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Please read the following instructions to complete the form as applicable.

Permanent Positions - Regular part-time employees who are regularly scheduled to work an average of fourteen (14) to twenty-nine (29) hours per week may elect to participate in the Pension Plan.

Temporary Positions - Temporary full-time employees and temporary part-time employees who are regularly scheduled to work an average of thirty (30) hours or more per week, with a predetermined termination date greater than one year, may elect to participate in the Pension Plan.

If the initial specified temporary employment period is less than one year and is subsequently extended to greater than one year, the employee may be offered optional participation in LAPP. The extension does not have to be in the initial position as long as the entire employment is for one (1) year or greater and thirty (30) or more hours per week.

Multiple Positions - Multiple Positions: Permanent part-time and temporary part-time positions are to be combined to determine optional membership eligibility (14 to 29 hours per week). If the employee has met the eligibility requirement as an optional participant and subsequently adds a temporary position, regardless of the length of the position or the hours, the temporary position will be added to the permanent position for participation.

The following are **Not Eligible for Membership** -

- Casual employees or any employee working less than 14 hours per week; and/or
- Employees who are currently in receipt of a retirement pension from LAPP;

For assistance call HR Contact Centre toll free at 1.877.511.4455 or by using the HR Contact Centre portal in your e-People profile or via compassionNet link: <https://www.compassionnet.ca/Page2040.aspx>

For more pension information www.lapp.ca

Employee Authorization		
I wish to participate in the Local Authorities Pension Plan. I understand that once I am a member, I must remain in the pension plan as long as I occupy one or more pension-eligible positions in Covenant Health. Membership in LAPP and contributions will begin on the first pay period following receipt of this signed form by Covenant Health.		
Employee Last Name	Employee First Name	Employee ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Signature		Date (yyyy-Mon-dd)
<input type="text"/>		<input type="text"/>
Please submit completed form to: HR Shared Services, Covenant By Fax: 1.844.776.0434 or E-mail: General.Documents@covenanthealth.ca		

Your personal information on this form is collected under the legal authority of section 33 (c) of the Freedom Information and Protection of Privacy Act. The information will be used by or disclosed for employment purposes. For questions, concerns or more information about the collection, use of disclosure of your personal information, please contact HR Business Support and System Solutions at 1-884-442-9011 or by email at HRBusinessSupport@covenanthealth.ca.