

# UNA Employees

## Enroll/ Amend/ Cancel Payroll Deductions:

### Regular UNA Employees and BECE's (Benefit Eligible Casual Employees): 2% Employer Matched Election:

Regular UNA employees and BECE's have the opportunity to contribute up to 2% of their regular earnings into either an employer matched RBC Registered Retirement Savings Plan (RRSP) **OR** a Tax Free Savings Account (TFSA). Once enrolled, your allocations can only be changed annually, on April 1<sup>st</sup>.

In addition to the 2% Employer matched RRSP **OR** TFSA plan, you may also contribute to a Voluntary RRSP.

If you would like to enroll in the 2% employer matched (RRSP/ TFSA) plan, please select **one** of the following options:

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

1.  I wish to enroll in the bi-weekly 2% Employer matched RRSP contribution.  
Effective Date: \_\_\_\_\_ RRSP Group #: 2546 (required)
2.  I wish to enroll in the bi-weekly 2% Employer matched TFSA contribution.  
Effective Date: \_\_\_\_\_ TFSA Group #: 18271 (required)
3.  I wish to cancel my Employer matched RRSP and enroll in the Employer matched TFSA.  
Effective Date: \_\_\_\_\_ TFSA Group #: 18271 (required)
4.  I wish to cancel my Employer matched TFSA and enroll in the Employer matched RRSP.  
Effective Date: \_\_\_\_\_ RRSP Group #: 2546 (required)
5.  I wish to apply my 2% regular earnings to a TFSA due to RRSP restrictions at age 71.  
Effective Date: \_\_\_\_\_ TFSA Group #: 18271 (required)
6.  I wish to cancel my Employer matched RRSP/TFSA.  
Effective Date: \_\_\_\_\_

**Important Information:** You are responsible for ensuring your RBC RRSP or TFSA account is open at the time you submit this form. The **RRSP** must be set up under **Group Number: 2546** and the **TFSA** must be set up under **Group Number: 18271**. If your RBC RRSP or TFSA account is not active, your payroll deduction(s) will not be processed.

### Regular/Temporary/Casual UNA Employees: Voluntary Employee paid RRSP Election:

1.  I wish to add or amend my Voluntary RRSP contribution amount to \_\_\_\_\_% or \$\_\_\_\_\_ bi-weekly.  
Effective Date: \_\_\_\_\_  
The RBC RRSP must be set up under Group No. 2546 or your application will **NOT** be processed.
2.  I wish to cancel my Voluntary Group RBC RRSP contribution.  
Effective Date: \_\_\_\_\_

**Note:** Your enrollment will be processed within the pay period requested when possible.

Employee Signature: _____	Date: _____
---------------------------	-------------

Return this form to HR Shared Services, Covenant Benefits by Fax to 1.844.776.0434 or by Email to [General.Documents@covenanthealth.ca](mailto:General.Documents@covenanthealth.ca)

If the enrollment form is not completed in its entirety the request will not be processed.