Enrolment

SHEPP
People. Pensions. Results.

1 Personal Information

FORM ID: 001 CASE ID: _____

Member Information

First Name _____ Middle _____ Last Name _____

Date of Birth (dd/mm/yyyy) _____ Proof of Age: ◯ Attached ◯ To come Member ID# _____

SIN _____ Gender: ◯ Female ◯ Male

Title: ◯ Ms. ◯ Miss ◯ Mrs. ◯ Mr. ◯ Dr. ◯ Sister ◯ Father ◯ Reverend ◯ Other _____

Address and Contact Information

Address _____ City _____ Province _____

_____ Postal Code _____ Country _____ Phone _____

_____ Email _____

Spousal Information

Marital Status: ◯ Single ◯ Married ◯ Common Law ◯ Separated ◯ Divorced ◯ Widowed

Spouse's First Name _____ Middle _____ Spouse's Last Name _____

Spouse's Gender: ◯ Female ◯ Male Spouse's Date of Birth (dd/mm/yyyy) _____

2 Employment Details

Employer Number _____ Employer Name _____

Union Affiliation _____ Hire Date (dd/mm/yyyy) _____ SHEPP Enrolment Date (dd/mm/yyyy) _____

Employee Type: ◯ Full-Time ◯ Part-Time ◯ Casual Employment Classification: ◯ Permanent ◯ Temporary

If employee moved from another position to permanent part-time or full time employment, please indicate the effective date of the change (dd/mm/yyyy) _____

Comments _____

3 Authorisation

Member Authorisation

I agree to the provisions of the Plan, as set out in the Saskatchewan Healthcare Employees' Pension Plan Text. I authorise the use of my salary and employment record, my social insurance number, and all information contained on this form, as may be required to administer the Plan. I certify that the information in this form is correct to the best of my knowledge.

_____ _____

Employee Signature Date (dd/mm/yyyy)

If you were a member of a pension plan with your former employer, you may be eligible to transfer that service to SHEPP. Would you like information regarding this option mailed to you? ◯ Yes ◯ No

Employer Authorisation

Contact Name _____

Title _____

Phone _____ Fax _____

Email _____

_____ _____

Contact Signature Date (dd/mm/yyyy)

Instructions

- ✓ **Submit this form to SHEPP**
- ✓ **Provide a copy to the member**
- ✓ **Keep a copy for your files**

SHEPP recognises and respects the importance of your privacy. Personal information collected is used for the purpose of administering your benefits under the Plan.

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