

Centre for Ability  
Municipal Pension Plan  
Employee's Declaration

1. Are you currently a member of the Municipal Plan? Yes                      No  
Have you been in the last 30 days? Yes                      No
2. I have been provided with an explanation or summary of the pension plan, and of the relevant entitlements and obligations under the pension plan.
3. I understand how I may combine service and earnings with more than one plan employer to qualify for membership in the plan.
4. I understand that it is my responsibility to inform my employer of my eligibility to enroll in the plan, if based on employment with more than one plan employer.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_