

Labour Board

Request for hearing under the Pension Benefits Act

IMPORTANT: AN APPEAL MUST BE FILED WITH THE LABOUR BOARD WITHIN 30 CALENDAR DAYS OF THE DATE OF RECEIPT OF AN ORDER OR INTENDED ORDER/DECISION OF THE SUPERINTENDENT OF PENSIONS.

IMPORTANT TO NOTE: Information that you file with the Board in connection with this matter will be available to all parties to the proceeding and will become part of the public record. The Board's decisions are posted publicly on the internet.

Section A: Applicant Information

Full Name		Position Title	
Address		Town/City	Postal Code
Telephone No.	Other Telephone No.	Fax. No. <i>(if available)</i>	E-mail

Section B: Plan Administrator Information

Administrator's Name		Contact Name (if applicable) / Position	
Address		Town/City	Postal Code
Telephone No.	Other Telephone No.	Fax. No. <i>(if available)</i>	E-mail

Section C: Plan Information

Plan Name	Registration Number
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Section D: Type of Request for Hearing

I am requesting a hearing regarding: *(Please check the appropriate box)*

- An Order of the Superintendent of Pensions under Sec. 114 of the *Pension Benefits Act*.
 The following must be included with the Request for Hearing:
- Date order was served: _____
 - A copy of the Order of the Superintendent of Pensions
 - **A Written statement explaining why you are requesting a hearing and the outcome you are seeking.**
- An Intended Order/Decision of the Superintendent of Pensions under Sec. 115 of the *Pension Benefits Act*.
 The following must be included with the Request for Hearing:
- Date Notice of Intended Order/Decision was served: _____
 - A copy of the Notice of the Intended Order/Decision of the Superintendent of Pensions
 - **A Written statement explaining why you are requesting a hearing and the outcome you are seeking.**

Section E: Request for Stay

Check if you are requesting a stay of the Superintendent of Pension's Order until the matter is decided by the Labour Board. If you are requesting a stay, you must include:

- **A Written statement describing your reasons for requesting the stay.**

DECLARATION

I, _____, _____ declare that the statements and
(print name) *(Print title, if Appellant not an individual)*

information contained in, attached to, and submitted with this Request for Hearing are true and accurate to the best of my knowledge and belief. I understand that this information is subject to verification and that any false or misleading representations may result in the dismissal of my request for hearing.

_____, of _____
(signature) *(city/town)*

_____ this _____ day of _____, 20_____.
(province) *(day)* *(month)* *(year)*

Submit via mail, registered mail or by hand to:

Labour Board
1601 Lower Water St., 3rd Floor
PO Box 202
Halifax, NS B3J 2M4

OR by Fax to: 902-424-1744

For more information call 902-424-6730 or toll free 1-877-424-6730

NOTE: You may represent yourself before the Board or you may be represented by a lawyer or another individual acting on your behalf. If you are represented by someone the Board's staff will not communicate directly with you, but will communicate with your representative.