

# MANITOBA MUNICIPAL EMPLOYEES BENEFIT PROGRAM SEPARATION NOTICE

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☐ Original | ☐ Revised

MEMBER INFORMATION				
Last Name		First Name		Date of Birth (yyyy-mm-dd)
Mailing Address				
(Street Address/Box No.)	(Unit No.)	(City/Town)	(Province)	(Postal Code)

EMPLOYMENT INFORMATION	
Last Job Position	Employment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, Seasonal or Casual
Annual Full Time Base Hours for the Position <input type="checkbox"/> 2080 <input type="checkbox"/> 1950 <input type="checkbox"/> 1820 <input type="checkbox"/> Other - please specify:	Last Salary or Pay Rate \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually
1st Pay Period Start Date for Year of Separation (yyyy-mm-dd)	

SEPARATION INFORMATION	
Date of Separation (yyyy-mm-dd)	<i>Note: Enter the official end of employment date. Include any period covered by vacation pay paid as salary continuance or pay in lieu of notice. For employees not returning from disability, layoff, or leave, use the resignation date, termination date, or the date disability payments ended.</i>
Was this member on layoff, leave of absence or disability immediately prior to Separation Date? <input type="checkbox"/> NO <input type="checkbox"/> YES - enter the date in "Last Pensionable Earnings Paid Until" field	Last Pensionable Earnings Paid Until (yyyy-mm-dd)

Type of Separation <input type="checkbox"/> Termination (under age 55) <input type="checkbox"/> Retirement (age 55 or over) <input type="checkbox"/> Death (please provide the following details)	
Name of Executor or Next of Kin	Phone Number
Mailing Address	
Did this member contribute to Basic Life Insurance up to the Date of Separation?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Did this member contribute to the Disability Income Plan up to the Date of Separation?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Was this member in receipt of WCB or Disability Benefits in the separation year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If this member was a Full-time, were there any unpaid LOA in the separation year?	<input type="checkbox"/> NO <input type="checkbox"/> YES - enter the number of hours:

PENSION INFORMATION		
Pensionable Hours for <u>Current Year</u>	Pensionable Earnings for <u>Current Year's Service</u>	Pension Contributions for <u>Current Year's Service</u>
	\$	\$
Service Year for Retro Pay	Retro Pensionable Earnings for <u>Prior Years' Service</u>	Pension Contributions for <u>Prior Years' Service Retro Pay</u>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	Total Pensionable Earnings Paid in Year of Separation	Total Employee Contributions Remitted in Year of Separation
	\$	\$

Vacation Pay
<input type="checkbox"/> Paid as regular earnings or a continuation of pay, vacation hours and earnings are pensionable and included in the above.
<input type="checkbox"/> Paid as a percentage of pay, vacation pay is pensionable with no pension hours. Vacation pay is included in the above.
<input type="checkbox"/> Paid as a lump sum payout on termination. These are NOT pensionable and are not included in the above.

EMPLOYER INFORMATION		
Employer Number	Employer Name	Contact Person
Email Address	Phone Number	Date (yyyy-mm-dd)

## ADDITIONAL INFORMATION



THE MANITOBA MUNICIPAL EMPLOYEES BENEFIT PROGRAM C/O COUGHLIN & ASSOCIATES LTD.  
Mail: PO Box 764, Winnipeg, MB R3C 2L4 | Tel: 204-926-7979 | Toll-Free: 1-800-432-1908  
Fax: 204-943-5998 | Email: [pensionrequestsmebp@coughlin.ca](mailto:pensionrequestsmebp@coughlin.ca)