



Municipal Pension Plan Enrolment Eligibility

The *Public Sector Pensions Plan Act* governs the requirements for enrolment in the Municipal Pension Plan. The enrolment criteria are as follows:

IMPORTANT

Please complete either an enrolment or waiver form and return it to Human Resources

MANDATORY ENROLMENT:

Regular Full-time = enrolment in the Municipal Pension Plan is **mandatory** for all employees hired into regular full-time appointments.

Existing Municipal Pension Plan Member = if you are currently enrolled in the Municipal Pension Plan at another employer or have contributed to the Municipal Pension Plan in the last 30 days, you are required to enroll and contribute through Okanagan College regardless of your appointment category.

Please complete the pension enrolment form only and return it to Human Resources.

If you are in receipt of a monthly pension, complete a "Re-Employment of a Retired Member" form available by request from Human Resources.

OPTIONAL ENROLMENT *for Regular part-time of 17 1/2 hours per week or more:*

Enrolment in the Municipal Pension Plan is **optional** by Board for Support Staff with the following appointment category:

- **Regular part-time (50% or more)**

Please complete either an enrolment or waiver form and return it to Human Resources. If you elect to enroll, your pension contributions will begin three months after permanent hire date.

OPTIONAL ENROLMENT *after meeting both pension eligibility criteria:*

Enrolment in the Municipal Pension Plan is **optional** for Support Staff with the following appointment categories **after meeting pension eligibility criteria:**

- **Regular part-time (less than 50%)**
- **Sessional full-time**
- **Sessional part-time**
- **Auxiliary appointments/Student employees**

ELIGIBILITY CRITERIA for optional enrolment:

1. **earnings of 35% of Year's Maximum pensionable earnings (YMPE) in each of two consecutive years, PLUS**
2. **two years of continuous employment at Okanagan College.**

Please complete either an enrolment or waiver form and return it to Human Resources. If you elect to enroll, your pension contributions will begin after you meet the eligibility criteria noted above (contribution start date will be at least a minimum of two years from first hire date).

Please refer to the "Guide for Plan Members" available on the Municipal Pension Plan website at www.mpp.pensionsbc.ca for additional information or call Jill Toth, Pensions & Benefits Coordinator at 762-5445 extension 4603.



MUNICIPAL PENSION PLAN ENROLMENT FORM

Please complete and return form promptly to Human Resources at:
 Okanagan College, 1000 KLO Road, Kelowna, BC V1Y 4X8
 Fax: (250) 862-5621 Phone: (250) 762-5445, ext. 4603

Last Name:		Given Name(s):		Social Insurance No.:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Employee ID # (if known):		Date of Birth: (YYYY/MM/DD)	
Employee Mailing Address: (include street, city/town, province and postal code)				Employee Home Phone - include 10 digits ()	
1. Are you currently a contributor to the Municipal Pension Plan? If yes, you will be enrolled immediately.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you contributed to the Municipal Pension Plan in the last 30 days? If yes, you will be enrolled immediately.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are you currently in receipt of a pension benefit from the Municipal Pension Plan? If yes, please complete a "Re-Employment of a Retired Member" form available by request from Human Resources.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse/Partner Last Name:		Spouse/Partner Given Name(s):		Spouse/Partner Date of Birth: (YYYY/MM/DD)	
Complete a "Nomination of Beneficiary Form" if you do <u>NOT</u> have a spouse/partner or if you wish to name a beneficiary other than your spouse/partner.					
Employee's Signature:				Date Signed:	
Contribution Start Date for Municipal Pension (please check the applicable box after reviewing the enrolment criteria):					
If you answered "Yes" to either of question 1 or 2 above, please check box A:					
A. <input type="checkbox"/> Existing Municipal Pension Plan member = Mandatory enrolment beginning on date of hire					
B. <input type="checkbox"/> Regular Full-time = Mandatory enrolment beginning three months from permanent hire date					
C. <input type="checkbox"/> Regular Part-time (17.5 hours per week or more) = Optional enrolment beginning three months from permanent hire date					
D. <input type="checkbox"/> Other (Sessional, Auxiliary, Student Employees) - Met Eligibility Criteria of 35% of YMPE earnings in two consecutive years PLUS two years continuous employment at Okanagan College = Optional Enrolment beginning on pay period following submission of enrolment form.					
HUMAN RESOURCES USE ONLY					
Employee Group: 04GENERL		Original Hire Date:		Current Hire Date:	
Organization Name: Okanagan College		Org ID 001799		Contribution Start Date:	
Distribution: <input type="checkbox"/> Pension Plan <input type="checkbox"/> Payroll / Personnel File				Date Processed	
				Initial	



PENSION PLAN USE ONLY	
PERSON ID	
Municipal Pension Plan PO Box 9460 Victoria BC V8W 9V8	
Location 2995 Jutland Road, Victoria	
Web pensionsbc.ca	
Victoria	250 953-3000
Vancouver	604 660-5366
Toll-free in BC	1 800 668-6335
Fax	250 953-0421
E-mail	MPP@pensionsbc.ca
EMPLOYER NAME	EMPLOYER NO.
EMPLOYEE NAME	EMPLOYEE SOCIAL INSURANCE NO.

INSTRUCTIONS

- This form is to be completed by an employee who is eligible to participate in the Municipal Pension Plan (the "pension plan") but who elects NOT to. (See Page 2 for employee eligibility).
- The employee and the employer should each retain a copy of this form for their records.
- If the employee subsequently elects coverage under the pension plan, the employer must forward a copy of this form to the pension plan to verify that the employee waived optional enrolment at the time the employee was first eligible to enrol.

Employee Declaration:

1. I understand that I am eligible to participate in the pension plan and that if I wish not to be enrolled in the pension plan this form must be signed and returned to my employer within 30 days of my initial eligibility date.
2. I have been provided with an explanation or summary of the pension plan, and of the relevant entitlements and obligations under the pension plan.
3. I do not wish to participate in the pension plan at this time.
4. Unless I subsequently elect to enrol in the pension plan, I understand that I will NOT be notified of future amendments or improvements to the pension plan.
5. I understand that, under the current plan rules, I may subsequently elect to enrol in the pension plan by providing my employer with a completed and signed *Pension Enrolment Election*. It is my responsibility to provide such notice. However, there is no guarantee that the plan rules will not change, and I understand that my ability to enrol may not necessarily exist at a later date.
6. Further, I understand that if I subsequently provide written notification of my election to enrol, such an election will be prospective only. Enrolment will not be retroactive.
7. I understand that should I subsequently become enrolled in the pension plan, I will not be able to purchase service from the time I was first eligible to enrol to the date of actual enrolment.
8. This waiver will cease to have effect if a change in my employment status or the pension plan rules requires that I participate in the pension plan.

By signing below, I expressly waive my rights to participate in the pension plan and to receive any pension benefits.

EMPLOYEE SIGNATURE

DATE SIGNED

YYYY / MM / DD

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Chief Executive Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.

**RETURN ORIGINAL TO PENSION PLAN
ONLY IF WAIVER IS SUBSEQUENTLY REVOKED**

**EMPLOYER AND EMPLOYEE
MAKE A COPY FOR YOUR RECORDS**