

## LOCAL AUTHORITIES PENSION PLAN (LAPP) ENROLMENT ELECTION

### INSTRUCTIONS

- If you have waived participation in the Local Authorities Pension Plan (the “Pension Plan”) and subsequently elect to participate, then you must complete this form. Once eligible for enrolment, you remain eligible until you terminate employment. You do not need to re-qualify. (See Administrative Procedure 444 for eligibility.)
- The employee and the employer should each retain a copy of this form for their records.
- This form should not be used for mandatory enrolment

_____ Employee Name	_____ Employee Number
------------------------	--------------------------

### Employee Declaration:

1. I understand that I am eligible to enrol in the Pension Plan.
2. I have been provided with an explanation or summary of the Pension Plan, and of the relevant entitlements and obligations under the Pension Plan.
3. I wish to enrol in the Pension Plan.
4. By signing this form, I understand that contributions will be deducted from each payment of salary made to me in accordance with the rules of the Pension Plan.
5. I understand that this election is irrevocable and that I may not terminate my membership in the Plan, except in accordance with the rules of the Pension Plan.
6. I understand that if I move to a position not covered by the Plan, I will not continue making contributions to the Pension Plan.
7. I understand that by signing below, contributions to the Plan will not be retroactive in respect of any prior service.
8. I expressly revoke any previous election made by me to waive enrolment in the Pension Plan.

**By signing below, I expressly elect to participate in the Pension Plan.**

_____ Employee Signature	_____ Date Signed
-----------------------------	----------------------