

APPENDIX I

Simplified Pension Plan (SPP) enrolment form for the Association des fondations d'établissements de santé du Québec (AFÉSAQ)

Section A – Information about the Foundation or the Recognized Partner*

1. Name of the foundation or the partner				
2. Address	No. and street	City	Province	Postal code
3. Management contact person – Name and title		Phone number	Fax number	
		Email		
Address – same as plan sponsor's <input type="checkbox"/>		if different, please indicate _____		
4. Administration contact person – Name and title		Phone number	Fax number	
		Email		
Address – same as plan sponsor's <input type="checkbox"/>		if different, please indicate _____		

Section B – Choice of contributions Number of employees eligible to participate: _____

<input type="checkbox"/>	Type 1 (2% employer contributions/2% employee contributions)
<input type="checkbox"/>	Type 2 (2% contributions/2% but up to 5% permitted)
<input type="checkbox"/>	Type 3 (5% employer contributions/5% employee contributions)
<input type="checkbox"/>	Type 4 (employer chooses contributions details): employer: _____% employees: _____%
Eligibility requirements: _____	

Effective date of the plan: month _____ day _____ 20 _____

Dated at: _____ this _____ day of _____ 20 _____

Signature of authorized individual: _____

Name and title (please print): _____

* Membership in AFÉSAQ or recognition of the partnership is essential to maintain plan benefits.
Upon enrolment, a \$100 charge is payable to the AFÉSAQ to help cover development and communication costs.

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