD MM YYYY

Date: _____ Employer contact e-mail: _____ Phone (and ext.): _____

Please send the original to Nova Scotia Health Employees' Pension Plan (NSHEPP) and make one copy for your files.
 NSHEPP • 2 Dartmouth Road • Bedford • NS • B4A 2K7
 Tel: (902) 832-8500 Toll free: 1-866-400-4400 Fax: (902) 832-8506 website: www.nshepp.ca

INSTRUCTIONS – NOTICE OF RETIREMENT

The following instructions are designed to help you complete the Notice of Retirement for the Nova Scotia Health Employees' Pension Plan (NSHEPP).

Please Note: Date fields are to always be filled out as Day – Month – Year. DD MM YYYY
 _____|_____|_____

1. MEMBER INFORMATION

- Provide the member's information including the mailing address and home telephone number. If available, please also provide their e-mail address.

2. SPOUSAL DECLARATION

- The member must complete this section as it may have an impact on their retirement benefits. If the member indicates that there is a separation agreement or a court order that stipulates a division of the pension benefit, a copy of that separation agreement or court order must be submitted to NSHEPP before any benefit entitlements can be paid.

3. IMPORTANT MESSAGE TO MEMBERS WHO MAY BE SEEKING RE-EMPLOYMENT IN HEALTHCARE AFTER RETIREMENT

- Please ensure that the member reads this section of the Notice as it explains how, if certain conditions were met, they would be required to rejoin the Pension Plan and their pension payments would be suspended.

4. FINAL PENSION INFORMATION

- Provide the member's date of retirement. Also provide the date that contributions ceased. These two dates are usually the same unless the member was on a leave or on long-term disability immediately prior to retirement. If the dates are different, give the reason in the space provided.

A. Pensionable Earnings, Contributions and Service (refer to the *Quick Reference Guide to Pensionable Earnings* for further details)

- Provide the following for the current year (and for the previous year if that year-end has not already been submitted to the Pension Plan). A breakdown between period 1 and period 2 is required for years that had a contribution rate change – if no rate change, use period 1.
 - The member's **Pensionable Earnings**, including any 'deemed' earnings where contributions were paid during a leave period; retroactive payments; and, pensionable lump sum payments;
 - The member's **Pension Contributions** including contributions paid on 'deemed' earnings during a leave period; retroactive payments and pensionable lump sums;
 - Any **Pensionable Lump Sum Payments** that have been included in the total Pensionable Earnings figure (as Pensionable Lump Sum Payments are very rare, please provide details);
 - **Pensionable Hours** including 'deemed' hours where contributions were paid during a leave period;
 - The **Full-time Equivalent Hours** that a full-time employee in the same position would work during a full year (for example: 1950, 2080, and 1820).
 - The **Last Hourly Rate** (and **Effective Date** for that rate) that the member had at their date of retirement and at the end of the previous year.

B. Retroactive Pay Information

- Breakdown between period 1 and period 2 is required for years that had a contribution rate change – if no change, use period 1.
- Complete this section if the member received any retroactive pay that applies to previous years. Retroactive pay that applies to the current year is not to be reported here. For example, if the member received a retroactive payment in the current year for \$1,000 and \$600 of this was for hours worked in the 2nd period of the prior year, and \$400 was for hours worked in the current year, it would be reported as follows:

Year & period retro payment was made	Year covered by retro payment	Earnings retro to prior period 1	Earnings retro to prior period 2	Contributions on retro to prior period 1	Contributions on retro to prior period 2
2013 - period 1	2012	\$ n/a	\$600	\$ n/a	\$46.92

C. Leaves of absence in current or previous year

- Please indicate the start and end dates of any leave periods where no earnings were received and no contributions were made (include the previous year if that year-end has not already been submitted to the Pension Plan).
- If the member chose to contribute during their leave, do NOT report a leave for that period.

D. Was member in receipt of LTD Benefits in current or previous year?

- Please indicate yes or no as there are pension entitlements for LTD recipients under the terms of the Plan.

5. EMPLOYER INFORMATION

- Sign and date the form, indicating that it is correct and complete to the best of your knowledge.
- Provide your contact information and include an e-mail address if you will accept questions from the Pension Plan concerning this Notice of Retirement via e-mail.

The following items are required in addition to the completed Notice of Retirement:

- Member's birth certificate
- Spouse's birth certificate (if applicable)
- Marriage certificate (if applicable)
- Direct Deposit Authorization form and Void Cheque
- Completed TD1 form