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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

[ceep@bc.ca](mailto:ceep@bc.ca)

[CPP@bc.ca](mailto:CPP@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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