

**MUNICIPAL EMPLOYEES BENEFITS PROGRAM
WAIVER OF RIGHT TO PARTICIPATE IN ALL PLANS**

Employee Name _____ S.I.N. _____

Employer Number _____ Employer Name _____

This form is required to be completed by the Employee and Employer on the same date.

Employee Statement:

I hereby acknowledge that I have been made aware of the benefits offered by the Municipal Employees Benefits Program and have read the information provided in the Benefit Information Booklet. I have advised my employer that I am a student on a substantially full-time basis and that because of my current status have decided not to participate in the Pension Plan at this time.

I understand that since I am waiving participation in the Pension Plan, I will also not be eligible to participate in the Disability Income Plan and the Group Insurance Plans (if these plans are offered by my employer).

If I change my mind, or I am no longer a student "on a substantially full-time basis", and wish to participate in the Pension Plan I will advise my employer, who will inform me of the eligibility and enrolment requirements. I understand that I will be unable to purchase any periods of service during which I waived participation in the plan and this service will not be recognized in determining participation requirements or early retirement benefits.

I hereby elect not to contribute to the Municipal Employees Pension Plan and any contributions that would have been made on my behalf by my employer will be forfeited.

Employee Signature

Date

Employer Statement:

I hereby acknowledge that the above named employee is a full-time student and has requested to waive participation in the Pension Plan

Authorized Signature

Date

Authorized Person's Name (Please Print)

Phone No.

Original to MEBP office
Copy to Chief Administrative Officer