

Proud of the Impact We Made, the Legacy That Continues

NEWSLETTER

Volume 15, Number 5, November 2016

Table of Contents

Cover & Table of Contents	1
From the Editor	2
AGM 2016 Draft Minutes	3
GM Dec. 2016 Draft Agenda	6
President's Report	7
Treasurer's Report	8
Communications Committee Report	8
Membership Committee Report	10
Pension Report	10
CURAC Report	12
SCANS Report	13
SCANS Notice of Special Meeting	14
Reprints of CURAC Health Policy, Seniors	15
Mental Health, and a Personal Perspective	
Notices & Opportunities	21
In Memoriam	22
Payroll Deduction Form	24
ADRP Bursary Pledge Form	25
ADRP Mission and Objectives	26

NOTE: If you change your e-mail address, postal address, or telephone number, please alert the Membership Chair by sending an e-mail to ADRP@dal.ca or leave a message at (902) 494-7174.

From the Editor

Maintaining our beliefs as we are confronted by a rapidly changing world can be very difficult for us as individuals. Experience with organizations has shown us that numbers can make a dramatic difference in shaping policy. Many individuals present a unified voice in the CURAC statements featured in the CURAC Positions on Seniors' Health Care 2016. I've included it in this newsletter issue along with a paper on The Mental Health of Seniors by the Section of Psychologists and Retirement, Canadian Psychological Association, and CURAC, and a personal perspective: On preparing for our cognitive problems.

As Editor, I am pleased to support ADRP membership by including in the newsletter the reports of the Board and relevant information. As a broad reflection of the membership, the newsletter is also shaped by member submissions and recommendations. Your comments and suggestions regarding both content and format are welcome. Please feel free to contact me directly at j.clovis@dal.ca or through the office email adrp@dal.ca.

Editorial Policy: The ADRP intends to publish the newsletter every three months. We hope the newsletter will serve the following purposes: To provide pertinent information; to provide a forum for the free exchange of views on issues relevant to our membership; and to serve as a documentary record of matters relating to the ADRP. The Editorial Board, under the ultimate direction of the ADRP Board, takes responsibility for the contents of the newsletter. Signed contributions will take the form of short articles and letters to the editor; these will normally represent the opinions of the author, and need not represent the views of the ADRP. Anonymous material will not be considered for publication. The Editorial Board retains the right to edit or reject contributed material and to elicit similar and opposing views surrounding any issue raised.

The Editorial Board: Joanne Clovis, Editor Ex-officio: Randy Barkhouse, ADRP President

ADRP Phone (902) 404-7174 E-mail adrp@dal.ca Web Site http://adrp.dal.ca

Postal Address: Association of Dalhousie Retirees and Pensioners

Rm. 2831, Life Science Building, Dalhousie University

1459 Oxford St.

PO Box 15000 | Halifax. NS | B3H 4R2

Mark this date on your calendars:

ADRP General Meeting
Thursday, December 8, 2016, 2-3:30 pm
University Hall, MacDonald Building
Reception to follow in the University Club Pub

Draft Minutes

ADRP Annual General Meeting 2:00-3:30 pm on Thursday, April 28, 2016 University Hall, MacDonald Building

1. Adoption of Agenda:

With about 45 members present, President Randy Barkhouse called the meeting to order at 2:00 pm. **By motion** the agenda was ADOPTED as circulated.

2. Recognition of deceased members:

The Chair asked for a moment of silence to recognize the recent deaths of members.

3. **Minutes of the General Meeting, December 10, 2015: By motion** (Laidlaw/Meagher-Stewart) the minutes were APPROVED as circulated.

4. President's Report:

Further to his President's Report in the April ADRP Newsletter, President Barkhouse thanked the members of the ADRP who were retiring from the ADRP Board – Donna Meagher-Stewart, John Barry, Pat Farmer, and Denise Sommerfeld, and extended appreciation to David Tindall for his many years as Chair of the ADRP Benefits Committee, his leadership on the development of the Retirees Benefits Advisory Committee, and for his continuing participation as 1st Vice-President on the ADRP Board.

