

## AFFILIATION AGREEMENT

B E T W E E N:

(hereinafter called the "Employer"

OF THE FIRST PART

- and -

**THE TRUSTEES OF THE MULTI-SECTOR PENSION PLAN**

(hereinafter called the "Trustees")

OF THE SECOND PART

**WHEREAS**, the Employer is party to a Collective Agreement requiring Contributions to the Multi-Sector Pension Plan (the "Plan") (capitalized words used herein having the same meaning as in the Agreement described in paragraph (c) below);

**AND WHEREAS**, the Employer wishes to extend participation in the Plan to employees employed in all non-bargaining unit classifications, except the following classification(s):

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which are not covered by the Collective Agreement;

**AND WHEREAS**, the Trustees have agreed to the extension of the Plan to cover employees in the above-noted job classifications provided that the Employer enters into this Affiliation Agreement.

**THEREFORE**, in consideration of the extension of participation in the Plan to employees of the Employer employed in the above-noted job classifications commencing \_\_\_\_\_, 20\_\_, the Employer hereby covenants and agrees as follows:

1. The Employer shall pay Contributions to the Trustees for employees in the above-noted job classifications at the same rates and in the same manner as provided in the Collective Agreement and in any succeeding Collective Agreement;
2. The Employer shall remit reports including, but not limited to, the names all eligible non-bargaining unit employees in the above-noted job classifications, their hours worked and other relevant data as the Trustees may from time to time require for bargaining unit employees in accordance with their Collective Agreement;

For further specificity, the information required for each employee in Non-Union Classification includes the following:

(a) **To be Provided at Plan Commencement**

date of hire;

date of birth;

Social Insurance Number;

date of first contribution;

seniority list to include hours from date of hire to Employers' Fund entry date

gender.

(b) **To be Provided with each Remittance**

name;

Social Insurance Number;

monthly remittance;

pensionable earnings;

year to date contributions;

employer portion of arrears owing due to error, or late enrolment by the Employer.

(c) **To be Provided Initially and as Status Changes**

full address;

termination date where applicable (MM/DD/YY);

marital status;

date of death (if applicable)

(d) **To be Provided Annually but no later than December 31**

current complete address list for all eligible employees;

period(s) of absence due to illness or disability, including WSIB;

period(s) of layoff, while subject to recall;

period(s) of absence for pregnancy or parental leave;

period(s) of strike or lockout;

other leaves of absence;

hours worked by employees covered by the affiliation agreement who are not yet eligible employees, in the month and cumulatively since their date of hire.

3. The Employer shall agree to be bound by the terms of the Plan and by the Restated Agreement and Declaration of Trust establishing the Plan, as they may be amended from time to time in accordance with the provisions thereof;
4. The Employer agrees that participation in the Plan by employees in the above-noted job classifications may continue only so long as the Employer is party to a Collective Agreement requiring Contributions to the Plan for bargaining unit employees; and
5. All personal information about employees provided to the Administrator of the Plan pursuant to section 2 of this Agreement and/or the provisions of the Collective Agreement will be treated as Confidential Information. Except as required by law, Confidential Information will only be disclosed to the Trustees, employees of the Administrator, a service provider retained by the Trustees, the individual to whom the Confidential information pertains or a representative of that individual who has been authorized in writing. The Confidential Information is also subject to the provisions of the MSPP's Privacy Statement. The Trustees will provide to the Employer, at its request, a copy of the MSPP's Privacy Statement.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

SIGNED, SEALED AND DELIVERED  
in the presence of:

\_\_\_\_\_

\_\_\_\_\_

) Employer  
)  
)  
) Name: \_\_\_\_\_  
)  
)  
) Title: \_\_\_\_\_  
) I have the authority to bind  
) the Corporation  
)  
) Multi-Sector Pension Plan  
)  
)  
) Per: \_\_\_\_\_  
) Trustee  
)