TERMINATION FORM

(Please complete the following by typing or printing in black or dark blue ink)

Please note that no benefits will be paid until this form is completed and returned to Vestcor.

VESTCOR

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CLEAR FORM

Section 1 - Type of Request (to be completed by the **employer**)

☐ **RETIREMENT** ☐ **TRANSFER OF EMPLOYMENT*** ☐ **DISABILITY PENSION** (Teachers' only)

☐ **TERMINATION** ☐ **DECEASED ACTIVE EMPLOYEE** ☐ **AGE 71 DECEMBER PENSION COMMENCEMENT DATE**
(*Income Tax Act* requirement)

*If transferring within Public Service—please indicate which Employer the applicant is transferring to (please complete section 2 only). _____

Section 2 - Member Information (to be completed by the **employer**)

First Name: _____ Last Name: _____

SIN (optional): _____/ _____ / _____ Vestcor Reference Number: _____ **OR** Employee ID Number: _____

Date of Birth: _____ /_____ /_____ Correspondence Requested In: ☐ English ☐ French
Day Month Year

Telephone: _____ Termination Date: _____/_____/_____
Day Month Year

Current Employer:_____ Retirement Start Date: _____/_____
(Please be specific- include name of Department, School District, Hospital Corporation, Crown Corporation, etc.) (If applicable) Month Year

Is employee currently on leave without pay? ☐ Yes ☐ No Current Bi-Weekly Salary: $ _____
(Please indicate full-time equivalent amount if less than full-time)

Home Address: _____

DENTAL BENEFITS (Required For Retirements <u>ONLY</u>)

Please confirm whether the employee has/had access to dental benefits through their employment, that would also provide them with access to retiree benefits. Please note, **<u>answer based on what was accessible to them; not what they chose</u>.** Select the one that applies:

- ☐ The employee was not eligible to access any dental care insurance, or coverage of dental services, of any kind
- ☐ The employee had access for themselves (payee) only
- ☐ The employee had access for themselves (payee), their spouse and dependent children
- ☐ The employee had access for themselves (payee) and their spouse
- ☐ The employee had access for themselves (payee) and their dependent children

FORM CONTINUES ON PAGE 2

IMPORTANT: Information submitted via email is not considered secure unless encrypted. If you would like to submit this form via email and do not have a method to encrypt it, please contact our office in order to submit this form electronically in a secure format.

Section 3 - Required Documents (to be completed/enclosed with this form by the **employee**)

Mandatory

- ☐ Proof of Birth Date
- ☐ Spouse's Proof of Birth Date
  (Some optional form pension amounts will be determined based on spouse's age)
  - ☐ N/A - no spouse
- ☐ Copy of Proof of Marriage or Common-Law
- ☐ Direct Deposit Form / Void Cheque

If Applicable

- ☐ TD1 Forms (if not enclosed, basic exemption will apply)
- ☐ Change of Beneficiary Card
- ☐ Health, Travel, Dental Plan Transfer Form
- ☐ NBTPP Group Insurance Form (Teachers' only)

Section 4 - Electronic Communications

Preferred Email: _____

Please select below whether you wish to receive general publicly available information via the e-mail address indicated above:

- ☐ **Yes**, I agree to receive general publicly available information related to my pension and/or benefits (as applicable) electronically. Information containing personal information relating to my pension and/or benefits, including statements, will continue to only be provided to me in hard copy by mail or via my employer's employee self-service website as applicable.
- ☐ **No**. I wish to continue receiving only mailed paper copies of general information related to my pension and/or benefits.

Section 5 - Signatures (Please note electronic signatures are accepted when the form is sent from the employer's work email **only**.)

PRIVACY CONSENT: *The personal information collected on this form (including supporting documentation) will be used by Vestcor to: identify the member and employer; determine language preference; determine the pension options available upon termination; calculate the pension estimate and determine the available retirement pension options, including survivor pensions (as applicable); process the termination and make any required payments; contact the member 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. The information will be disclosed to the Canada Revenue Agency as required by law. 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. In addition, please note that Vestcor's Privacy Statement is available at www.vestcor.org/privacy.*

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

Name of Employer Representative (please print): _____

Employer Representative Signature: _____ Date: _____

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
Website: vestcor.org

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