



Retirement Declaration

You can make this change online through PLANet (some legislative restrictions may apply). Or, mail the **original completed and signed form** to MEPP.

The Municipal Employees' Pension Plan provides pension benefits to members who have retired. A member has retired when he or she ceases employment with a MEPP employer and has no intention of returning to work in any significant capacity. Members who wish to commence receiving their pension under *The Municipal Employees' Pension Act* must submit this form along with all other required documentation as indicated on the Application for Pension Benefits form.

Retirement does not prevent a member from training a successor to his or her position, from casual employment or from being employed with another participating employer if the member applies for the position after retirement. However, there can be no arrangement in place at the time that the member retires, either formally or informally, for continued employment that would otherwise require the member to contribute to the Plan.

If you have any questions about this or any other required form, please contact the Municipal Employees' Pension Plan.

1 Tell Us About You (Please Print)

Social Insurance Number: ! Please proceed to next field using the Tab button

Last Name: First Name & Initial:

Primary Phone Number: Email Address:

Mailing Address:

City/Town/Village: Province: Postal Code:

2 Your Declaration

I declare that I have resigned my employment in order to retire and that there has been no casual or formal discussion or commitment between me and my employer for me to return to work, as an employee or under contract, at any time after my retirement date. I understand that if such discussions have taken place or such commitment exists, I would not be eligible to receive a pension from the Municipal Employees' Pension Plan at this time. I make this declaration for the purpose of causing the Municipal Employees' Pension Commission to commence making pension payments to me.

Plan Member Signature Date

3 Employer Information

Employer Name: Employer Number:

4 Employer Declaration

I declare that I have been authorized by the employer to sign this declaration and that there has been no casual or formal discussion or commitment with the retiring plan member for the member to return to work (except as indicated above) after the date of his or her retirement.

Employer Signature Date

Signature Name (please print) Title (please print)