



**Student, Graduate & Co-op
Employment Office
Ph: (250) 862-5412
Fax: (250) 862-5600**

WHAT'S NEXT IS WHAT'S HERE.

OKANAGAN COLLEGE STUDENT POSITION CONTRACT

I am accepting an OC Student position under the following terms and conditions:

I will:

- maintain good academic standing.
- as a Canadian or Canadian Permanent Resident student (ie. domestic student) maintain a minimum of two (2) courses during the Fall (September-December) and Winter (January-April) terms.
- as an International student, maintain a full-time course load – ie. generally this means a minimum of three (3) courses during the Fall (September-December) and Winter (January-April) terms.
- work a maximum of 15 hours per work week during the September – December and January – April terms, and/or work a maximum of 35 hours per week during the May – August term (This includes Student Employment and IT Services Monitor positions combined).
- adhere to the work schedule established with my supervisor and inform my supervisor if I have any other student position(s) if the hours will exceed the maximum noted in the point above.
- notify my supervisor any time that I am unable to work, my inability to work the hours I was hired for or my intention to terminate my position.
- keep an accurate record of hours worked and submit my timesheet to my supervisor for authorization at a mutually specified time to meet the payroll deadline.
- notify my supervisor of a change of address, change of course load or change of circumstances.

I understand:

- as a Canadian or Canadian Permanent Resident student (ie. domestic student), that failure on my part to maintain a minimum of two (2) courses during the Fall (September-December) and Winter (January-April) terms, and maintain good academic standing, will result in automatic termination from the employment program.
- as an International student, that failure on my part to maintain a full-time course load – ie. generally this means a minimum of three (3) courses during the Fall (September-December) and Winter (January-April) terms, and maintain good academic standing, will result in automatic termination from the employment program.
- during the spring/summer terms (May-August), Domestic and International students must have been enrolled as described above and have intent to return to OC in the next fall term otherwise they are ineligible to participate in the OC Student Employment Program.
- that my work at Okanagan College may provide me access to confidential and sensitive information and that this information may not be disclosed or discussed with any individual, group or organization inside or outside of Okanagan College. Furthermore, I understand and agree that I may not use such information for personal gain for myself, other individuals, union members, or organizations.
- that a T4 form will be issued to me for income tax purposes.
- that if I am in receipt of government student loans and grants, I will notify the issuing body of any increase to part-time earnings declared on my application for student financial assistance.

I fully understand my responsibilities as a student employee and agree to adhere to my responsibilities as outlined above.

Date

Signature

Name (please print)

Copy: Student

Copy: Human Resources



HUMAN RESOURCES

1000 KLO Road, Kelowna, BC V1Y 4X8
Tel: (250) 762-5445 Fax: (250) 762-3631

Student Auxiliary Employee Employment Information & Confirmation Sheet

Welcome to Okanagan College!

Please complete the following and return to Human Resources

| | |
|---|--|
| Date | |
| Name | |
| Street | |
| City | |
| Province | |
| Postal Code | |
| Phone | |
| E-mail | |
| 1. | <p>The terms and conditions of student auxiliary appointments are subject to the Collective Agreement in force between Okanagan College and the BC Government and Service Employees' Union (BCGEU) Support Staff during the period of your services with Okanagan College, including any amendments resulting from negotiations between Okanagan College and the BCGEU. The electronic version of the current collective agreement is available by accessing the following link on the HR Home Page at http://www.okanagan.bc.ca. Please also note applicable Letter(s) of Understanding of the current collective agreement:</p> <p>Letter of Understanding #1 – Student Employees Letter of Understanding #2 – Co-Operative Education Students Letter of Understanding #3 – Reader Letter of Understanding #4 – Research Projects Letter of Understanding #14 – Teaching Assistants & Laboratory Demonstrators</p> |
| 2. | Enclosed is a list of union stewards. |
| 3. | Any student auxiliary appointment may be extended or terminated at any time depending on Okanagan College's operational needs and a student auxiliary appointment does not constitute automatic selection for a permanent position. |
| 4. | If you have an assignment with a defined work schedule, your pay will be automatically processed. If you have an appointment where timesheets are required, timesheets must be signed by your supervisor and submitted to the payroll office in order to process your pay. |
| 5. | The details of any/all auxiliary assignments will be confirmed by a copy of the Staffing Form which will be forwarded to you (see sample attached). Please email dsouthern@okanagan.bc.ca should you wish to obtain a copy of the applicable student job description. |
| 6. | If you have not already done so, please complete and return the enclosed payroll forms (TD1 – Federal and Provincial; Assignment of Wages; Banking Information). |
| 7. | Your status as a student auxiliary employee is conditional upon receiving all documentation prior to commencing your work assignment. For International students, this includes copies of relevant Study/Work Permits, valid SIN information and confirmation of your status as a full-time Okanagan College student in good academic standing. |
| 8. | Please indicate your acceptance of this appointment by signing and returning this form to the Human Resources Division within five days of receipt. |
| <p>I ACCEPT this offer of appointment under the terms and conditions specified in this letter.</p> <p>Signature: _____ Date: _____</p> | |



