

## 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. If you retired after January 1, 2026, and you either: (a) retired from an approved leave of absence of no more than two years under the Provincial Collective Agreement, or (b) took an approved leave of absence under the Provincial Collective Agreement in the two year period preceding your date of retirement, the period of your leave of absence will be disregarded for calculating your work hours.

For full details and eligibility examples, 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. If I retired after January 1, 2026 and had an approved leave in the two years prior to retirement, I understand that I must include the following documentation with my application:
  1. A copy of my pension confirmation letter and
  2. documentation of the approved leave and
    - A) Two x T4 slips from the previous two years of employment prior to the start of the approved leave
    - OR**
    - B) Two xT4 slips from before and after the approved leave
5. 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.
6. 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>
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**Name at date of retirement, if different from above:**

**Address:**

<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
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<b>Home Phone:</b>	<b>Cell Phone:</b>
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**Email Address:**

<b>Date of birth (mm/dd/yyyy):</b>	<b>Social Insurance Number (SIN):</b>
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**EMPLOYMENT INFORMATION**

<b>Employer at retirement:</b>	<b>Worksite at retirement:</b>
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<b>Date of Retirement (mm/dd/yyyy):</b>	<b>Union at retirement:</b> BCNU <input type="checkbox"/> HSA <input type="checkbox"/>	<b>Professional Designation:</b> RN <input type="checkbox"/> RPN <input type="checkbox"/> LPN <input type="checkbox"/>
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<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>
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<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>
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**I have provided the following:**

- A copy of my pension confirmation letter; and
- Two x T4 slips for the previous two years of employment prior to my retirement date.

OR

- One T4 slip for the year previous to 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.

*The following section, LEAVE INFORMATION, only needs to be completed by the applicant if they either retired from an approved leave of absence of no more than two years under the Provincial Collective Agreement or took an approved leave of absence under the Provincial Collective Agreement in the two years before their retirement date, and request that the period of the leave of absence be disregarded in calculating whether the applicant worked a minimum of 400 hours in the two years before their retirement date.*

**LEAVE INFORMATION**

<b>I either retired from an approved leave of absence of no more than two years under the Provincial Collective Agreement or took an approved leave of absence under the Provincial Collective Agreement in the two years before my retirement date, and request that the period of my leave of absence be disregarded in calculating whether I worked a minimum of 400 hours in the two years before my retirement date</b>	<b>Initial:</b>
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**Type of Leave:**

<b>Start Date of Leave:</b>	<b>End Date of Leave:</b>
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**I have provided the following:**

- Two xT4 slips from the previous two years of employment prior to the start of the approved leave.

OR

- Two xT4 slips from immediately before and after the approved leave.

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



**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.