

THE CANADIAN BLOOD SERVICES  
DEFINED BENEFIT PENSION PLAN  
**ENROLMENT FORM**

**IMPORTANT:** Submit your completed enrolment form to your Employee Support Representative or email to Pension@blood.ca

**SECTION A – Employee Information**

**Employee Name** \_\_\_\_\_  
 LAST NAME FIRST NAME INITIAL

**Date of birth** \_\_\_\_\_ **Social Insurance Number** \_\_\_\_\_  
 YEAR MONTH DAY

**Employee No.** \_\_\_\_\_ **Sex**  MALE  FEMALE

**SECTION B – Authorization**

I hereby authorize Canadian Blood Services to deduct from my pay, the appropriate contribution to the Pension Plan.

**Effective** \_\_\_\_\_ **01**  
 YEAR MONTH DAY

Please note – Employee must join the plan on the first of the month. [Submit your completed enrolment form to your Employee Support Representative or email to Pension@blood.ca](#)

**SECTION C – Certification**

- I certify that the information provided above is correct.
- I authorize Canadian Blood Services and the agents retained by Canadian Blood Services to obtain from and exchange any information about me, my spouse, or my minor children with an insurance company, another company, or another person who requires information for the purpose of determining by benefit entitlements under the pension plan.
- I authorize Canadian Blood Services to make the required deductions from my earnings each pay period (in accordance with the terms and conditions of the Plan) as contributions to the Plan.
- I have been given a copy or have access to a copy of Canadian Blood Services Defined Benefit Pension Plan booklet describing the plan. Please go to ABOut You on the Canadian Blood Services' intranet for information on the Defined Benefit Pension Plan.
- I authorize the use of my Social Insurance Number for the purpose of administering the Plan.

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date (yyyy/mm/dd)**

You can find out who your Employee Support Representative is from ABOut You on the CBS Intranet or by entering this link into the CBS Intranet address bar: <https://connect.blood.ca/about-you/employee-support/employee-support-representatives>. [Submit your completed enrolment form to your Employee Support Representative or email to Pension@blood.ca](#)

**SECTION D – Other Forms to Complete and Return to your local Employee Support Representative**

Declaration of Marital Status  Yes  No  
 Spousal Waiver – Pre-Retirement Death Benefit (Alberta, BC, Ontario, Quebec and Saskatchewan members only)  Yes  No  
 Declaration of opting-in-Common-Law (Manitoba employees only-if applicable)  Yes  No

**SECTION E – Other Important Instructions –Beneficiary and Spousal Designation Form**

Please ensure that you complete the Beneficiary and Spousal Designation Form. The form may be found on the DB pension website at <https://cbs.hroffice.com>.

**SECTION F – Employee Support Services**

\_\_\_\_\_  
 Entered By  
 \_\_\_\_\_  
 Date (yyyy/mm/dd)

\_\_\_\_\_  
 Reviewed By  
 \_\_\_\_\_  
 Date (yyyy/mm/dd)

**Privacy of Information** - Canadian Blood Services (CBS) knows that confidentiality of personal information is important. The personal information you provide on this form is used and retained to administer your pension plan and comply with any legal and regulatory requirements. Any information you provide on this form or other information you provide for your pension plan may be provided to the pension plan administrator (Morneau Shepell), an insurance company, or other company or person who requires the information for the purpose of determining your benefit entitlements under the pension plan. For the purpose of auditing the pension plan, it may also be provided to the auditors of the pension plan who are required to keep it confidential. Access to this information by CBS and at Morneau Shepell will be limited to: staff at CBS and at Morneau Shepell who, in the performance of their jobs, are involved in managing your pension information; persons to whom you have granted access; and, persons authorized by law. You have the right to request access to the personal information in your file, and if necessary, correct any inaccurate information. If you have questions or concerns about our privacy practices, please contact the CBS privacy office by email - [privacy@blood.ca](mailto:privacy@blood.ca) or by phone 1-613-739-2483, option 2.