



# SHEPP

SASKATCHEWAN HEALTHCARE  
EMPLOYEES' PENSION PLAN

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## Transfer of Benefits

FOR OFFICE USE ONLY: 018

CASE ID: \_\_\_\_\_

### 1 Personal Information

#### Member Information

Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Member ID # \_\_\_\_\_  
SIN \_\_\_\_\_ Date of Birth \_\_\_\_\_ (dd/mm/yyyy)

### 2 Employment Details

#### Employer Information

Sending Employer Name \_\_\_\_\_ Employer Number \_\_\_\_\_

Date Employment Began \_\_\_\_\_ (dd/mm/yyyy)

Receiving Employer Name \_\_\_\_\_ Employer Number \_\_\_\_\_

Date Employment Began \_\_\_\_\_ (dd/mm/yyyy)

#### Transfer of Payroll Date

Pensionable Earnings \_\_\_\_\_ Credited Service \_\_\_\_\_

Required Contributions \_\_\_\_\_ FTE Service \_\_\_\_\_

### 3 Authorisation

#### Sending Employer Authorisation

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ (###)###-#### Fax \_\_\_\_\_ (###)###-#### E-mail \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ (dd/mm/yyyy)

Contact Signature