



APPLICATION FOR CONTINUATION OF GROUP BENEFITS RETIRED MEMBERS



Please use Capital Letters and Print clearly

Eligibility: Employee must have 10 years of continuous service and be in immediate receipt of a Nova Scotia Health Employees' Pension Plan (NSHEPP) or employer sponsored pension plan.

Last Name	First Name	Middle Initial	SIN
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Employer Name	Union	Retirement Date	Date of Birth (MM/DD/YYYY)
Home Mailing Address		City	Province
Postal Code	E-Mail Address		Telephone Number

Health Coverage

- I wish to continue coverage under the **HEALTH PLAN**. If I am in receipt of a pension benefit from the NSHEPP, premiums will be deducted from my monthly pension payment. If I am in receipt of a pension benefit other than the NSHEPP, premiums will be deducted from my bank account through Pre-Approved Withdrawal. These are the only payment options available to retirees. **Please see your Benefits Administrator for Retiree Health rates.*
- I wish to CANCEL my coverage under the **HEALTH PLAN** upon my retirement. I understand that if I want to reenroll in the health plan I will be required to submit medical evidence of insurability and could be declined. I will not be required to submit medical evidence of insurability if I cancelled my coverage because I had coverage elsewhere, however I must apply within 31 days of losing that coverage.

 Date (MM/DD/YYYY)

 Signature of Retiring Employee

 Date (MM/DD/YYYY)

 Signature of Authorized Facility Official