

(") ()
the employer should retain a copy of this form for their
subsequently elects coverage for the pension plan, the
forward a copy of this form to the pension plan to verify that the
optional enrolment at the time the employee was first eligible

CPP@e-9-1-bc.ca

CPP@e-9-1-bc.ca

By signing below, I expressly waive my rights to participate in the pension plan and to receive any pension benefits.

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