

**M**anitoba  
**A**ssociation of  
**R**etired  
**G**overnment  
**E**mployees

## *Representing Retirees Since 1972*

Manitoba Archives Building • Box #3 200 Vaughan Street  
Winnipeg, Manitoba • R3C 1T5  
Ph: (204) 956-0045

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### **MEMBERSHIP APPLICATION TO JOIN “MARGE”**

**Please PRINT CLEARLY when filling in the following information:**

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Address \_\_\_\_\_

City/Community \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

[   ] Yes I approve of receiving email communication from MARGE. (New federal requirement)

Date of Retirement/future date (month/year): \_\_\_\_\_ / \_\_\_\_\_

**Please check off which of the following applies to you (pension you receive/will receive):**  
(MARGE constitution re eligibility)

- the Manitoba Civil Service Superannuation Fund
- the Legislative Assembly Pension Plan
- persons receiving a spousal pension from any plan noted herein
- individuals who receive a deferred pension from any plan noted herein
- Manitoba Government and General Employees' Union Staff covered by the Civil Service Superannuation Fund
- Any Municipal employee who at the time of retirement belonged to a pension plan that was contributed to by their employer during the time of their employment
- Any employee who at the time of retirement worked for an Agency, Board, Crown Corporation, Commission, or the Legislative Assembly of the Province of Manitoba
- Any employee whose position was unionized under the MGEU and was directly or indirectly funded by government and now has an employer/employee funded pension plan or RRSP Plan
- Any person who worked in the Civil Service, for the Province of Manitoba

**Member Type:**

Regular: [ ] Associate\*: [ ] Municipal [ ] Name of Municipal employer \_\_\_\_\_

\*Associate member is a spouse of a deceased member who still receives CSSB pension, or an outside agency at arms-length to the government such as a Regional Health Authority.

Name of Employer/Department & Pension Plan: \_\_\_\_\_ / \_\_\_\_\_

**All applicants must complete this section:**

Do you give consent to MARGE to contact your Pension Plan Provider/Employer to confirm employment/pension? Yes [ ] No [ ]. (If No, we may not be able to confirm your eligibility for MARGE membership).

Person to contact: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_

Do you wish to participate in our MARGE Group Insurance Plan(s)? Yes [ ] No [ ]

If yes, please contact our Health/Dental/Travel plans administrator, Johnson Inc.at 1-877-989-2600

**Annual Membership (or part thereof) Fee \$15.**

Please send cheque or money order to **MARGE**.

You may also purchase your membership for 1, 2, 3 or more years (\$15/\$30/\$45 etc.).

**NOTE: All applications must include a copy of the CSSB or applicable pension, start and retirement dates, to indicate proof, that you are receiving a pension.**

**All applicants must sign and date this application:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Phone: (204) 956-0045  
email: mbgovretirees@gmail.com  
website: www.mbgovretirees.ca**

**Office Hours: Tuesdays, 9:00 am – noon**

Updated January 2018

*Volunteer Opportunities*  
Interested in making a difference for your fellow MARGE retirees?  
Contact us to volunteer with the association once a week.