Barkhouse reported that the ADRP Bursary Fund currently totalled \$17,806, noting that \$1500 had been contributed in the previous six months. He encouraged further donations such that a total of \$25,000 can be raised and awards can begin to be made by Dal's 200th Anniversary in 2017.

Barkhouse, a member of the Planning Committee for the 200th Anniversary of Dalhousie's founding in 1818, thanked ADRP members who had submitted nominations for the Dalhousie Originals project, a part of those celebrations. He noted that a major theme of the planning focused on means for community engagement. Potential plans will include for example, development of awards for music and for First Nations; a Habitat for Humanity Project; lectures, symposia, and conference hostings; the opening of the IDEA building on the Sexton Campus; plus others TBA.

Barkhouse reported that the Board, as per the ADRP Bylaws - Article II(4) had agreed to award **Honorary Life Memberships**, to

- **ROBERT RODGER**, in acknowledgement of his outstanding service, in particular to the creation and early development of the ADRP; and to
- PHILIP WELCH, for his outstanding service particularly in regard to his leadership in the ADRP Benefits Committee to recover premiums that retirees for many years had been overpaying. With the Dalhousie Faculty Association, Philip successfully championed their grievance on the matter, so that many senior ADRP members have not had to pay benefit premiums for several years.

Barkhouse had prepared framed certificates for the recipients, who unfortunately were not present at the time of the announcement, but Philip Welch arrived before the meeting ended

and the presentation was then made to him. Robert Rodger's certificate will be presented to him at a later date.

5. Treasurer's Report:

Grace Paterson spoke briefly about her report that was included in the April ADRP newsletter. **By motion** (Tindall/Huber) the report was **ADOPTED** as circulated. Patterson had noted that there remained an accumulated surplus in the ADRP account (\$2187.35). **It was MOVED** (Stuttard/Butt) that to encourage further donations to the ADRP Bursary Fund, the ADRP further donate up to \$2000 to the Fund to match new donations made by June 30, 2016. The motion was **APPROVED**. Barkhouse stated that he would send an email to the general membership regarding this motion to encourage further support of the Bursary Fund.

It was **moved** (Huber/Bradfield) that John Rutherford be appointed Auditor of the Association. The motion was **APPROVED**.

6. Standing Committee Reports:

A. Benefits – David Tindall highlighted the items in the Committee's Report in the ADRP Newsletter including the names of the newly designated chairs of this Committee and the Retirees' Benefits Advisory Committee (RBAC); the "Pre-September 2009 Surplus" Fund and premium holiday eligibility indicating that there remains approximately five years of 'holiday' funding; the increase in Medavie Blue Cross premium costs and also the inclusion of foot care in the listing of Health Benefits; the sudden increase in NS Seniors' Pharmacare premiums followed by significant pushback from seniors in general, and the resulting withdrawal of the increase by the government for the time being; and a reminder of the Blue Cross website as a means to file and track claims. In response to a question from Pothier, Tindall clarified that in terms of RBAC membership from the Board of Governors, Jenny White would be replacing Darryl Warren, and that likely Chris Patterson would be replacing Lee Crowell upon his up-coming retirement.

B. Communications Committee

- Website Randy Barkhouse reiterated that the ADRP website
 (http://www.adrp.dal.ca/index.html) is updated regularly, and that he would be placing on it notice of the upcoming Estate Planning Session for May 12, 2016
- ii. **Newsletter** –Denise Sommerfeld expressed her thanks to the ADRP Board and the membership for their support during her tenure on the ADRP Editorial Board. She introduced Joanne Clovis, who has been serving as a co-editor to 'learn the ropes' and who would be assuming the role of Editor.
- C. Membership Colin Stuttard reported that the membership totalled 451 with 420 members paying by monthly dues deduction (an increase of 6), and 5 who paid by cheque prior to the meeting. He stated that there were 18 delinquent members, i.e., those who have not paid dues since 2014. Stuttard emphasized that use of the monthly deduction is greatly preferred for paying dues as it requires no further effort by the member, and much less for the membership chair.
- **8. Pension Advisory Committee** Further to the Pension Advisory Committee Report in the newsletter, Randy Barkhouse indicated that 2016 turned out to be a good year for pension

indexation, both catch-up and automatic. He suggested that might not be the case for 2017. The next actuarial evaluation of the Retirees Trust Fund is due on March 31, 2017.

