



NHRIPP

NURSING HOMES AND RELATED INDUSTRIES PENSION PLAN

RETRO PAYMENT INFORMATION FORM

(TO BE COMPLETED BY THE EMPLOYER)

EMPLOYEE INFORMATION

Employee Name		SIN	
Start Date	MM / DD / YYYY	End Date	MM / DD / YYYY
Pensionable Earnings		Contribution Amount	
Date to be Paid	MM / DD / YYYY	Reason for Retro Payment	

Please note that the employer portion of the retro payment is due immediately. The employee has the option to contribute his/her portion of the retro payment.

AUTHORIZATION AND SIGNATURE

Employer's Name: _____

Authorized Signature of Employer: _____

Print Name & Title: _____

Date: _____