



4060 Regent Street, Burnaby, BC V5C 6P5  
Tel: 604-433-2268 or 1-800-663-9991 local 2247  
Fax: 604-433-7945 or 1-888-284-2222  
Email: retireebenefit@bcnu.org

Dear Retiree,

The British Columbia Nurses' Union and the other members of the Nurses' Bargaining Association (Union of Psychiatric Nurses and Health Sciences Association), negotiated the conversion of one percent (1%) of the 2008 market adjustment to provide funding for inflation protection and benefits for retirees (the "Benefit").

The Benefit is only available to a Nurses' Bargaining Association union member and does not cover spouses and dependents. The amount of the Benefit provided by this program at this time is:

- Members of Municipal Pension Plan (MPP) will receive 50% of the Medical Services Plan premium. The MPP subsidizes 50% currently.
- Members of the Canadian Blood Services Pension Plan (CBS) will receive 50% of the Medical Services Plan premium. CBS does not subsidize benefit premiums.
- Member of the Public Service Pension Plan (PSPP) will receive approximately 41% of the Medical Services Plan premium. The PSPP subsidizes approximately 59% of the premium.

*See Q&A for further information.*

Payments are subject to change and depend on the availability of funds in the program.

Enclosed is your application form. It must be completed and returned to us as soon as possible.

**Eligibility criteria:**

To be eligible for this benefit you must meet the following criteria:

1. You must have retired as a member of one of the unions in the Nurses' Bargaining Association under the Provincial Collective Agreement (BCNU, UPN, HSA).
2. You must be receiving a pension from either of the following pension plans: MPP, the PSPP or the CBS.
3. For members of the Municipal and Public Service Pension Plans, you must be paying part or all of the premiums for the Medical Service Plan (MSP) from your own pension (not a beneficiary pension) to receive a payment.

**Ineligibility:**

There are many former members of the British Columbia Nurses' Union (BCNU), Health Sciences Association (HSA) and Union of Psychiatric Nurses (UPN) and other unions in the health sector who do not qualify under the above criteria. It is important to understand that the funding for the benefit program comes directly out of the wages of nurses working under the Provincial Collective Agreement. *See Q&A for examples.*

**Members of the Municipal Pension Plan and Public Service Pension Plan**

Once you have completed the application form and BCNU has received it, your name and your Social Insurance Number will be submitted to the Pension Corporation of British Columbia just prior to the reimbursement being made. The Pension Corporation will verify that you are a member of the MPP or PSPP and that MSP was deducted from your own pension plan. You do not have to provide any ongoing information once we have received your completed application form. Reimbursements will occur twice per year, in June and December.

**Members of the Canadian Blood Services Pension Plan**

You MUST SUBMIT a statement showing that you pay Medical Services Plan. Payments are done twice in a year but are not automatic. Therefore, you must submit your statements twice every year. We expect to receive your latest statement by the second week of May and November. You must send your statements to the attention of the Retiree Benefit Administrator either through mail or fax to the following:

BCNU 4060 Regent Street, Burnaby, BC V5C 6P5  
Fax No. 604 433-7945 or long distance at 1-888-284-2222.

**Banking information**

You are encouraged to arrange to have payments directly deposited into your bank account. Please complete and sign the attached Direct Deposit Authorization form with formal bank stamp OR attach a VOID cheque and send it with your application form.

**Taxation information**

The payment for reimbursement of MSP premiums is taxable and will be reported on a T4A.

**Need more information?**

If you have questions, leave a message with BCNU at 604-433-2268 or 1-800-663-9991, ask for LOCAL 2247 or email [retireebenefit@bcnu.org](mailto:retireebenefit@bcnu.org). The voice mail box and email address are regularly monitored.

Yours truly,



President of BC Nurses' Union

## Questions & Answers

**Q:** I am a former member of the BCNU, HSA or UPN (NBA) but have been told that I am not eligible for the Benefit. Why am I not eligible?

