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

INFORMATION CHANGE FORM
PENSION

USE THIS FORM IF YOU WANT TO CHANGE YOUR NEBS PENSION INFORMATION. FOR THE PURPOSES OF THE NEBS PENSION PLAN YOUR BENEFICIARIES ARE AUTOMATICALLY YOUR SPOUSE, COMMON-LAW SPOUSE AND/OR ELIGIBLE DEPENDENT CHILDREN. IT IS THEREFORE EXTREMELY IMPORTANT THAT YOUR PERSONAL INFORMATION BE ACCURATE AT ALL TIMES. COMPLETE ALL APPLICABLE SECTIONS AND ATTACH SUPPORTING DOCUMENTATION. REQUESTED CHANGES WILL NOT TAKE EFFECT UNTIL SUPPORTING DOCUMENTATION IS RECEIVED. THE ATTACHED GUIDE DETAILS THE REQUIRED DOCUMENTATION.

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

Employer Name: _____

Employee Last Name: _____ Employee First Name: _____

Employee Address: _____

Employee Phone #: _____ Employee Email: _____

MEMBER NAME CHANGE

Member Name (Last name, First Name): _____

Has your name changed? ☐ No ☐ Yes (IF YES Please provide previous name below)

Previous Member Name (Last Name, First Name): _____

SIN: _____ Birth Date: dd / mm / yyyy _____

STATUS CHANGE

☐ Single ☐ Married ☐ Common-Law Effective Date: dd / mm / yyyy _____

SPOUSAL INFORMATION CHANGE

☐ Add Spouse Name (Last Name, First Name): _____

Birth Date: dd / mm / yyyy _____ Sex: M/F _____ SIN: _____

☐ Married ☐ Common-Law

Co-habitation Date *COMMON-LAW SPOUSE ONLY*: dd / mm / yyyy _____

An "Employee Declaration of Common-Law Spouse" form must be provided.

☐ Remove Spouse Name (Last Name, First Name): _____

Birth Date: dd / mm / yyyy _____ Sex: M/F _____ SIN: _____

☐ Married ☐ Common-Law

Effective Date: dd / mm / yyyy _____

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ELIGIBLE DEPENDENT CHILDREN INFORMATION CHANGE

"Eligible Dependent Child(ren)" means, as at the date you retire, terminate employment, or die, your natural child, stepchild, common-law child or adopted child, who is(are) financially dependent you for support and;

- Less than eighteen (18) years of age OR;
- Between the ages of eighteen (18) and twenty-five (25) and is in full-time attendance at a school or other educational institution continuously since their eighteenth (18th) birthday or the date of your death, whichever is later.

Common-law child(ren) shall mean any child(ren) who have cohabitated with the Employee for a minimum of 12 consecutive months, unless in attendance at an accredited university or similar institution and have been publicly represented as the Employee's child(ren) and supported by the Employee.

Child's Name (Last Name, First Name)	Natural, Adopted, or Common-law	Child's Date of Birth (dd/mm/yyyy)

AUTHORIZATION

NORTHERN EMPLOYEE BENEFITS SERVICES PRIVACY STATEMENT: Northern Employee Benefits Services (NEBS) is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that is collected, used, retained and disclosed in the course of conducting business.

I declare that the information provided is true, complete and accurate.

_____ _____

Member Signature Date

REQUESTED CHANGES WILL NOT TAKE EFFECT UNTIL SUPPORTING DOCUMENTATION IS RECEIVED. THE ATTACHED GUIDE DETAILS THE REQUIRED DOCUMENTATION.

FOR NEBS OFFICE USE ONLY

Employee ID: _____ Entered By: _____

Date: _____ Comments: _____

Your Guide To
Changing Your Personal Information
NEBS Pension Plan

Use this form if you want to change your NEBS PENSION information on file. For the purposes of the NEBS Pension Plan your beneficiaries are automatically your Spouse, Common-law Spouse and/or Eligible Dependent Children it is therefore extremely important that your personal information be accurate at all times.

Name Change
Please provide legal name change document, certificate of change of name, marriage certificate, or divorce certificate. A copy of your valid Canadian Passport picture page would be accepted in lieu of these documents.

Birth Date
If you are requesting a correction of your birth date, please provide a copy of your birth certificate or valid Canadian Passport picture page.

Status Change
Spouse is the person to which you are legally married.

Common-law Spouse is the person with whom you have lived in a conjugal relationship for at least one year.

Spouse Information Change
If you are adding a Spouse please provide a copy of your marriage certificate.

If you are adding a Common-law Spouse please provide a "Declaration of Common-law Status" form. This form can be found on our website www.nebsnorth.com.

If you are removing a Spouse, please provide a divorce certificate, or separation agreement.

Your Former Spouse is entitled by law to a portion of the pension that you earned while a member of the NEBS Plan during the marriage. This means that your Former Spouse can only be removed as a beneficiary by way of a legally filed court document. A Former Spouse may be assigned part of your benefit OR may waive their right to your benefit by way of a separation agreement, divorce settlement or court order.

Once a Common-law Spouse is removed from your file, they are no longer entitled to survivor benefits.

SIN
If you are requesting a correction of your SIN, please provide a copy of your SIN card or a copy of your most recent notice of assessment (as issued by the CRA).

Eligible Dependent Child(ren)
An eligible dependent child for the purposes of the NEBS Plan is:

- Any natural child, common-law child, stepchild or adopted child who is less than 18 years old and dependent on you for financial support;
- Any natural child, common-law child, stepchild or adopted child who is between 18 and 25, a full-time student and dependent on you for financial support;
- Any age and dependent on you for financial support due to a physical or mental infirmity that existed prior to October 1, 2015.

Eligible Dependent Adopted Children
If you are adding an Eligible Dependent Adopted Child, please provide proof of adoption or guardianship. A Statutory Declaration may be accepted in lieu of adoption papers.

Eligible Dependent Student Children
If you are adding an Eligible Dependent Student Child please provide a "Declaration of Student Eligibility" form. This form can be found on our website www.nebsnorth.com.

Eligible Disabled Dependent Children
Please provide medical evidence forms or reports about the child's condition that the child's doctor has completed for other benefits. NEBS is not responsible for any costs associated with providing this medical evidence.

Authorization
Sign in blue ink. If it is not signed, it is not legally valid.

Date the form. If you do not date the form, we may not be able to determine the effective date of the requested changes.

REQUESTED CHANGES WILL NOT TAKE EFFECT UNTIL SUPPORTING DOCUMENTATION IS RECEIVED.