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

EMPLOYER APPLICATION FOR TERMINATION OF PARTICIPATION IN THE NEBS GROUP INSURANCE AND HEALTH BENEFITS PLAN

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

Employer: _____

Mailing Address: _____

Telephone: _____ Fax: _____

A NEBS Employer may cease participation in the Insurance and Health Benefits Plan if:

A. The date of cancellation is not less than one year after the effective date of participation

B. The NEBS Administrators are notified, in writing, at least 120 days prior to the effective date of cancellation

C. The NEBS Board of Directors approves the cancellation.

D. If NEBS receives 60% of current staff acknowledgments of termination forms.

NOTE: CONTRIBUTIONS MUST CONTINUE TO BE MADE UP TO THE APPROVED EFFECTIVE DATE OF YOUR WITHDRAWAL, AS DETERMINED BY THE BOARD IN ACCORDANCE WITH THE BOARD'S POLICIES

REASON FOR TERMINATION

_____

_____

_____

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_____

NORTHERN EMPLOYEE BENEFITS SERVICES | ᐅᑭᐅᖅᑕᖅᑐᒥᑯᓴᓇᔨᑦᑯᑯ ᐃᑲᔪᓯᐊᖅᑖᕈᑎᒋᕙᒃᑕᖅᒋᓐᓄᑦ ᐱᔨᓯᕋᖅᑏᑦ
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EMPLOYER APPLICATION FOR TERMINATION OF PARTICIPATION IN THE NEBS GROUP INSURANCE AND HEALTH BENEFITS PLAN

AUTHORIZATION

We understand that the NEBS policy on membership in NEBS governs terminations from the Insurance and Health Benefits Plan. We hereby apply to Terminate from the NEBS Pension Plan

Authorized Signatures: _____
Chief Elected/Appointed Official

_____
Date

_____
Chief Executive Officer

_____
Date

You must complete the attached list of your employees active in the NEBS Insurance and Health Benefits Plan who will cease to be members upon the effective date of your termination. As a condition of NEBS Membership, you have agreed to inform your employees should you decide to terminate from the NEBS Insurance and Health Benefits Plan.

Employees must complete the attached "Employee Acknowledgement" form indicating they have been advised of your intent to terminate participation in the NEBS plan. Signed forms of at least 60% of your employees must accompany your application for termination.

NEBS OFFICE USE ONLY

APPROVED BY THE NEBS BOARD

_____ _____
Motion Number Date

EFFECTIVE DATE OF TERMINATION _____
(TO BE DETERMINED BY THE NEBS BOARD)

_____ _____
Chairman Date

NORTHERN EMPLOYEE BENEFITS SERVICES | ᐅᑭᐅᖅᑕᖅᑐᒥᑯᓴᓇᔨᑦᑯᑯ ᐃᑲᔪᓯᐊᖅᑖᕈᑎᒋᕙᒃᑕᖅᒋᓐᓄᑦ ᐱᔨᑦᓯᕋᖅᑏᑦ
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EMPLOYER APPLICATION FOR TERMINATION OF PARTICIPATION IN THE NEBS GROUP INSURANCE AND HEALTH BENEFITS PLAN

EMPLOYEE LISTING

A list of employees, who are active in the NEBS Insurance and Health Benefits Plan, who will be affected by the Employer's termination from the plan. (If additional space is required, please attach a separate sheet)

EMPLOYEE NAME	BIRTHDATE dd/mm/yyyy	SEX (M/F)	OCCUPATION

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#700 – 5201 50th Avenue, Northwest Tower,
Yellowknife, NT X1A 3S9
Ph: (867) 873-4965 Fax: (867) 873-5801

EMPLOYEE ACKNOWLEDGEMENT OF EMPLOYERS INTENT TO TERMINATE NEBS GROUP INSURANCE AND HEALTH BENEFITS PLAN PARTICIPATION

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

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 Group Insurance and Health Benefits Plan.

Under terms of our membership, all employee(s) are being notified that their coverage under the above plan(s) 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. Because of termination by my employer, I will no longer be able to participate in this plan. I understand I have 90 days to file any outstanding changes.

Member's Signature	Witness's Signature
Member's Name (Print Last Name, First Name)	Witness's Name (Print Last Name, First Name)
Date	Date