

Enrolment

SECTION 1: MEMBER INFORMATION - TO BE COMPLETED BY EMPLOYER (Please print)			
Name of Current Employer		Employer Number	Name of Previous Employer
Social Insurance Number	Last Name		First Name and Initial
Mailing Address	City/Town/Village	Province	Postal Code
Birthdate (day/month/year)		Home phone	
Date of Employment (day/month/year)		Date of Enrolment (day/month/year)	
If date of enrolment is more than 24 months past the date of employment, please provide an explanation below.			
Please place an X in the applicable box for each of the five following items of employee information:			
This employee was hired as a:			
<input type="checkbox"/> permanent employee (enrolment is mandatory)			
<input type="checkbox"/> non-permanent employee (enrolment is optional until employee completes 700 hours in each of two consecutive years)			
<input type="checkbox"/> non-permanent employee and became a permanent employee on: _____			
Gender	Member Type	Marital Status	Employment Type
<input type="checkbox"/> Female	<input type="checkbox"/> General	<input type="checkbox"/> Single	<input type="checkbox"/> Full-time 12 <input type="checkbox"/> Seasonal
<input type="checkbox"/> Male	<input type="checkbox"/> Designated Police Officer or Firefighter	<input type="checkbox"/> Married	<input type="checkbox"/> Full-time 10 <input type="checkbox"/> Casual
		<input type="checkbox"/> Common-law	<input type="checkbox"/> Part-time 12 <input type="checkbox"/> Designated Full-time
			<input type="checkbox"/> Part-time 10 <input type="checkbox"/> Designated Part-time
Please enclose the following with the completed enrolment form:			Office Use Only
• certified copy of employee's birth certificate or baptismal certificate;			<input type="checkbox"/> Yes <input type="checkbox"/> No
• completed and signed <u>original</u> <i>Designation of Beneficiary</i> form;			<input type="checkbox"/> Yes <input type="checkbox"/> No
• certified copy of spouse's birth certificate or baptismal certificate (if applicable); and			<input type="checkbox"/> Yes <input type="checkbox"/> No
• certified copy of employee's marriage certificate (if applicable).			<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify the above information to be correct.			
_____ Signature of Employer		_____ Date (day/month/year)	
SECTION 2: TO BE COMPLETED BY THE EMPLOYEE			
If you are currently contributing to MEPP, enrolment is mandatory. If you are currently working for another MEPP participating employer, please provide the name of your other employer: _____			
<input type="checkbox"/> Mandatory Enrolment - I understand that, as a permanent employee, participation in the Municipal Employees' Pension Plan (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.			
<input type="checkbox"/> Optional Enrolment - As a non-permanent 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.			
<input type="checkbox"/> Enrolment Declined - 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. (Note: Human resources must retain the original form where an employee elects not to participate in MEPP.) I also understand that I may join MEPP at any time by completing another enrolment form.			
<input type="checkbox"/> Ineligible for Enrolment - I am ineligible to participate in MEPP because I am receiving a pension from MEPP, or I am age 71 or older.			
_____ Signature of Employee		_____ Date (day/month/year)	



Designation of Beneficiary

When the form is completed and signed by you and a witness, return the **original form** to MEPP.

1 Tell Us About You (Please Print)

Social Insurance Number:	! Please proceed to next field using the Tab button
Last Name:	First Name & Initial:

2 Your Designation of Beneficiary(ies)

If you have a spouse, **your spouse must be named as your beneficiary** in the "Spouse as Beneficiary" area below, unless your spouse completes a waiver.

If you wish to designate alternate beneficiaries (in the event of your spouse's death), please indicate that in the "Other Beneficiaries" area below. If your spouse has waived his or her entitlement to the pre-retirement death benefit, please indicate that you are designating co-beneficiaries.

Spouse as Beneficiary

Name	Relationship	Birthdate (day/month/year)
	Legal Marriage Common-law	

Other Beneficiaries	No Spouse	Alternate Beneficiaries	Co- Beneficiaries
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Name	Relationship	Portion	Birthdate (day/month/year)

I hereby revoke all previous designations and appointments of beneficiaries and name the above to receive any amount payable from the Municipal Employees' Pension Plan in the event of my death.

.....
 Signature of Member

Dated at _____
 this _____ day of _____, 20 _____.

.....
 Signature of Witness (must not be spouse or any beneficiary)



Designation of Beneficiaries

Spouses

Your spouse is your beneficiary unless he or she waives that right. Contact the Plan administrators for more information and/or to obtain forms. The most current definition of spouse can be found in the MEPP In-Depth on Designation of Beneficiary for Members Who Have Not Retired.

Intention

Before signing and returning this form, ensure that your beneficiary designation(s), together with your will, carry out your intent for the distribution of your death benefits.

Minors

In general, provincial legislation does not allow payment of benefits directly to minors. If you name a minor as a beneficiary, you should make any arrangements that are necessary (such as the appointment of a trustee) to ensure that the benefits are paid according to your intention.

Responsibility

It is your responsibility to ensure that the designations are up to date and reflect your intentions at all times. Changes in your marital or family status may indicate a need to update your beneficiaries.

! *The Municipal Employees' Pension Plan is not responsible for the validity or effect of any designation made on this form.*

Beneficiary Designations

- Always indicate the full name of the beneficiary.
- Print all information.
- Enter only one beneficiary per line.
- If you name more than one beneficiary, ensure that the portions total 100%.
- If you name a charitable organization or church, please provide the legal name and address of the organization.