

## WAIVER OF LOCAL AUTHORITIES PENSION PLAN (LAPP) COVERAGE

### INSTRUCTIONS

- This form is to be completed by an employee who is eligible to participate in the Local Authorities Pension Plan (LAPP) (the “pension plan”) but who elects NOT to. (See Administrative Procedure 444 for employee eligibility).
- The employee and the employer should each retain a copy of this form for their records.
- If the employee subsequently elects coverage under the pension plan, the employer must forward a copy of this form to the pension plan to verify that the employee waived optional enrolment at the time the employee was first eligible to enrol.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Employee Name	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Employee Number
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### Employee Declaration:

1. I declare that I am not currently making contributions to the pension plan.
2. I understand that I am eligible to participate in the pension plan and that if I wish not to be enrolled in the pension plan this form must be signed and returned to my employer within 30 days of my initial eligibility date.
3. I have been provided with an explanation or summary of the pension plan, and of the relevant entitlements and obligations under the pension plan.
4. I do not wish to participate in the pension plan at this time.
5. Unless I subsequently elect to enrol in the pension plan, I understand that I will NOT be notified of future amendments or improvements to the pension plan.
6. I understand that, under the current pension plan regulation, I may subsequently elect coverage under the pension plan by providing my employer with a completed and signed Pension Enrolment Election. It is my responsibility to provide such notice. However, there is no guarantee that the plan rules will not change, and I understand that my ability to enrol may not necessarily exist at a later date.
7. Further, I understand that if I subsequently provide written notification of my election to enrol, such an election will be prospective only. Enrolment will not be retroactive.
8. I understand that if I subsequently become enrolled in the pension plan, I will not be able to purchase any service prior to the date of actual enrolment.
9. This waiver will cease to have effect if a change in my employment status or the pension plan regulation requires that I participate in the pension plan.

**By signing below, I expressly waive my rights to participate in the pension plan and to receive any pension benefits**

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Employee Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date Signed
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