**A:** Below are a few examples of former union members who are not eligible for the retiree benefit.

**You are NOT eligible:**

- If you terminated employment prior to retirement and retired when you were not a member of one of the NBA unions. For example, if you terminated employment as a Registered Nurse and member of BCNU at a hospital in BC and went to work at a doctor's office prior to retirement;
- If you were a union member but were employed at Riverview or Oak Bay Lodge or any other site covered by the Nurses Master and Component Agreement with the provincial government when you retired;
- If you retired in a non-union position such as a nurse manager;
- If you retired as an employee in health care but your union was not under the Nurses' Bargaining Association such as the Hospital Employees Union (HEU).

**Q:** Why is the amount for members of the Public Service Pension Plan less than the amount given to members of the Municipal Pension Plan and Canadian Blood Services Pension Plan?

**A:** The intent of the Benefit program is to ensure that plan members do not have to pay any of the cost of the MSP premium. The subsidy provided by the PSPP and MPP are different. The MPP subsidizes 50% of the MSP premium while the PSPP subsidizes approximately 59%. If the amounts of the subsidies change, the amount of the Benefit will be reviewed. Reimbursement for members of the Canadian Blood Services plan is the same as that paid to members of the Municipal Pension Plan.

**Q:** My spouse pays the MSP premiums under his plan. Should I send in the application form?

**A:** Yes. Firstly, you may at some time in the future begin to pay MSP premiums from your pension. Secondly, the Benefit could in the future top up the other benefit premiums: Extended Health and/or Dental. By sending in the application form now and when you begin to pay MSP premiums through your pension plan, you simply have to let us know this and your reimbursement will begin.

**Q:** What is the difference between "Employer at Retirement" and "Worksite at Retirement"?

**A:** If you retired within the last eight years, your employer will be one of the current Health Authorities and your worksite will be where you actually worked. If you do not know your Health Authority, fill in your worksite only. If you worked in the community or mental health, please provide the city in which you worked so we can identify the appropriate Health Authority. For example, if you worked in mental health in Victoria, fill in the Worksite as Victoria Mental Health.

**Q:** When will I receive my reimbursement?

**A:** You will receive two lump sum reimbursements each year. You will receive a pay slip at the time of any reimbursement being made. MSP is a taxable benefit and this amount must be reported on your T4A at the beginning of each year.

To be able to benefit from the year 2012 payout, your application must be received by the BCNU office before the below cut-off dates. Deadline is firm. There will be no payment for that period if the application is received after the cut-off date.

<b>Payout Dates</b>	<b>Plan Member to be Paid</b>	<b>Application Cut-off Date</b>
June 01 - 05, 2012	All members from: <ul style="list-style-type: none"><li>• Municipal Pension Plan</li><li>• Canadian Blood Services</li><li>• Public Service Pension Plan</li></ul>	May 07, 2012
December 07 - 11, 2012	All members from: <ul style="list-style-type: none"><li>• Municipal Pension Plan</li><li>• Canadian Blood Services</li><li>• Public Service Pension Plan</li></ul>	November 05, 2012

Note:

- Benefit applies only if eligible.
- Payout dates are subject to change.

If you have any queries please call us at BCNU at 604-433-2268 or 1-800-663-9991, ask for either LOCAL 2247 or 2336 or email [retireebenefit@bcnu.org](mailto:retireebenefit@bcnu.org).



## **NBA RETIREE BENEFIT PROGRAM APPLICATION FORM**

This application form permits retired members of an eligible union in the Nurses' Bargaining Association to apply for a top up to the Medical Services Plan benefit premiums paid for by retired members (the "Benefit"). This Benefit will be administered directly by the British Columbia Nurses' Union (BCNU). In order for BCNU to administer this program effectively and to ensure that only eligible retirees receive the Benefit, BCNU must collect the personal information listed in this application.