Assignment of Wages Support Staff

To: Okanagan College
Payroll Office

In accordance with the terms and conditions of the collective agreement in force between Okanagan College and the BC Government and Services Employees' Union, local 707, Support Staff, specifically article 10.01 "Each pay period OC shall, as a condition of employment, deduct from the wages or salary of each employee in the bargaining unit, the amount of the regular dues payable to the BC Government and Service Employees' Union."

Until this authority is revoked by me in writing, I hereby authorize you to deduct from my wages and to pay to the BC Government and Service Employees' Union, local 707, Support Staff fees and dues as follows:

Dues of 1.85% of wages or amounts as determined by the Union from time to time in accordance with the Union's constitution and bylaws and by written notification by the Union of such changes to OC.

Date

Signature

Print Legal Name

Employee ID #



Bank Information

Financial Services - Payroll Office
1000 KLO Road
Kelowna, BC V1Y 4X8
Tel: (250) 762-5445
Fax: (250) 762-3614

Okanagan College operates on bi-weekly payroll system and pay for all employees is deposited to the bank account of their choice every second Friday. Individual cheques will only be issued in exceptional circumstances. Please complete the information below and return it to the Payroll Office to ensure timely processing of your pay.

PLEASE ADVISE THE PAYROLL OFFICE IN WRITING OF ANY CHANGES TO YOUR BANK ACCOUNT(S).

TO ADD OR CHANGE BANKING INFORMATION PLEASE ATTACH A VOID CHEQUE FOR EACH BANK ACCOUNT

Where it is not possible to attach a VOID cheque, complete banking details are required as outlined below. Please contact your banking institution to ensure this information is accurate.

Legal Name: _____ ID # _____
Birth Date: _____ SIN # _____

Do you wish to receive your paystatement by e-mail: Yes ___ No ___ E-mail address: _____

In addition to payroll, all employee expense claims will be deposited directly to your bank account. Accounts Payable processes these claims every Friday. You may indicate multiple accounts for payroll processing, but only one for expense claim deposits. If you have multiple payroll bank accounts, please indicate your preference for expense claim deposits below.

| | | |
|---|-------------------|-----------------------------|
| Bank #1 - Name and Branch Address: | | |
| | | |
| | | |
| Chequing _____ or Savings _____ Expense Claim _____ Deposit to Bank #1 - Amount \$ _____ OR Percentage _____% | | |
| | | |
| Bank (3 digits) | Branch (5 digits) | Account# (7 or more digits) |

| | | |
|--|-------------------|-----------------------------|
| Bank #2 - Name and Branch Address: (complete bank #2 only if requesting deposit to more than 1 account) | | |
| | | |
| | | |
| Chequing _____ or Savings _____ Expense Claim _____ Deposit to Bank #1 - Amount \$ _____ OR Percentage _____% | | |
| | | |
| Bank (3 digits) | Branch (5 digits) | Account# (7 or more digits) |

Employee Signature _____ Date _____

Freedom of Information and Protection of Privacy Act - The information on this form is collected under the legal authority of the College Act. This information is used exclusively for the administrative and statistical purposes of the College. Should you require further information, please contact the Financial Services - Payroll Office, 1000 KLO Road, Kelowna, BC V1Y 4X8



Your employer or payer will use this form to determine the amount of your tax deductions.

Read the back before completing this form. Complete this form based on the best estimate of your circumstances.

| | | | |
|-------------------------------|---------------------------|--|-------------------------|
| Last name | First name and initial(s) | Date of birth (YYYY/MM/DD) | Employee number |
| Address including postal code | | For non-residents only – Country of permanent residence | Social insurance number |

1. Basic personal amount – Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2012, see "More than one employer or payer at the same time" on the next page. If you are a non-resident, see "Non-residents" on the next page.