9. Nominating Committee Report– Pat Farmer spoke to the Committee's written report, published in the Newsletter. He noted that the Board had served as a Committee of the Whole for nominations. After the requisite three calls for further nominations from the floor, the slate of nominees was declared elected:

President, Randy Barkhouse; VP1, David Tindall; VP2, Richard Apostle; VP3, Paul Huber; Secretary, Phil O'Hara; Treasurer, Grace Paterson; Members-at-Large, Dianne Pothier, David Mercer, Heather Schellinck, Doug Rasmussen; Chairs of Standing Committees (and thereby also Board members-at-large), Peter Wallace (Benefits), Joanne Clovis (Communications), Colin Stuttard (Membership). Randy Barkhouse continues as our observer on the Pension Advisory Committee.

10. Representatives' Reports:

- A. SCANS (Seniors' College Association of Nova Scotia) Colin Stuttard, noting that the creation of SCANS was an initiative undertaken by our new honorary life member, Robert Rodger, spoke briefly on his report in the Newsletter. He noted that since writing that report, Carol Lee has been confirmed as the Treasurer of the SCANS Board, which now has a full slate of officers in place. As the membership of SCANS recently had dropped below the 'break even' level, the primary focus of the board and its four *ad hoc* committees will be to determine specifically what that 'break even' level is, and the best means of reaching it.
- **B.** CURAC (College and University Retirees' Associations of Canada) Randy Barkhouse spoke briefly of CURAC activities, noting that health care issues for seniors have taken on more emphasis. He chairs the pension committee, and Grace Paterson serves on the health care policy committee. He noted that copies of any CURAC reports he receives are placed on the ADRP website shortly after they are received.
- 11. Any Other Business For information purposes, and as a retired member of the Faculty of Medicine, Philip Welch commented about on-going issues within the Faculty of Medicine where the processes for tenure appointments and for continuing appointments with periodic review have come under increased scrutiny and criticism.
- **12.** Adjournment On motion (Stuttard/Huber) the meeting adjourned at 3:30 pm.

Submitted, Denise Sommerfeld Secretary *pro tem*

Draft Agenda

ADRP GENERAL MEETING

2:00-3:30 pm on THURSDAY, December 8, 2016 University Hall, MacDonald Building

- 1. Call to Order and Adoption of the Agenda.
- 2. Remembrance of deceased members.
- 3. Minutes of the Annual General Meeting of April 2016.
 - a. Approval:
 - b. Matters arising: Lifetime Membership Presentation
- 4. President's Report. (Barkhouse)
- 5. Treasurer's Report. (Paterson)
- 6. Committee Reports (discussion of these reports is greatly encouraged):
 - a. Benefits Committee. (Peter Wallace)
 - b. Communications Committee.
 - i. Website. (Randy Barkhouse)
 - ii. Newsletter. (Joanne Clovis)
 - c. Membership Committee. (Colin Stuttard)
 - d. Pension Advisory Committee. (Randy Barkhouse)
- 7. Other Reports
 - a. SCANS (Seniors' College Association of Nova Scotia) (Colin Stuttard)
 - b. CURAC (College and University Retirees Associations of Canada) (Barkhouse)
- 8. Any Other Business
- 9. Adjournment (Reception follows in University Club Pub)

President's Report, November, 2016 Randy Barkhouse

Somehow a year has passed very quickly and it is once again time for ADRP's December general meeting and annual reception on Thursday, December 8, 1:30-3:30, in University Hall, and 4:00-6:00 in the Earl of Dalhousie pub respectively. I hope many members, old and new, will turn out to greet familiar faces not seen very often since retiring from Dalhousie.

