



NHRIPP

NURSING HOMES AND RELATED INDUSTRIES PENSION PLAN

NEW ENROLMENT FORM

***TO BE COMPLETED BY THE EMPLOYER ONLY**

EMPLOYEE INFORMATION

Last Name		First Name	
SIN		Employee Number	
Address			
City		Province	Postal Code
Phone #		Email Address	
Gender	Marital Status	Date of Birth	MM / DD / YYYY
Hire Date		MM / DD / YYYY	Seniority Hours (Hours from Hire Date to Plan Entry Date)
Date Attained up to 500 Hours: (FT/PT/CA)			
Employment Status - Full Time/Part Time/Casual			Union Local #

AUTHORIZATION AND SIGNATURE

Employer's Name: _____

Authorized Signature of Employer: _____

Print Name & Title: _____

Date: _____

For your convenience, you can submit the above stated information electronically via email at information@nhripp.ca or our Employer Portal - eSite. Please contact InBenefits for access.