



Election Form (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 date you would like to receive payment:

- September 22, 2022
December 1, 2022
March 23, 2023

Please indicate your severance payout option:

- Severance paid to me less the applicable deductions
Severance to be transferred to RRSP (complete RRSP Rollover Request form)
Transfer a portion to RRSP and remainder of severance paid to me (complete RRSP Rollover Request form)
Defer severance to a later date (please see Options Summary)

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 another 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.