

NPO New Hire Notification Form

TO BE COMPLETED BY EMPLOYER

PLAN MEMBER INFORMATION

| | | | |
|----------------|------------|---|--------------|
| First Name: | Last Name: | Date of Birth: <small>mm/dd/yyyy</small> | SIN: |
| Address: | City: | Province: | Postal Code: |
| Email Address: | | Primary Telephone: | |

NEW HIRE INFORMATION

| | |
|--|---------------------|
| Date of hire: <small>mm/dd/yyyy</small> | |
| Affiliation: <input type="checkbox"/> CUPE <input type="checkbox"/> SEIU-West <input type="checkbox"/> SGEU <input type="checkbox"/> SUN <input type="checkbox"/> OOS <input type="checkbox"/> NUGW | |
| Assignment Type: <input type="checkbox"/> Full-time regular <input type="checkbox"/> Part-time regular <input type="checkbox"/> Casual <input type="checkbox"/> Full-time temporary <input type="checkbox"/> Part-time temporary | |
| Guaranteed weekly hours (not required for casual): | Hourly rate of pay: |

EMPLOYER INFORMATION

| | |
|------------------------|---|
| Employer Name: | |
| Benefits Contact Name: | |
| Telephone Number: | |
| Email Address: | |
| Authorized Signature: | Date Signed: <small>mm/dd/yyyy</small> |