Your privacy will be protected by restricting the collection, use and disclosure of your information solely for the purposes of administering this program including the verification of your eligibility. Your Social Insurance Number is required in order to report taxable income.

### **Eligibility Criteria**

To be eligible for this benefit you must meet the following criteria:

1. You must have retired as a member of one of the unions in the Nurses' Bargaining Association under the Provincial Collective Agreement (BCNU, UPN, HSA).
2. You must be receiving a pension from either of the following pension plans: MPP, the PSPP or the CBS.
3. For members of the Municipal and Public Service Pension Plans, you must be paying part or all of the premiums for the Medical Service Plan (MSP) from your own pension to receive a payment.

For information on eligibility, including examples, please refer to the Questions and Answers (Q&A) section of covering letter.

### **Instructions:**

1. Fill in any blank boxes – we require complete information (with the exception of the email address which is optional) for you to receive your Benefit. Review the Q&A to assist you in completing the application.
2. Fill out the "Statutory Declaration and Authorization" in front of a notary or commissioner.
3. Sign and date the "Consent" section if you are a member of the Municipal Pension Plan or Public Service Pension Plan.
4. Fill out the Direct Deposit form and attach a void cheque or take the form to your bank to authorize the direct deposit with bank's stamp.
5. Mail the completed application and direct deposit authorization to:  
**BCNU Retiree Benefit Administrator, 4060 Regent St., Burnaby, BC V5C6P5**



## NBA RETIREE BENEFIT PROGRAM APPLICATION FORM

PERSONAL INFORMATION		
Last Name <u>(AS IT APPEARS ON PENSION STATEMENT)</u> :	First Name <u>(AS IT APPEARS ON PENSION STATEMENT)</u> :	Middle Initial:
Name at date of retirement, if different from above:		
Address:		
City:	Province:	Postal Code:
Phone:	E-mail Address (Optional):	
Date of birth (mm/dd/yyyy):	Social Insurance Number (SIN):	

EMPLOYMENT INFORMATION	
Employer at retirement:	Worksite at retirement:
Month & Year of Retirement (mm/yyyy):	Union at retirement: <input type="checkbox"/> BCNU <input type="checkbox"/> HSA <input type="checkbox"/> UPN

PENSION INFORMATION
I pay part or all of the premiums for: <input type="checkbox"/> MSP <input type="checkbox"/> Extended Health <input type="checkbox"/> Dental

I am a member of: <input type="checkbox"/> Municipal Pension Plan (MPP)	<input type="checkbox"/> Public Service Pension Plan (PSPP)	<input type="checkbox"/> Canadian Blood Services Pension Plan (CBS)
And as a member of MPP, my Pensionable service is - <input type="checkbox"/> Under 2 years <input type="checkbox"/> 2 years – Under 5 years <input type="checkbox"/> 5 years or more	And as a member of PSPP, my Pensionable service is – <input type="checkbox"/> Under 2 years <input type="checkbox"/> 2 years –under 4 years <input type="checkbox"/> 4 years-under 6 years <input type="checkbox"/> 6 years-under 8 years <input type="checkbox"/> 8 years-under 10 years <input type="checkbox"/> 10 years or more	

**STATUTORY DECLARATION AND AUTHORIZATION**

I, \_\_\_\_\_ [Full Name], DO SOLEMNLY DECLARE that the information on the application form is true and accurate and that I believe that I am eligible to receive the Retiree Benefit.

I further acknowledge and agree that, should I receive the Benefit from the BCNU and it is later discovered that I was not entitled to receive the Benefit or any portion of the Benefit, I will fully reimburse the BCNU for any such overpayment I receive and that I will indemnify and save harmless BCNU from and against all liabilities, losses, costs, fines, penalties, charges, legal costs and expenses reasonably incurred by the BCNU in respect of any proceeding in any way caused by or arising, directly or indirectly, from or in consequence of, any matter relating to my receiving any Benefit that I am not entitled to receive, including any proceeding the BCNU might bring against me in order to collect the amount of any overpayment.

