



***Application for Enrollment in the
Nova Scotia Health Employees' Pension Plan (Central Zone)***

Please read and complete the following questions:

1. Are you currently employed by another NSHEPP Employer?

NO ___ YES ___ Employer Name _____

2. Were you previously a member of the NSHEPP but terminated your earlier employment within the last 6 months and have not withdrawn your benefits from the Plan?

NO ___ YES ___

Termination Date _____ Employer Name _____

If questions 1 or 2 do not pertain to you, please mark an X in one of the following pension options:

I wish to immediately enroll in the NSHEPP

I wish to wait 3 months to enroll in the NSHEPP

Signature _____ Date _____