



**Eastern  
Health**

**Payroll & Benefits**

### **Election of Options (Severance Payout)**

**Employee Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**ATTENTION: Please read the attached payment option summary before completing.**

This form must be completed and returned, as per the attached instructions, **no later than July 15, 2022.**

**Please indicate which Quarter you would like to receive payment:**

(Note: Payments will be issued in the last pay period of the quarter)

- July 1, 2022 to September 30, 2022
- October 1, 2022 to December 31, 2022
- January 1 to March 31, 2023

**Please indicate your severance payout option:**

- 1)  Severance paid to me less the applicable deductions
- 2)  Severance to be transferred to RRSP
- 3)  Transfer a portion to RRSP and remainder of severance paid to me (Complete forms as per summary)  
Severance for transfer to RRSP \$ \_\_\_\_\_
- 4)  Defer severance to a later date (please see Options Summary)

**If you are transferring your severance to an RRSP, please indicate your financial institution:**

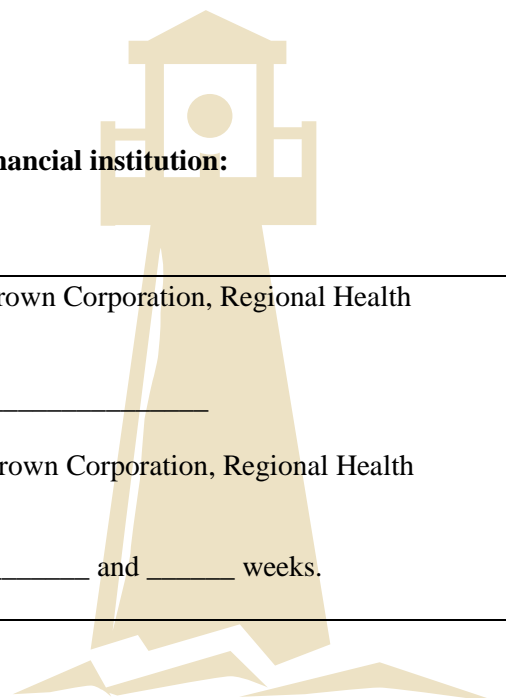
Financial Institution: \_\_\_\_\_

Have you ever been employed with another Provincial Government Agency, Crown Corporation, Regional Health Authority or other related employer? Yes  No

If yes, Employer Name: \_\_\_\_\_ Period of Service: \_\_\_\_\_

Have you ever received severance pay from Provincial Government Agency, Crown Corporation, Regional Health Authority or other related employer? Yes  No

If yes, amount of severance received and number of weeks: \$ \_\_\_\_\_ and \_\_\_\_\_ weeks.



*I hereby confirm that the information provided above is true, complete and accurate to the best of my knowledge, information and belief. I further acknowledge that if the employer subsequently becomes aware of any material misrepresentation, omission or falsehood that has resulted in an overpayment of severance that the value of any such overpayment shall constitute a debt due to the employer and shall be recovered accordingly.*

**I have read and understand the above**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please note:*** Severance payments will be processed when necessary forms and information are received. Delays in receiving any information may impact when payment is issued.