I make this solemn declaration, conscientiously believing it to be true and knowing it is of the same force and effect as if made under oath.

**DECLARED BEFORE ME** at the City of \_\_\_\_\_ )  
\_\_\_\_\_, in the Province of \_\_\_\_\_ )  
\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ )  
\_\_\_\_\_, 20\_\_\_\_. )  
\_\_\_\_\_)  
\_\_\_\_\_)  
A Notary Public or Commissioner )  
NAME: \_\_\_\_\_ )  
\_\_\_\_\_ )

\_\_\_\_\_  
RETIREE NAME:

PLEASE COMPLETE THIS FORM IN THE PRESENCE OF A NOTARY PUBLIC OR COMMISSIONER FOR TAKING AFFIDAVITS AND SEND THIS FORM TO: **BCNU, 4060 Regent Street, Burnaby, B.C. V5C6P5.**

**For members of the Municipal Pension Plan and Public Service Pension Plan:** In order to verify information of members, BCNU will need to share personal information you provide as part of this application, (including your Social Insurance Number), with the British Columbia Pension Corporation who in turn can tell the BCNU whether you have been paying your share of MSP premiums for which you will be seeking to receive the Benefit. Your Social Insurance Number will also be used to report Benefit amounts that are taxable.

**CONSENT**

I give my consent to the BCNU to disclose my name, address and social insurance number to the British Columbia Pension Corporation in order to permit the BCNU to consider my continuing eligibility for this benefit. I also give my consent to the British Columbia Pension Corporation to disclose my group benefit plan premium information to the BCNU to permit the BCNU to verify that I am entitled to receive this benefit and to administer this Benefit. My consent to disclose this information continues until such time as I revoke my consent in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# DIRECT DEPOSIT AUTHORIZATION (FOR RETIREES)

**British Columbia Nurses' Union**  
4060 Regent Street  
Burnaby, BC V5C 6P5

**Web:** [www.bcnu.org](http://www.bcnu.org)

**Tel :** 604-433-2268 (local)  
800-663-9991 (toll-free)

**Fax:** 604-433-7945 (local)  
888-284-2222 (toll-free)

**INSTRUCTIONS**

- Complete this form to initiate or change direct pay deposits.
- Attach either a personal cheque for chequing account or complete the banking information section.
- Notify BC Nurses' Union **before** changing or closing your bank account (changing or closing your bank account before notifying BC Nurses' Union could result in payment not being made to your account).
- Submit completed form to BC Nurses' Union.

LAST NAME	FIRST NAME		
I hereby authorize and request the BC Nurses' Union to make direct deposits to my account as indicated below			
check ( √ ) if applicable  <input type="checkbox"/> NEW <input type="checkbox"/> CHEQUING <input type="checkbox"/> CHANGE <input type="checkbox"/> SAVINGS	<b>BANKING INFORMATION</b> INSTITUTION NO. <div style="font-size: 2em; font-weight: bold; text-align: center;">0</div>	TRANSIT NO. (must be 5 digits)	BANK ACCOUNT NO.
EFFECTIVE DATE (YYYY/MM/DD)			DATE SIGNED (YYYY/MM/DD)
SIGNATURE			DATE SIGNED (YYYY/MM/DD)
<b>BANK OR OTHER FINANCIAL INSTITUTION VERIFICATION</b>  Not required if encoded deposit slip or voided cheque attached. Signature or bank domicile stamp confirming accuracy of transit and account number and authenticity of account signature		<b>BANK OR FINANCIAL INSTITUTION ADDRESS</b>	
DATE SIGNED (YYYY/MM/DD)			
<b>BCNU USE ONLY</b>			
ENTERED INTO PAY SYSTEM BY	DATE (YYYY/MM/DD)	CHECKED BY	DATE (YYYY/MM/DD)

**Return original to BC Nurses' Union. If you wish to keep a copy for your records, please photocopy.**