

# Notice of Termination

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

Name:  Miss  Mrs.  Ms.  Mr. \_\_\_\_\_

Social insurance number (SIN): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
DD MM YYYY

Address: \_\_\_\_\_  
number street apt. city province postal code

Home telephone: \_\_\_\_\_ Work 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 termination 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 your date of termination from the Pension Plan but have not yet obtained a divorce or terminated your registered domestic partnership, as applicable, as per the Nova Scotia Pension Benefits Act, you still have a spouse for purposes of the Plan.

I hereby declare that:  I do NOT have a spouse/common-law partner.  
 I have a spouse/common-law partner, and we live together.  
 I have a spouse/common-law partner, but we are living separate and apart. DD MM YYYY

Name of Spouse/Common-law Partner \_\_\_\_\_ Spouse/Common-law Partner's Date of Birth| \_\_\_\_\_  
DD MM YYYY

Start date of cohabitation if common-law \_\_\_\_\_ If living separate and apart, Date of Separation \_\_\_\_\_

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

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:

- rejoin 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.

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

Date of Termination: \_\_\_\_\_  
DD MM YYYY

If there is a difference between date contributions ceased and date of termination, 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	Pension Adjustment	Pensionable Hours	Annual Full-time Equiv. Hrs (e.g. 1950 2080)	Last Hourly Rate	Effective Date of Last Hrly. Rate
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: \_\_\_\_\_ End date: \_\_\_\_\_ Did member contribute during this leave?  Yes  No  
DD MM YYYY DD MM YYYY

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 the 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 TERMINATION

The following instructions are designed to help you complete the Notice of Termination 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 termination 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

- Please ensure that the member reads this section of the Notice as it explains how they may be able to continue membership in the Pension Plan even if they would not normally qualify at their new place of employment.
- The member can elect to not have this Termination from the Plan processed if they meet certain conditions outlined in the box in section 3. If the member chooses to make this election, they must check the box and enter their initials beside the box.

## 4. FINAL PENSION INFORMATION

- Provide the member's date of termination. 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 termination. If the dates are different, give the reason in the space provided.

### A. Pensionable Data (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);
  - **Pension Adjustments** (PA) that were reported on the member's T4 slips. The Pension Plan is required to calculate and file a Pension Adjustment Reversal (PAR), if applicable, with CRA. We began collecting Pension Adjustments in 1999 so we require any applicable Pension Adjustments from 1990 to 1998 inclusive. Please provide these figures in an e-mail or on a separate piece of paper;
  - **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 termination and at the end of the previous year.

### B. Retroactive Payments

- 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 2<sup>nd</sup> 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 Termination via e-mail.