



THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER

PLEASE PRINT CLEARLY IN BLUE INK AND RETURN ORIGINAL SIGNED FORM TO THE NEBS OFFICE.

EMPLOYER INFORMATION

Employer Name: _____

Contact Person: _____ Last Name, First Name _____ Email: _____

EMPLOYEE INFORMATION

Employee Name: _____ Last Name, First Name _____ Hire Date: _____ dd / mm / yyyy

Position Title: _____ Annual Salary: _____

Salary shall mean the Employee's regular annual salary paid by the Employer, not including bonuses, overtime earnings, subsistence allowance, housing allowance, living allowance, or any other monies paid in addition to the Employee's ordinary wages.

Please select one:

- Permanent Full Time
Permanent Part Time Part Time Ratio: _____

Permanent part-time Employees must earn 35% of the YMPE. Part time ratio is a percentage of the full-time rate. Example: 35 of 40 hours per week or 0.875

Term Term Start Date: _____ dd / mm / yyyy Term End Date: _____ dd / mm / yyyy

Term employees are eligible if employment conditions meet the same general criteria as permanent full-time or permanent part-time Employees. Employment must be for a minimum one-year term or combined consecutive terms of more than one year.

ENROLMENT EFFECTIVE DATE

NEBS will automatically enrol the Employee after the waiting period has passed. The completion of this section is only required if you want to waive any portion of the waiting period. The Employer established the waiting period in their application to join NEBS.

The Employer has the option to waive the entire waiting period for Pension.

The Employer requests to waive the entire waiting period for the above noted Employee for Pension.

EMPLOYER CERTIFICATION

I certify this Employee is employed under the conditions detailed above and is, to the best of my knowledge, an eligible Employee for the NEBS Pension Plan.

Employer Signature (Person with Signing Authority) Employer Name - Print (Person with Signing Authority) Date

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Comments: _____