

## NBA RETIREE BENEFIT PROGRAM - APPLICATION FORM

This application form permits retired members of the Nurses' Bargaining Association to apply for approved program benefits. This benefit will be administered by the British Columbia Nurses' Union (BCNU) on behalf of the RBP Committee. 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 to report taxable income.

### Eligibility Criteria

To be eligible for this program you must meet all of the following:

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 have been a member of one of the NBA's constituent unions for at least two (2) years at your date of retirement.
3. You must be receiving a pension from any of the following pension plans: MPP, the PSPP, or the CBSPP (Canadian Blood Services Pension Plan).
4. At the date of retirement, you worked a minimum of 400 hours in an approved status under the provincial collective agreement (i.e., regular or casual status) in each of the two years prior to the date of retirement, or in each of the two calendar years immediately preceding the calendar year in which you retired.

For complete details and examples of eligibility, please read our Frequently Asked Questions (FAQ) at [www.bcnu.org/RBP](http://www.bcnu.org/RBP)

### Instructions

The application form is a fillable PDF but you must download the form first, complete the fillable fields and save the PDF. If you complete the form in your web browser without downloading the file, the fillable content fields will not save and an empty form will be sent.

1. Fill in any blank boxes – complete information is required for you to receive your benefit. Review the FAQ to assist you in completing the application.
2. Print off the completed form and have an age of majority witness physically sign the form.
3. I understand I must include the following documentation with my application:
  1. A copy of my pension confirmation letter

#### **AND**

2. I will also include one of A) or B) listed below:

A) Two (2) T4 slips for the previous two years of employment prior to my retirement date.

#### **OR**

B) One (1) T4 slip for the year before my retirement year; and, my final pay slip for the year of my retirement.

\*BCNU may require more info from the applicant to verify your eligibility status.

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. Email completed application form and direct deposit authorization to: [RBP@BCNU.org](mailto:RBP@BCNU.org) or mail completed application and direct deposit authorization to: **Retiree Benefit Administrator, 4060 Regent St., Burnaby, BC V5C 6P5**

**PERSONAL INFORMATION** (Please print clearly or type)

<b>Last Name (AS IT APPEARS ON PENSION STATEMENT):</b>	<b>First Name (AS IT APPEARS ON PENSION STATEMENT):</b>	<b>Middle Initial:</b>
<b>Name at date of retirement, if different from above:</b>		
<b>Address:</b>		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	
<b>Email Address:</b>		
<b>Date of birth (mm/dd/yyyy):</b>	<b>Social Insurance Number (SIN):</b>	

**EMPLOYMENT INFORMATION**

<b>Employer at retirement:</b>	<b>Worksite at retirement:</b>
<b>Date of Retirement (mm/dd/yyyy):</b>	<b>Union at retirement:</b> BCNU <input type="checkbox"/> HSA <input type="checkbox"/>
<b>I worked in a regular or casual position as an NBA member for at least two years immediately preceding my retirement date (Please initial)</b>	<b>Initial:</b>
<b>I worked a minimum of 400 hours in an approved status (ie. regular or casual) under the provincial collective agreement in each of the two years prior to the date of retirement, or in each of the two calendar years immediately preceding the calendar year in which I retired.</b>	<b>Initial:</b>

**I understand I must include the following documentation with my application:**

1. A copy of my pension confirmation letter

**AND**

2. I will also include one of A) or B) listed below:

A) Two (2) T4 slips for the previous two years of employment prior to my retirement date.

**OR**

B) One (1) T4 slip for the year before my retirement year; and, my final pay slip for the year of my retirement.

\* BCNU may require more information from the applicant to verify your eligibility status.

**PENSION INFORMATION**

<b>I pay part of or all the premiums for:</b>	<b>Extended Health:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Dental:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Are you registered in Extended Health?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Are you registered in Dental?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>I am part of:</b>	Municipal Pension Plan (MPP) <input type="checkbox"/>	Public Service Pension Plan (PSPP) <input type="checkbox"/>
	Canadian Blood Services Pension Plan (CBS) <input type="checkbox"/>	
<b>I am eligible for benefits under my pension plan:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		

## 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 benefits under the Retiree Benefit Program (RBP). I further acknowledge and agree that, should I receive the Benefit from the RBP 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 RBP for any such overpayment I receive and that I will indemnify and save harmless RBP from and against all liabilities, losses, costs, fines, penalties, charges, legal costs and expenses reasonably incurred by the RBP 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 RBP 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\_\_\_\_\_.

\_\_\_\_\_  
Retiree Signature\*

\_\_\_\_\_  
Age of Majority Witness Signature

\*To type your full name on the line above indicates your agreement that it will be considered your digital signature

PRINT NAME:

PRINT NAME:

\_\_\_\_\_

\_\_\_\_\_

**Please save your information and print a copy to bring to an adult witness (age of majority) for signature. Return completed form to [RBP@BCNU.org](mailto:RBP@BCNU.org) or mail to: RBP Committee c/o BC Nurses' Union, 4060 Regent Street, Burnaby, BC, V5C 6P5.**

**DIRECT DEPOSIT AUTHORIZATION**

**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 deposits.
- Attach either a void personal cheque 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				
<b>BANKING INFORMATION:</b>				
NEW <input type="checkbox"/>	INSTITUTION NO.	TRANSIT NO. (must be 5 digits)	BANK ACCOUNT NO.	EFFECTIVE DATE (YYYY/MM/DD)
CHANGE <input type="checkbox"/>				
LAST 3 DIGITS OF YOUR SIN	PHONE NUMBER		EMAIL ADDRESS	
MAILING ADDRESS				
RETIREE SIGNATURE				DATE SIGNED (YYYY/MM/DD)
BANK OR OTHER FINANCIAL INSTITUTION VERIFICATION		BANK OR FINANCIAL INSTITUTION ADDRESS		
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				
		DATE SIGNED (YYYY/MM/DD)		
BCNU USE ONLY				
ENTERED INTO PAY SYSTEM BY	DATE (YYYY/MM/DD)	CHECKED BY	DATE (YYYY/MM/DD)	

Return original to BC Nurses' Union. Please retain a copy for your records.