My own involvement as ADRP representative with planning for the 2018 200th anniversary celebrations has been a reminder of both Dalhousie's distant past and its most recent. It is remarkable in the light of Dalhousie's current robust state to read how many times it came near to disappearing altogether during its first century. The several thousand pounds of Castine customs funds that Governor Sherbrooke mentioned in 1816 to his successor Lord Dalhousie may have been encouragement to found the institution, but certainly not to operate it. But for support by some of its initial board Dalhousie College could have been wound up early to pay off construction debts of its first building. The recurring Nova Scotian theme of institutional amalgamation stalled matters for a further decade. That first round involved King's in Windsor, the nascent Dalhousie, and Pictou Academy which had opened in 1816, with the later first President of Dalhousie in charge. There were further rounds at varying intervals, the last in the mid-1990s in which many ADRP members were involved.

After the death of first President Thomas McCulloch in 1843 one wonders what kept the spark of Dalhousie College's existence alive. Although revived by Tupper's government in 1863 with financial support from the Presbyterian Church, that support had a time limit whose expiry could have again triggered that of Dalhousie but for George Munro's willingness to heed the request of brother-in-law John Forrest, and fund not only a few faculty chairs, but also student bursaries. Dalhousie faltered a few times afterwards, but never again came so perilously close to folding. Thanks to the financial support of people whose names are known on campus and in the outside world – Jennifer Sherriff Eddy, RB Bennett, Sir James Dunn, CD Howe, the Killams – a small struggling college gradually accumulated the assets to transform into the institution we know today.

Peter Waite's 2-volume history, soon to be online, relates the involvement of those major names, and of a few past faculty, administrators, staff, students, and board members, but not the mass of those who helped build and operate Dalhousie. It is those hundreds of past and present faculty, staff, and students that I believe the 200th anniversary will actually celebrate. There will be many events in which we all can participate to mark the celebration.

By the time of the general meeting on December 8, it is hoped that your ADRP representatives will be able to report on two recent matters of interest to the membership. One is the proposal from the board of governors to investigate changing the fund structure of the Pension Plan. The possibility of improved indexation does have some appeal. The other matter is the full particulars of the \$5,000 death benefit funded by a benefits surplus in the mid-1990s (summary posted on the ADRP web sitte). If any members have information to contribute please contact our Benefits chair. Peter Wallace.

Treasurer's Report, November, 2016 Grace Paterson, Chair

Financial Updates:

Interim update regarding expenditures for the 2016 Budget: An interim update will be presented at the General Meeting in December.

Checking account: As of November 8, the balance is \$10,254.33.

Dalhousie account: As of November 8, the balance is \$1,625.46. Expenditures were travel (\$999.21), Print Centre (\$171.04) and Keys (\$7.00). We received a \$1,200 travel grant from Dalhousie University.

Investment report: Total current balance is \$25,878.70. Two GICs mature in January 2017 in amounts of \$9,656.00 (maturity date January 17) and \$3,243.58 (maturity date January 30). Reinvestment options will be discussed at the November 21, 2016 meeting of the ADRP Board of Directors.

Membership dues: The amount of dues collected via pension deduction as of November 8 was \$7,766.10. The amount of annual dues collected was \$340. Total is \$8,106.10 and this projects well towards meeting the budget goal of \$8600 for 2016.

Registry of Joint Stock Companies: The yearly fee, in the amount of \$31.15, for ADRP registration with the Registry of Joint Stocks Companies, was paid in September. Audited financial reports were filed with the Registry for years 2009 thru 2015.

CURAC 2018 Conference:

We are setting up the process to access \$7500 from Dalhousie's 200th Anniversary funding. A deposit of \$625.00 was paid for the reservation at Pier 21 for the Conference dinner scheduled for Thursday, May 24, 2018.

Communications Report, November, 2016

Webmaster Report - Randy Barkhouse

Recent additions to the ADRP web site at adrp.dal.ca include a summary history of the \$5,000 death benefit available to some Dalhousie retirees. One recent announcement posted was the invitation by SMURA to attend a talk by retiree Michael Herrick on his 50+ years of long distance hiking in North America, the UK, and Europe. A few ADRP members have also done some of these hikes. It was instructive at professor Herrick's talk to learn how common such hiking is in Europe by people of all ages, but still of quite limited participation by retirees and others in Canada.



