

PLAN MEMBER RECORD

04 MPP

CORPORATION USE ONLY

PERSON ID

EMPLOYER INSTRUCTIONS:

- Submit **only** one copy of this form (per member) to the Pension Corporation to enrol a new plan member or change a plan member's personal or employment information. If this person is considered connected or related to your organization as defined by the Municipal Pension Plan, you cannot enrol them. See the enrolment section of the employer instruction manual for details or contact us for further information.
- You also have the option of submitting the data electronically via the web; if you choose the electronic option this paper form is **NOT** required. Refer to the **Employer Reporting Instructions** online at mpp.pensionsbc.ca and click on web forms. Direct questions and completed forms to Employer Services (contact information at right).

Employer Services

Municipal Pension Plan
PO Box 9460
Victoria BC V8W 9V8

Location 2995 Jutland Road, Victoria

Web mpp.pensionsbc.ca

Victoria 250 356-9701
Toll-free in BC 1 800 663-8323
Fax 250 356-1784
E-mail Employer.Services@pensionsbc.ca

☐ **NEW** – New Plan Member at your organization—
enter complete information in every field on form.

☐ **CHANGE** – Existing Plan Member—complete the REQUIRED BASE
DATA section and ONLY the DETAIL DATA field(s) that have CHANGED.

REQUIRED BASE DATA – must be entered every time

PLAN MEMBER LAST NAME – please print

GIVEN NAME(S)

TITLE

SOCIAL INSURANCE NO.

DETAIL DATA – enter all applicable data when NEW; enter only changed data when CHANGE

PERSONAL

GENDER

☐ FEMALE

☐ MALE

PREVIOUS SOCIAL INSURANCE NO.

EMPLOYEE DATE OF BIRTH
YYYY / MM / DD

EMPLOYEE PREVIOUS LAST NAME IF CHANGED – please print

PREVIOUS GIVEN NAME

EMPLOYMENT

EMPLOYEE GROUP –
8 characters

HIRE DATE
YYYY / MM / DD

CONTRIBUTION START DATE
YYYY / MM / DD

EMPLOYEE NUMBER

ORG ID

ORGANIZATION NAME

see the online employer instruction manual, reporting section for codes
UNION AFFILIATION
– code must be completed

EMPLOYEE BARGAINING INFO.
– if applicable

ADDRESS

All address
fields are
mandatory for
new enrolment
and for address
changes.

EMPLOYEE MAILING ADDRESS – include street, city or town, province and postal code

HOME PHONE – include 10 digits

SPOUSE

SPOUSE CURRENT LAST NAME – please print

SPOUSE GIVEN NAME

SPOUSE DATE OF BIRTH
YYYY / MM / DD

COMMENTS

EMPLOYER CONTACT PREPARING THIS FORM

PREPARED BY – please print

CONTACT PHONE – include 10 digits

EXTENSION

DATE REPORT COMPLETED
YYYY / MM / DD

DOCUMENTS ATTACHED (if form is mailed)

☐ BIRTH CERTIFICATE

OR ☐

☐ MARRIAGE CERTIFICATE

OR ☐

If form is sent electronically, forward clear
copies of documents separately. DOCUMENTS
REQUIRE PLAN MEMBER'S NAME AND SOCIAL
INSURANCE NUMBER.

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the Public Sector Pension Plans Act and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Chief Executive Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.