

BRANDON UNIVERSITY PENSION PLAN

Name: _____
(please print)
[To be completed by Department]

As a part-time employee of Brandon University you may be ineligible, eligible but not required to join, or required to join our Pension Plan effective the first day of your employment. If you require more information, call Human Resources at (204)-727-7442. The Brandon University Retirement Plan Booklet is available for viewing on our website.

Important Message: If you are part of another Registered Pension Plan accruing benefits as an active member in that plan on a full-time basis, you will not be eligible to join Brandon University's Pension Plan.

Please check off one of the appropriate boxes.

I am currently a member of Brandon University's Pension Plan and I am not a member of another registered pension plan.

I am currently a member of Brandon University's Pension Plan. In addition, I am a member of another registered pension plan and accruing benefits as an active member in this plan on a full-time basis.
(Human Resources will be contacting you.)

I am currently a member of Brandon University's Pension Plan. In addition, I am a member of another registered pension plan and accruing benefits as an active member in this plan on a part-time basis.
(State part-time percentage _____%)

I am currently a member of Brandon University's Pension Plan. In addition, I am a member of another registered pension plan and my benefits in this plan are deferred.

I do not wish to join Brandon University's Pension Plan at this time.
(Should your earnings exceed 25% of the Yearly Maximum Pensionable Earnings for two consecutive years, you will be required to join the pension plan.)

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I wish to join the Brandon University Pension Plan and I am not a member of another registered pension plan.
(Complete the enclosed Membership Enrollment Form)

I wish to join Brandon University's Pension Plan. In addition, I am a member of another registered pension plan and accruing benefits as an active member in this plan on a part-time basis.
(State part-time percentage _____% and complete the enclosed Membership Enrollment Form)

I wish to join Brandon University's Pension Plan. In addition, I am a member of another registered pension plan and my benefits in this plan are deferred.
(Complete the enclosed Membership Enrollment Form)

I am ineligible to join Brandon University's Pension Plan. I am a member of another registered pension plan and accruing benefits as an active member in this plan on a full- time basis.

Employee
Signature: _____ Date: _____

Return form(s) to Human Resources at hr@brandonu.ca or 270-18th Street, Brandon, MB, R7A 6A9.