NORTHERN EMPLOYEE BENEFITS SERVICES | ᐅᑭᐅᖅᑕᖅᑐᒥᑯᓴᓇᔨᑦᑯᑯ ᐃᑲᔪᓴᖅᑖᓯᑎᒋᕙᓕᖅᒥᓄᑦ ᐱᔨᓴᕐᖅᑎᑦ

NORTHERN EMPLOYEE BENEFITS SERVICES (NEBS)
5122 53rd Street, Yellowknife NT, X1A 1V6
Ph: (867) 873-4965 Fax: (867) 873-5801

EMPLOYEE ACKNOWLEDGEMENT OF EMPLOYER'S INTENT TO TERMINATE NORTHERN EMPLOYEE BENEFITS SERVICES PENSION PLAN PARTICIPATION

TO BE COMPLETED BY THE EMPLOYER

By decision of the *(Council, Board, or Governing Authority)* _____, the *(Name of Employer)* _____ will apply to Northern Employee Benefits Services (NEBS) to terminate participation in the NEBS Pension Plan.

Under terms of our membership, all employee(s) are being notified that their coverage under the above plan will be terminated on the effective date the application is accepted by NEBS, no less than 120 days from the application being sent.

TO BE COMPLETED BY THE EMPLOYEE

I understand that the above termination from Northern Employee Benefits Services (NEBS) plan will be effective 120 days from the date my employer's application is accepted by NEBS. As a result of termination by my employer, I will no longer be able to participate in this plan.

_____	_____
Member's Signature	Witness
_____	_____
Date	Date

COMPLETE AND MAIL ORIGINAL, TOGETHER WITH "EMPLOYER APPLICATION TO TERMINATE" FORM, TO THE NEBS OFFICE (ADDRESS ABOVE)