

**Waiver of Plan Membership**

**Instructions**

- This form is to be completed by *other than full-time or part-time employees (as defined in the Plan’s plan text)* who are receiving a monthly pension benefit under the Shared Risk Plan for Certain Bargaining Employees of NB Hospitals (the “CBE Pension Plan”), and are eligible to recommence participation in the CBE Pension Plan, but who elect NOT to (see Page 2 for Eligibility Criteria).
- The employee and employer should retain a copy of this form for their records and forward one to Vestcor

**Employee Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SIN (optional): \_\_\_\_/\_\_\_\_/\_\_\_\_ Vestcor Reference Number: \_\_\_\_\_ OR Employee ID Number: \_\_\_\_\_

Initial Eligibility Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Employer: \_\_\_\_\_  
Day Month Year

**Declaration**

1. I declare that I am not currently making contributions to the CBE Pension Plan.
2. I understand that I am eligible to participate in the CBE Pension Plan and that if I do not want to join the CBE Pension Plan, this form must be signed and returned to my employer within 60 days of my initial eligibility date; otherwise I will automatically be enrolled in the CBE Pension Plan and the monthly pension benefit payments that I am currently receiving from the CBE Pension Plan will be suspended. I will also be required to reimburse any pension payments paid since my initial eligibility date.
3. I have been provided with an explanation or summary of the CBE Pension Plan and of the relevant entitlements and obligations under the CBE Pension Plan, including but not limited to the information contained in the CBE Pension Plan Employee Booklet (“A guide for plan members”), available on the internet at the following address: [www.cbenb.ca](http://www.cbenb.ca).
4. I do not wish to participate in the CBE Pension Plan at this time.
5. Unless a change in my employment status occurs, or the CBE Pension Plan eligibility criteria change, I understand that I will NOT be eligible to join the CBE Pension Plan at a future date.
6. Further, I understand that if I am subsequently required to participate in the CBE Pension Plan, there is no guarantee that the CBE Pension Plan rules will allow me to purchase any service prior to the date of enrolment.
7. This waiver will cease to have effect if a change in my employment status occurs, or the CBE Pension Plan provisions require that I participate.

**PRIVACY CONSENT:** *The personal information collected on this form (including supporting documentation) will be used by Vestcor to: identify the employee making the election; process the election and maintain a record of it; contact the employee or employer as necessary; and ultimately ensure that the pension plan is administered in accordance with the pension plan’s governing documents and applicable legislation. If you have any questions about the collection and use of this information, contact Vestcor’s Member Services team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at [info@vestcor.org](mailto:info@vestcor.org). In addition, please note that Vestcor’s Privacy Statement is available at [www.vestcor.org/privacy](http://www.vestcor.org/privacy).*

**AUTHORIZATION:** *I certify that the information above is accurate.*

**By signing below, I expressly waive my rights to participate in the CBE Pension Plan.**

Employee Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Employer Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

**Please refer to page 2 for important information.**

Please return completed form as soon as possible to:  
 Vestcor  
 P.O. Box 6000, Fredericton, NB E3B 5H1  
 Fax: 506-457-7388

For more information, please contact Vestcor at:  
 Telephone: 506-453-2296 or 1-800-561-4012 (toll free)  
 Email: [info@vestcor.org](mailto:info@vestcor.org)  
 Website: [vestcor.org](http://vestcor.org)

Eligibility Criteria

Effective July 1, 2012, participation in the CBE Pension Plan is **mandatory** if you are a permanent, full-time or part-time (working at least 33 1/3% of a full-time) employee under the age of 65 and are:

- a member of the Nurses, Part III Bargaining Unit; or
- a member of the Nurse Managers and Nurse Supervisors Bargaining Unit; or
- a member of the Medical Science Professionals; or
- a member of the Specialized Health Care Professionals Bargaining Unit; or
- a union staff member of the New Brunswick Nurses Union (effective July 1, 2013); or
- a union staff member of the New Brunswick Union of Public and Private Employees (effective October 1, 2014).

Effective July 1, 2014, participation in the CBE Pension Plan is **mandatory\*** if you are not a permanent, full-time or part-time (working at least 33 1/3% of a full time) employee but you are under the age of 65, you are a member of one of the groups listed above, and you meet the following eligibility requirements:

- Earn a minimum of 35% of the Year's Maximum Pensionable Earnings<sup>1</sup> (the "YMPE") for each of the 2 preceding consecutive calendar years; and
- Have a minimum of 24 months of continuous employment<sup>2</sup> from your most recent hire date.

**\*Exception:** Individuals who are in receipt of CBE Pension Plan pension payments (including former CBE Plan) and who return to work but are not permanent full-time or part-time employees (working at least 33 1/3% of full-time) will automatically join the CBE Pension Plan once they meet the eligibility criteria listed above, unless they sign a waiver form to opt out of the pension plan within 60 days of their initial eligibility date.

**Note:** If the individual signs the waiver form and opts out of the pension plan, they will continue receiving their monthly pension benefit payments.

If the individual does not sign the waiver form and recommences contributions to the pension plan, their monthly pension benefit payments will be suspended.

**Important:**

An employee shall not be eligible to join the CBE Pension Plan if that employee has reached age 65 on the date they would otherwise be required to join the CBE Pension Plan.

Once members begin to contribute to the CBE Pension Plan, they must continue to contribute, regardless of earnings or changes in their employment status (unless they become employed in a bargaining position which is not eligible to participate) and regardless of whether membership was mandatory or optional. These conditions apply provided there is no termination of employment.

<sup>1</sup> The Year's Maximum Pensionable Earnings (YMPE) represents the maximum salary upon which Canada Pension Plan contributions are made.

<sup>2</sup> Continuous employment includes periods of authorized vacation or leaves of absence (with or without pay), periods of lay-off up to one (1) year, and periods of work stoppages or breaks in service up to six (6) months.

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Website: [vestcor.org](http://vestcor.org)