



SECTION 1 : ENROLMENT		MUNICIPAL EMPLOYEES' PENSION PLAN					
<b>Current Employer:</b> PRAIRIE SPIRIT SCHOOL DIV		<b>Employer Number:</b> 10206		<b>Previous Employer Name:</b>			
SOCIAL INSURANCE NUMBER :		LAST NAME :		FIRST NAME :		MIDDLE INITIAL :	
STREET ADDRESS		PO BOX #	TOWN/CITY :		PROV :	POSTAL CODE :	
BIRTHDATE :		PHONE :				CELL	HOME
PERSONAL EMAIL ADDRESS :							
<b>TO BE COMPLETED BY EMPLOYER</b> (fields in grey):							
DATE OF EMPLOYMENT:				DATE OF ENROLMENT:			
This employee was hired as a:							
Permanent Employee (enrol is mandatory) Non-permanent (enrolment is optional until employee completes 700 hours in each of two consecutive calendar years) Non-permanent (and became a permanent employee on:							
<b>Gender:</b>		<b>Marital Status:</b>		<b>Employment Type:</b>			
Female		Single		Full-time			
Male		Married		Part-time			
Prefer to self describe:		Common-law		Casual			
<b>SECTION 2 : MUST BE COMPLETED BY THE EMPLOYEE:</b>							
<b>Clarification:</b> If you are currently contributing to MEPP, then enrolment is mandatory. If you are currently working for another MEPP participating employer, please provide the name of your other employer:							
<b>CHOOSE ONE:</b> <p><b>Mandatory Enrolment</b> – I understand that, as a permanent employee (does not apply to casuals/substitutes unless the above clarification applies to you), participation in the MEPP is required under <i>The Municipal Employees' Pension Act</i> and subsequent amendments thereto. I understand my employer will deduct from my salary such amounts as may be required for contributions. I authorize the Municipal Employees' Pension Commission (the Commission) or its agents to use my Social Insurance Number as my personal identification number.</p> <p><b>Optional Enrolment</b> – As a casual/sub employee, I choose to participate in MEPP and authorize my employer to deduct from my salary such amounts as may be required under <i>The Municipal Employee's Pension Act</i> and its related regulations. I understand that by completion of this form, my decision to participate in the pension plan is irrevocable. I authorize the Commission or its agents to use my Social Insurance Number as my personal identification number.</p> <p><b>Enrolment Declined</b> – I choose not to participate in MEPP. I understand that I may be required to join MEPP after completing 700 hours in each of two consecutive years. I also understand that I may join MEPP at any time by completing another enrolment form.</p> <p><b>Ineligible for Enrolment</b> – I am ineligible to participate in MEPP because I am receiving a pension from MEPP, or I am age 71 or older.</p>							
				Date			
For more information on Plannera (Public Employees Pension Plan) go to: <a href="https://pepp.planner.ca">https://pepp.planner.ca</a>							