



NORTHERN EMPLOYEE | ΔΡΡ>ϖCϖϖΓδλϖ.λϖδδ
 BENEFITS SERVICES | Δβλρϖϖϖϖϖϖϖϖϖϖϖϖ ϖϖϖϖϖϖϖϖ
 5122 53rd Street, Yellowknife NT, X1A 1V6
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NOTICE OF DISCONTINUANCE

USE THIS FORM TO NOTIFY NEBS OF ALL EMPLOYEE TERMINATIONS. ONLY SECTION 1 IS REQUIRED TO SUCCESSFULLY REMOVE THE EMPLOYEE FROM BILLING. LATE NOTIFICATION MAY INCREASE THE EMPLOYER'S RISK FOR CLAIMS PAID IN ERROR AND WILL DELAY PROCESSING OF PENSION TERMINATION OPTIONS. PLEASE PRINT CLEARLY IN BLUE INK AND RETURN BY FAX, E-MAIL OR CANADA POST.

DEADLINE FOR SUBMISSION: 12:00 PM MST on the 15th of each month, or the next business day if the 15th falls on a weekend or statutory holiday.

SECTION 1 – TO BE COMPLETED BY EMPLOYER (REQUIRED)

Employer Name: _____

Member Last Name: _____ Member First Name: _____

SIN: _____ Effective Date of Discontinuance: _____
dd/mm/yyyy
Last Day of Work

Voluntary Termination Retirement Death Other Reason: _____

_____ dd/mm/yyyy _____
Date Employer Signature

SECTION 2 – RE-EMPLOYED BY ANOTHER NEBS EMPLOYER

If you are re-employed by another Employer Member of NEBS, your health benefits coverage and pension service may be continued.

_____ dd/mm/yyyy
New Employer Start Date

SECTION 3 – TO BE COMPLETED BY PENSION MEMBERS

All terminating NEBS Pension Members will receive a pension termination package within 60 days of their last day of work OR receipt of this notice (whichever is greater).

Please provide current contact information to ensure your pension termination package is delivered to the appropriate address.

_____ Member Mailing Address

_____ Member Phone Number _____ Member Email

If you are a non-vested member, enrolled in The Pension Plan for less than two years, you MAY elect to transfer your contributions with interest by completing page two. If you do not elect an option now you will receive your pension termination package within 60 days of your last day of work OR receipt of this notice (whichever is greater).



NOTICE OF DISCONTINUANCE

NON-VESTED PENSION MEMBERS ONLY

USE THIS FORM IF YOU ARE A NON-VESTED MEMBER, ENROLLED IN THE PENSION PLAN FOR LESS THAN TWO YEARS. PLEASE PRINT CLEARLY IN BLUE INK AND RETURN ORIGINAL BY E-MAIL OR CANADA POST. SCANNED COLORED COPIES VIA E-MAIL ARE ACCEPTED IN LIEU OF ORIGINALS.

SECTION 4 – NON-VESTED PENSION MEMBER AUTHORIZATION

This section is only to be completed by NEBS Pension Members with less than 2 years of service. If you are unsure of your service time, please ask your Employer or contact the NEBS office.

I, _____, elect:
 (Last name, First Name)

PLEASE CHECK ONE

- Option A – Transfer my contributions, including interest, to an RRSP.**
 No further benefit would remain in the plan and no tax is withheld. Please complete Section I (Applicant) of the Revenue Canada T2151 (E) form available on the CRA website: www.cra-arc.gc.ca. NEBS RPP registration number is 0401299
- Option B – Receive my contributions, including interest, as a cash refund.**
 No further benefit would remain in the plan. Withholding Taxes will be withheld by our Pension Trust at source and remitted to Revenue Canada on your behalf. You will receive a tax receipt for filing purposes in February of next year.
 For direct deposit, please provide a pre-printed void cheque or bank confirmation signed/stamped by your bank.
- Option C – Transfer to PSSA (Public Service Superannuation Act) or OMERS (Ontario Municipal Employees Retirement System).**

 Member Signature

 Date

I, _____ hereby certify that I am the spouse, or common-law spouse as defined under the Pension Benefits Standards Act, 1985, of the member/former member noted above of the NEBS pension plan and agree to the choice indicated above.

 Spouse Signature

 Date

WITNESS SIGNATURE REQUIRED

 Witness Signature (Spouse cannot sign as witness)

 Date

 Witness Name (Print – Last name, First name)

 Witness Mailing Address