

Site: _____	Employee ID #: _____
Position: _____	Department: _____

Full Legal Name:			
Mailing Address:			
City/Province/Postal Code			
Phone Number:	Cell:		
Email Address:			
Date of Birth:	Year:	Month:	Day:
Social Insurance Number:			

Emergency Contact Information:			
This is confidential information that is only to be used in the event of an emergency.			
Name:		Relationship:	
Phone Number:	Cell:		

Regulatory Licensure/Registration: * Please attach copy of licensing/registration *		
BCCNM License Type (RN/RPN/LPN/NP):		
	Registration #:	expiry date:
Other:	Registration #:	expiry date:

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT	
Employee's Signature: _____	Date: _____

Municipal Pension Plan Employee Declaration

LAST NAME, FIRST NAME			
HEALTH AUTHORITY	PHC <input type="checkbox"/>	PHSA <input type="checkbox"/>	VCH <input type="checkbox"/>
EMPLOYEE ID			

It is the employee's responsibility to inform the employer of their eligibility to enroll in the Municipal Pension Plan. To do so please answer the following questions:

1. Are you currently an active member of the Municipal Pension Plan?

Yes No

2. Have you been contributing in the last 30 days?

Yes No

***If uncertain contact the Municipal Pension Plan at 1-800-668-6335**

3. Are you currently receiving a pension from the Plan?

Yes No

I understand that it is my responsibility to inform my employer of my eligibility to enroll in the Plan (if employed with more than one Plan employer).

The Municipal Pension Guide Booklet may be found on the Pension website www.pensionsbc.ca.

***Please provide proof of Pension enrolment if currently contributing to the Plan**

Employee Signature

Date

Verified by (office use only)

Date