



**NORTHERN EMPLOYEES BENEFITS SERVICES** | **ᐱᐅᐃᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅᐅ**  
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5122 53<sup>rd</sup> Street, Yellowknife NT, X1A 1V6  
Ph: (867) 873-4965 Fax: (867) 873-5801

**EMPLOYER APPLICATION FOR TERMINATION OF PARTICIPATION IN THE NEBS PENSION PLAN**

**COMPLETE ALL PAGES AND MAIL ORIGINALS TO NEBS OFFICE (ADDRESS ABOVE)**

Name of Employer: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

A NEBS Employer may cease participation in the Pension 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; and
- C. the NEBS Pension Committee approves the cancellation.

**NOTE: CONTRIBUTIONS MUST CONTINUE TO BE MADE UP TO THE APPROVED EFFECTIVE DATE OF YOUR WITHDRAWAL, AND THAT THE EMPLOYER'S SHARE OF ANY SOLVENCY DEFICIENCY AS UNFUNDED LIABILITY IN THE PENSION PLAN MUST BE PAID (SEE THE POLICY ON PARTICIPATION IN THE NEBS PENSION PLAN).**

**REASON FOR TERMINATION**

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**NORTHERN EMPLOYEE** | **ᐃᑭᐱᑦᑕᑦᑕᑦᑕᑦ**  
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## **EMPLOYER APPLICATION FOR TERMINATION OF PARTICIPATION IN THE NEBS PENSION PLAN**

### **AUTHORIZATION**

We have reviewed and understand Section 3.3 of the Policy on participation in the NEBS Pension Plan and we hereby apply to Terminate from the NEBS Pension Plan

Authorized Signatures:

\_\_\_\_\_  
Chief Elected/Appointed Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

As a condition of NEBS Membership you have agreed to inform your employees and explain your termination from the NEBS Pension Plan. Employees must complete the “Employee Acknowledgement” form indicating that they have been advised of your plan to terminate participation in the Plan. Signed forms of at least 60% of your employees must accompany your application for termination. You must complete the attached list of employees currently active in the NEBS Pension Plan.

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### **NEBS OFFICE USE ONLY**

APPROVED BY THE NEBS PENSION COMMITTEE

EFFECTIVE DATE OF TERMINATION \_\_\_\_\_  
(TO BE DETERMINED BY THE NEBS PENSION COMMITTEE)

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Date



**NORTHERN EMPLOYEE** | ᠠᠨᠠᠨᠠ ᠲᠤᠨᠠᠭᠤᠨ  
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**EMPLOYER APPLICATION FOR TERMINATION OF PARTICIPATION IN THE NEBS PENSION PLAN**

**EMPLOYEE LISTING**

A list of employees, who are active in the NEBS Pension 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 (JOB)