



SHEPP

SASKATCHEWAN HEALTHCARE
EMPLOYEES' PENSION PLAN

201 - 4581 Parliament Ave.
Regina, SK S4W 0G3
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Fax 306.751.8301
E-mail sheppinfo@shepp.ca
Website www.shepp.ca

Enrolment

FOR OFFICE USE ONLY: 001

CASE ID: _____

1 Personal Information

Member Information

Name _____ First Name _____ Middle Name _____ Last Name _____ Member ID # _____

SIN _____ Date of Birth _____ (dd/mm/yyyy) Proof of Age: Attached To come Gender: Female Male

Title: Ms. Miss Mrs. Mr. Dr. Sister Other _____

Address & Contact Information

Address _____ City _____

Province _____ Postal Code _____ Country _____

Phone _____ (###)###-#### E-mail _____

Spousal Information

Marital Status: Single Married Common Law Separated Divorced Widowed

Spouse's Name _____ First Name _____ Middle Name _____ 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 indicated 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.

Date _____ (dd/mm/yyyy)

Employee Signature

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 _____ (###)###-#### E-mail _____

Date _____ (dd/mm/yyyy)

Contact Signature

Instructions: Submit this form to SHEPP Provide a copy to the member Keep a copy for your files