

Enrolment

SECTION 1: MEMBER INFORMATION - TO BE COMPLETED BY EMPLOYER (Please print)				
Name of Current Employer	Employer Number	Name of Previous Employer		
Social Insurance Number	Last Name	First Name and Initial		
Mailing Address	City/Town/Village	Province	Postal Code	
Birthdate (day/month/year)		Home phone		
Date of Employment (day/month/year)		Date of Enrolment (day/month/year)		
If date of enrolment is more than 24 months past the date of employment, please provide an explanation below.				
Please place an X in the applicable box for each of the five following items of employee information:				
This employee was hired as a:				
<input type="checkbox"/> permanent employee (enrolment is mandatory)				
<input type="checkbox"/> non-permanent employee (enrolment is optional until employee completes 700 hours in each of two consecutive years)				
<input type="checkbox"/> non-permanent employee and became a permanent employee on: _____				
Gender	Member Type	Marital Status	Employment Type	
<input type="checkbox"/> Female	<input type="checkbox"/> General	<input type="checkbox"/> Single	<input type="checkbox"/> Full-time 12	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Male	<input type="checkbox"/> Designated Police Officer or Firefighter	<input type="checkbox"/> Married	<input type="checkbox"/> Full-time 10	<input type="checkbox"/> Casual
		<input type="checkbox"/> Common-law	<input type="checkbox"/> Part-time 12	<input type="checkbox"/> Designated Full-time
			<input type="checkbox"/> Part-time 10	<input type="checkbox"/> Designated Part-time
Please enclose the following with the completed enrolment form:				Office Use Only
• certified copy of employee's birth certificate or baptismal certificate;				<input type="checkbox"/> Yes <input type="checkbox"/> No
• completed and signed <u>original</u> <i>Designation of Beneficiary</i> form;				<input type="checkbox"/> Yes <input type="checkbox"/> No
• certified copy of spouse's birth certificate or baptismal certificate (if applicable); and				<input type="checkbox"/> Yes <input type="checkbox"/> No
• certified copy of employee's marriage certificate (if applicable).				<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify the above information to be correct.				
_____ Signature of Employer			_____ Date (day/month/year)	
SECTION 2: TO BE COMPLETED BY THE EMPLOYEE				
If you are currently contributing to MEPP, enrolment is mandatory. If you are currently working for another MEPP participating employer, please provide the name of your other employer: _____				
<input type="checkbox"/> Mandatory Enrolment - I understand that, as a permanent employee, participation in the Municipal Employees' Pension Plan (MEPP) is required under <i>The Municipal Employees' Pension Act</i> and subsequent amendments thereto. I understand my employer will deduct from my salary such amounts as may be required for contributions. I authorize the Municipal Employees' Pension Commission (the Commission) or its agents to use my Social Insurance Number as my personal identification number.				
<input type="checkbox"/> Optional Enrolment - As a non-permanent employee, I choose to participate in MEPP and authorize my employer to deduct from my salary such amounts as may be required under <i>The Municipal Employee's Pension Act</i> and its related regulations. I understand that by completion of this form, my decision to participate in the pension plan is irrevocable. I authorize the Commission or its agents to use my Social Insurance Number as my personal identification number.				
<input type="checkbox"/> Enrolment Declined - I choose not to participate in MEPP. I understand that I may be required to join MEPP after completing 700 hours in each of two consecutive years. (Note: Human resources must retain the original form where an employee elects not to participate in MEPP.) I also understand that I may join MEPP at any time by completing another enrolment form.				
<input type="checkbox"/> Ineligible for Enrolment - I am ineligible to participate in MEPP because I am receiving a pension from MEPP, or I am age 71 or older.				
_____ Signature of Employee			_____ Date (day/month/year)	