10,822

2. Child amount – Either parent (but not both), may claim \$2,191 for each child born in 1995 or later, that resides with both parents throughout the year. If the child is **infirm**, add **\$2,000** to the claim for that child. Any unused portion can be transferred to that parent's spouse or common-law partner. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on line 8 may also claim the child amount for that same child.

3. Age amount – If you will be 65 or older on December 31, 2012, and your net income for the year from all sources will be \$33,884 or less, enter \$6,720. If your net income for the year will be between \$33,884 and \$78,684 and you want to calculate a partial claim, get the TD1-WS, *Worksheet for the 2012 Personal Tax Credits Return*, and complete the appropriate section.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.

5. Tuition, education, and textbook amounts (full time and part time) – If you are a student enrolled at a university or college, or an educational institution certified by Human Resources and Skills Development Canada, and you will pay more than \$100 per institution in tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$400 for each month that you will be enrolled, plus \$65 per month for textbooks. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$120 for each month that you will be enrolled part time, plus \$20 per month for textbooks.

6. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, *Disability Tax Credit Certificate*, enter \$7,546.

7. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you, and whose net income for the year will be less than \$10,822 (\$12,822 if he or she is **infirm**) enter the difference between this amount and his or her estimated net income for the year. If your spouse's or common-law partner's net income for the year will be \$10,822 or more (\$12,822 or more if he or she is **infirm**), you cannot claim this amount.

8. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you, and whose net income for the year will be less than \$10,822 (\$12,822 if he or she is **infirm** and you did not claim the child amount for this dependant), enter the difference between this amount and his or her estimated net income. If your eligible dependant's net income for the year will be \$10,822 or more (\$12,822 or more if he or she is **infirm**), you cannot claim this amount.

9. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,033 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older), enter \$4,402 (\$6,402 if he or she is **infirm**) or
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$6,402.

If the dependant's net income for the year will be between \$15,033 and \$19,435 (\$15,033 and \$21,435 if he or she is **infirm**) and you want to calculate a partial claim, get the TD1-WS, and complete the appropriate section.

10. Amount for infirm dependants age 18 or older – If you support an infirm dependant age 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,420 or less, enter \$6,402. You cannot claim an amount for a dependant you claimed on line 9. If the dependant's net income for the year will be between \$6,420 and \$12,822 and you want to calculate a partial claim, get the TD1-WS, and complete the appropriate section.

11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition, education and textbook amounts, disability amount or child amount on his or her income tax return, enter the unused amount.

12. Amounts transferred from a dependant – If your dependant will not use all of his or her **disability amount** on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her **tuition, education, and textbook amounts** on his or her income tax return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 through 12.

Your employer or payer will use this amount to determine the amount of your tax deductions.

Continue on the next page ➔

Completing Form TD1

Complete this form **only** if:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, Employment Insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (such as when the number of your eligible dependants has changed);
- you want to claim the deduction for living in a prescribed zone; or
- you want to increase the amount of tax deducted at source.

Sign and date it and give it to your employer or payer.

If you do not complete a TD1 form, your new employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

- If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another TD1 form for 2012, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another TD1 form, **check** this box, enter "0" on line 13 on the front page and do not complete lines 2 to 12.

Total income less than total claim amount

- Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

Non-residents

Are you a non-resident of Canada who will include 90% or more of your world income when determining your taxable income earned in Canada in 2012? If you are unsure of your residency status, call the International Tax Services Office at **1-800-267-5177**.

- If **yes**, complete the previous page.
• If **no**, **check** the box, enter "0" on line 13 and do not complete lines 2 to 12, as you are not entitled to the personal tax credits.

Provincial or territorial personal tax credits return

If your claim amount on line 13 is more than \$10,822, you also have to complete a provincial or territorial personal tax credit return. If you are an employee, use the TD1 form for your province or territory of employment. If you are a pensioner, use the TD1 form for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial TD1 form to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$10,822), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2012, you may be able to claim the child amount on Form TD1SK, *2012 Saskatchewan Personal Tax Credits Return*. Therefore, you may want to complete Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2012, you can claim:

- \$8.25 for each day that you live in the prescribed northern zone; or
- \$16.50 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction.

\$

Employees living in a prescribed **intermediate** zone can claim 50% of the total of the above amounts.

