NBA RETIREE BENEFIT PROGRAM

HSA

BC NURSES' UNION
Standing up for health care

NBA RETIREE BENEFIT PROGRAM – ONE-TIME BENEFIT OPT-OUT AND RELEASE FORM

In February 2027, each eligible member in the Retiree Benefit Program ("RBP") will receive a payout of $1,000 for the 2026 calendar year (the "**2026 Payout**"), unless the RBP Committee receives a fully completed and signed copy of this opt-out and release form by 11:59 p.m. PCT on Jan. 31, 2027.

IF YOU WISH TO OPT OUT OF THE 2026 PAYOUT, PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE RBP COMMITTEE BY 11:59 P.M. PCT ON JAN. 31, 2027. THIS IS NOT A BENEFIT ENROLMENT FORM. DO NOT SUBMIT THIS FORM IF YOU WISH TO RECEIVE THE 2026 PAYOUT.

MEMBER INFORMATION (Please print clearly or type)		
Last Name:	**First Name:**	**Middle Initial:**
Residential Address:		
City:	**Province:**	**Postal Code:**
Date of birth (mm/dd/yyyy):	**Last three digits of your SIN:**	

How to Submit this Form

Please submit this form to the RBP Committee by 11:59 p.m. on Jan. 31, 2027, using one of the following methods:

a. by email to RBP@bcnu.org; or
b. by mail or in-person during regular business hours to 4060 Regent Street, Burnaby, British Columbia, V5C 6P5.

THIS FORM MUST BE RECEIVED BY THE RBP COMMITTEE BY 11:59 P.M. PCT ON JAN. 31, 2027, REGARDLESS OF THE DATE IT WAS SENT OR POSTMARKED. FORMS RECEIVED AFTER THE DEADLINE WILL NOT BE ACCEPTED.

Acknowledgment and Release

I agree and acknowledge that by completing, signing, and submitting this opt-out and release form to the Retiree Benefit Program Committee:

1. I am irrevocably opting out of receiving the 2026 Payout;
2. I will not be eligible, at any time, to receive any amount that I may otherwise be eligible to receive under the 2026 Payout;
3. I have had the opportunity to seek independent legal advice before signing this form; and
4. For myself, and on behalf of my heirs, executors, assigns, and personal representatives, I hereby release and forever discharge the Retiree Benefit Program Committee, the Nurses' Bargaining Association and the British Columbia Nurses' Union, and any of their affiliates, and each of their officers, directors, employees, contractors, members and agents from and against any and all liabilities or claims for any form of loss or damage arising from or caused by my opting out of receiving the 2026 Payout.

Member Name	Witness Name
Member Signature	Witness Signature
Date (yyyy/mm/dd)	Date (yyyy/mm/dd)