



Multi-Sector Pension Plan

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TERMINATION FORM

(TO BE COMPLETED BY THE EMPLOYER)

When an employee terminates employment with your facility, please advise the Fund Office immediately by completing this termination form.

EMPLOYER NAME: _____

EMPLOYEE NAME: _____

SOCIAL INSURANCE NUMBER: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

TERMINATION DATE: _____ LAST DAY AT WORK: _____ RETIREMENT DATE: _____
(MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

IS THERE ANY GRIEVANCE FILED FOR THE ABOVE TERMINATION DATE? Y _____ N _____

IF YES, DATE GRIEVANCE RESOLVED: _____
(Please provide a copy of the settlement)

IS THE ABOVE TERMINATION A LAY-OFF NOTICE? Y _____ N _____

IS THIS INDIVIDUAL SUBJECT TO RECALL RIGHTS: Y _____ N _____

IF YES, WHEN DO RECALL RIGHTS EXPIRE: _____

REASON(S) FOR CONTRIBUTIONS RECEIVED GREATER THAN 30 DAYS AFTER TERMINATION DATE:

HAVE ALL OUTSTANDING CONTRIBUTIONS UP TO THE TERMINATION DATE ?
(INCLUDING VACATION PAY OUTS, RETRO PAY, FINAL PAY AND RESOLUTION PAY) BEEN REMITTED? Y _____ N _____

IF NO, EXPECTED DATE LAST CONTRIBUTION WILL BE REMITTED: _____

REASON(S) FOR CONTRIBUTIONS RECEIVED AFTER TERMINATION DATE: _____

AUTHORIZED SIGNATURE OF EMPLOYER: _____

PRINT NAME AND TITLE: _____ DATE : / /
(MM/DD/YYYY)