



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

**NEW EMPLOYER APPLICATION FOR PARTICIPATION IN THE NORTHERN EMPLOYEE BENEFITS SERVICES (NEBS) PENSION PLAN**

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

Name of Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

We hereby apply to participate in the NEBS Pension Plan. All eligible employees must participate in the NEBS Pension Plan.

**LIST OF ELIGIBLE EMPLOYEES**

You must complete and certify as accurate the attached list of all eligible employees. All information is treated confidentially and will not be released to unauthorized persons.

You are allowed to designate a class or group of employees as eligible employees for participation in the pension plan. In reviewing your application the NEBS Pension Committee will take careful review of any classification or grouping you have established. Once an individual becomes a plan Member, you are not able to withdraw that person from the NEBS Pension Plan except if they terminate their employment with you, retire, or die.

Please note the NEBS Pension Plan Text defines eligible employee for the purpose of the Plan. Persons employed on a temporary or casual basis are not eligible employees. Part time employees are eligible but must have been employed for at least two years and have earned at least 35% of the Years Maximum Pensionable Earnings (YMPE) as set by the Canada Pension Plan, for the last two years. Permanent part time employees earn 35% of the years YMPE may be added to the plan without 2 years employment if agreed to by the employer and the pension committee.



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#### PART TIME RATIO AND FULL TIME EQUIVALENT

Credited service for part time members is calculated proportionately of a full time employee in a similar position. The ratio for part time members is therefore required to allow an accurate calculation of the member's pension benefit.

Please provide your regular full time hours \_\_\_\_\_/week.

If full time hours differ by Position/Department, please use the space below to list

*Example: Administration Staff (Office) = 37.5 Hours per week*

POSITION/DEPARTMENT	FULL TIME WEEKLY HOURS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

#### NEW EMPLOYEE WAITING PERIOD

You must choose one of the following options for the waiting period of all new employees hired after you become a NEBS member.

- 6 Months of employment waiting period
- 3 Months of employment waiting period
- No waiting period





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The Board will establish an effective date of your membership in NEBS and your participation in the NEBS Pension Plan. The billing for your first month's contributions will be sent in advance and will be due the end of the first month of effective plan membership.





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(Attach a separate sheet if more space is required)

<b>EMPLOYEE NAME</b>	<b>BIRTH DATE dd/mm/yyyy</b>	<b>SEX (M/F)</b>	<b>POSITION TITLE</b>	<b>ANNUAL EARNINGS</b>	<b>FULL TIME (FT) OR PART TIME (PT)</b>	<b>HOURS PER WEEK</b>	<b>MEMO/COMMENTS (CURRENTLY ON LEAVE, DISABILITY, ETC)</b>



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