



# Multi-Sector Pension Plan

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## NEW ENROLMENT FORM

PLEASE PRINT

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

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SIN: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NO: (    ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

HIRE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SENIORITY HOURS: \_\_\_\_\_  
(MM/DD/YYYY) (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 NO: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

PRINT NAME & TITLE: \_\_\_\_\_

AUTHORIZED SIGNATURE OF EMPLOYER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

**For your convenience, you can submit the above stated information electronically via email at  
[info@mspp.ca](mailto:info@mspp.ca)**