



**Policy Branch  
Municipal Pension Plan**  
Pension Corporation  
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Email **Policy@pensionsbc.ca**

**Employer instructions**

- Complete form if applying to become a Group 5 employer.
- See page 2 for definitions.
- **Attach supporting documentation** verifying the matters referred to on this application.
- Return completed form and documentation to Policy Branch.

(the Employer)

*(employer organization name)*

hereby applies to the Board of Trustees (the Board) of the Municipal Pension Plan to become a Group 5 employer effective with respect to those employees employed as a firefighter or police officer as defined by the Plan Rules (see definitions on page 2).

YYYY-MM-DD

*(enrolment effective date)*

**Section 1: Terms and conditions for employer enrolment in Group 5**

**Initial each box below to agree to term and condition**

Participation by the employer as a Group 5 employer is subject to the following terms and conditions:

- (a) if the employer currently employs employees in the group for which it is seeking Group 5 enrolment, the employer and the applicable union representing the employees have concluded a collective agreement which provides for the employer's application to the Board to become designated as a Group 5 employer and the enrolment of the employees covered by this application as Group 5 members of the Plan or, if any of the employees are not represented by a union, then the employer and the non-union employees have entered into an employment contract providing for all of the aforesaid matters;
- (b) if the employer does not currently employ employees in the group for which it is seeking Group 5 enrolment, and it is anticipated that such employees will be represented by a union, the employer must provide i) written confirmation that the collective agreement that will be concluded in respect of that group will provide for the enrolment of members in Group 5, and ii) written support of Group 5 enrolment from the entity that is or intends to become the bargaining agent for the applicable group;
- (c) new member enrolment in Group 2 will cease for those employee groups covered by the employer Group 5 application;
- (d) there shall be no further contributions under any special agreement on behalf of Group 5 members;
- (e) all Group 5 members must be employed as a firefighter or police officer as defined by the Plan Rules;
- (f) the pension benefit provided to Group 5 members is a defined benefit and accordingly the contribution rate(s) may be adjusted from time to time in accordance with the Plan's actuarial valuation reports or as may otherwise be permitted by the Joint Trust Agreement;
- (g) participation as a Group 5 member is mandatory for all members covered by the employer application;
- (h) enrolment in Group 5 for non-union employees hired after the employer joins Group 5 for their employee group is mandatory. Non-union employees hired before the employer joins Group 5 will be given the option to remain in Group 2;
- (i) members who terminate employment or retire prior to the date on which the Board approves the employer's application for a retroactive Group 5 effective date are not eligible to participate in Group 5 for any period of employment between the retroactive Group 5 effective date and the member's termination of employment date;
- (j) participation in Group 5 is permanent in respect of the employee group(s) for which the employer makes application and which are approved by the Board;
- (k) the pension accrual rate specified for Group 5 members shall only apply to pensionable service accrued after the effective date approved by the Board; and
- (l) the terms and conditions for Group 5 enrolment are subject to the provisions of the Joint Trust Agreement, the Plan Rules, the policies, and procedures adopted by the Board and the Plan administrative agent and applicable statutes and regulations, all as may be amended from time to time.

## Section 2: Enrolment of Group 5 members

Check ( ✓ ) and complete all that apply below:

FIREFIGHTERS  
 UNIONIZED \_\_\_\_\_  
*(union name, local, association affiliations [for example, IAFF, local 129])*

NON UNIONIZED \_\_\_\_\_  
*(Job title [for example, deputy chief])*

POLICE  
 UNIONIZED \_\_\_\_\_  
*(union name, local, association affiliations [for example, VPU, NPA or CSPAJ])*

NON UNIONIZED \_\_\_\_\_  
*(job title [for example, deputy chief])*

### Definitions:

**Firefighter** – means persons who are employed in the fire sector as firefighters, as a fire chief or any other person employed in, or appointed to, a fire department and assigned to undertake fire protection services which includes fire suppression, fire prevention, fire safety education, communication, training of persons involved in the provision of fire protection services, rescue and emergency services and the delivery of all those services.

**Group 5** – means the group of members comprised of police officers and firefighters who meet the conditions of eligibility as specified by the board.

**Police officer** – means a person appointed under the *Police Act* as a provincial constable, special provincial constable, designated constable, municipal constable, special municipal constable, auxiliary constable or enforcement officer, but does not include a person who is a member of the Royal Canadian Mounted Police.

### To be completed by employer

**Authorized Signatory:** By signing this form, you agree to the terms of participation in the Municipal Pension Plan, as outlined in this application, effective from the date your application is approved by the Board of Trustees.

|   |  |                           |
|---|--|---------------------------|
| EMPLOYER CONTACT                                      | AUTHORIZED SIGNATURE   | DATE SIGNED<br>YYYY-MM-DD |
| CONTACT TITLE – e.g., CFO, Mayor, City Clerk etc.     | CONTACT PHONE – person who can answer questions about this completed form (include ten digits) (must be completed) |                           |
| EMPLOYER ADDRESS (include unit number, if applicable) | CITY   | PROVINCE                  |
|   |  | POSTAL CODE               |

### To be completed by Pension Corporation

**Policy Analyst:** Reviewed the application and supporting documentation, and is satisfied there is sufficient information for the board's consideration.

|                |                          |                           |
|----------------|--------------------------|---------------------------|
| POLICY ANALYST | POLICY ANALYST SIGNATURE | DATE SIGNED<br>YYYY-MM-DD |
|----------------|--------------------------|---------------------------|

*Freedom of Information and Protection of Privacy Act*—The information on this form is collected under the authority of the Public Sector Pension Plans Act and will be used by the BC Pension Corporation to administer your enrolment and subsequent membership in the pension plan. If you have any questions about the collection and use of this information, contact the privacy officer at PO Box 9460, Victoria BC V8W 9V8 or by telephone at 250-387-1002.