For more information, get Form T2222, *Northern Residents Deductions*, and the Publication T4039, *Northern Residents Deductions – Places in Prescribed Zones*.

Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or Old Age Security pension. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, complete a new Form TD1.

\$

Reduction in tax deductions

You can ask to have less tax deducted if on your income tax return you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a Registered Retirement Savings Plan (RRSP), child care or employment expenses, and charitable donations). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for year(s) _____*, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Certification

I certify that the information given in this return is, to the best of my knowledge, correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.

Your employer or payer will use this form to determine the amount of your provincial tax deductions.
Read the back before completing this form. Complete this form based on the best estimate of your circumstances.

| | | | |
|-------------------------------|---------------------------|---|-------------------------|
| Last name | First name and initial(s) | Date of birth (YYYY/MM/DD) | Employee number |
| Address including postal code | | For non-residents only – Country of permanent residence | Social insurance number |

1. Basic personal amount – Every person employed in British Columbia and every pensioner residing in British Columbia can claim this amount. If you will have more than one employer or payer at the same time in 2012, see "Will you have more than one employer or payer at the same time?" on the next page.

11,354

2. Age amount – If you will be 65 or older on December 31, 2012, and your net income from all sources will be \$32,424, or less, enter \$4,356. If your net income for the year will be between \$32,424 and \$61,464 and you want to calculate a partial claim, get the TD1BC-WS, *Worksheet for the 2012 British Columbia Personal Tax Credits Return*, and complete the appropriate section.

3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,000, or your estimated annual pension income, whichever is less.

4. Tuition and education amounts (full time and part time) – If you are a student enrolled at a university, college, or educational institution certified by Human Resources and Skills Development Canada, and you will pay more than \$100 per institution in tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$200 for each month that you will be enrolled. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$60 for each month that you will be enrolled part time.

5. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, *Disability Tax Credit Certificate*, enter \$7,285.

6. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you, and whose net income for the year will be \$996 or less, enter \$9,964. If his or her net income for the year will be between \$996 and \$10,960, and you want to calculate a partial claim, get the TD1BC-WS, and complete the appropriate section.

7. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you, and whose net income for the year will be \$996 or less, enter \$9,964. If his or her net income for the year will be between \$996 and \$10,960, and you want to calculate a partial claim, get the TD1BC-WS, and complete the appropriate section.

8. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$14,385 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older); or
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$4,250.

If the dependant's net income for the year will be between \$14,385 and \$18,635 and you want to calculate a partial claim, get the form TD1BC-WS, and complete the appropriate section.

9. Amount for infirm dependants age 18 or older – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,770 or less, enter \$4,250. You cannot claim an amount for a dependant you claimed on line 8. If the dependant's net income for the year will be between \$6,770 and \$11,020 and you want to calculate a partial claim, get the TD1BC-WS, and complete the appropriate section.

10. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition and education amounts, or disability amount on his or her income tax return, enter the unused amount.

11. Amounts transferred from a dependant – If your dependant will not use all of his or her **disability amount** on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her **tuition and education amounts** on his or her income tax return, enter the unused amount.

12. TOTAL CLAIM AMOUNT – Add lines 1 through 11.

Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.

Continue on the next page ➔

Completing Form TD1BC

Complete this form **only** if you are an employee working in British Columbia or a pensioner residing in British Columbia and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, Employment Insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (such as when the number of your eligible dependants has changed);
- you want to increase the amount of tax deducted at source.

Sign and date it and give it to your employer or payer.

If you do not complete a TD1BC form, your new employer or payer will deduct taxes after allowing the basic personal amount **only**.

Will you have more than one employer or payer at the same time?

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1BC for 2012, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1BC, enter "0" on line 12 on the front page and do not complete lines 2 to 11.

Total income less than total claim amount

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 12. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, complete the section called "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted if on your income tax return you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a Registered Retirement Savings Plan (RRSP), child care or employment expenses, and charitable donations). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for the year ____*, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get forms and publications go to www.cra.gc.ca/forms or call 1-800-959-2221.

Certification

I certify that the information given in this return is, to the best of my knowledge, correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.



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, Auxillary, 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 |
| Distribution: <input type="checkbox"/> Pension Plan <input type="checkbox"/> Payroll / Personnel File | | Contribution Start Date: |
| | | Date Processed |
| | | Initial |



**Municipal
Pension Plan**

**WAIVER OF
PENSION COVERAGE**

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.

| 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. |

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**