Site Navigation

- About Us
- lission, Objectives, etc.
- Officers and Board
- Constitution & By-Laws
 Membership Application
 Minutes AGM Meetings
- ADRP Bursary Donation
- » Upcoming Events
- » ADRP Newsletters
- » Work in Progre
- » SCANS Site

Important Messages/Announcements Relating to Current Events



Free Program on Matters that Matter to Seniors and Their Families

Taking the Pulse of Seniors' Health Care in 2016 - posted October 2016



ental Health of Seniors - posted November 2016

ADRP General Meeting





Thursday December 8th University Hall, MacDonald Building Meet & Greet: 1:30pm Meeting: 2:00pm Reception: 4:00pm - University Club

Announcing Creation of the ADRP Student Bursary Fund -

Donating Online to the ADRP Bursary Fund



ADRP Newsletter, posted October 2016

ulletin de l'APR-UQAM, no 69, Septembre 2016

Membership Committee Report, November 2016 Colin Stuttard, Chair

As of November 15, we had 453 members registered for monthly dues deductions, a net increase of 9 since September (one current and one former member died recently – see In Memoriam). The total number of current members is 488, including three life members and 32 members who usually pay their dues by cash or cheque, although seven have not yet done so. The process of trying to contact more delinquent members has begun, and if you know of forgetful former members or colleagues who have not yet joined, why not remind them that there is strength in numbers and the ADRP provides strong advocacy for retiree benefits?

And my customary plea: Any members who suspect their dues may be in arrears, please send a cheque for \$20 as soon as possible to:

ADRP Membership Chair, Room 2831 Life Sciences Centre Dalhousie University PO BOX 15000 Halifax, Nova Scotia B3H 4R2

or, if you're not sure of your status, send an email to adrp@dal.ca.

To pensioner members who have not yet registered for the memory-free dues-payment method: Please seriously consider doing so (a copy of the monthly deductions application form is at the end of this Newsletter). You only need to do this ONCE.

For non-pensioners, or those who prefer to pay dues by cash or cheque (still \$20), payment before the end of the first quarter of each year will ensure your membership is in good standing (rather than delinquent); the fiscal year of the Association is the calendar year.

Reminder: Membership dues paid to the ADRP are not income-tax deductible because the ADRP is neither a registered charity nor an employee union.

Pension Report, November, 2016 Randy Barkhouse

At its most recent meeting on October 27 the Pension Advisory Committee (PAC) was given a look back at recent historical performance of the Dalhousie Pension Plan, and a look ahead at possible performance under a proposed new structure under which the Retirees Trust Fund

(RTF) would be closed to new entries and pensions of future pensioners would be paid from the Pension Trust Fund (PTF).

The look back showed a 1-year performance of RTF during the Pension Plan year of July 1, 2015-June 30, 2016 of just 2.27%. That is well below the threshold rate of 5.05% required. Fortunately returns over the previous two years were adequate to give a three average of 7.79%. That excess over the 5.05% threshold was adequate to trigger automatic indexation effective January 1, 2017 up to the 1.5% CPI increase in the plan year ended June 30, 2016 for those eligible to receive it. There will be no further catch-up on January 1 of the missing indexation of about 6.6% that applies to those eligible for such catch-up, until adequate surplus is identified in the RTF at the next actuarial valuation. The next valuation will be done as of March 31, 2017 with the results known about September of 2017.

The look ahead at two possible different futures was a consequence of concerns expressed by trustees of the PTF in a letter from them to the chair of Dalhousie's Board of Governors, Mr. Larry Stordy. An extract is shown below.

Dear Mr. Stordy

The Board of Governors of Dalhousie University has appointed the undersigned to serve as trustees of the Dalhousie Pension Trust Fund (the "PTF"). We as trustees have been discharged to invest contributions that are received from both the active members of the Plan and the University in order to meet the future pension benefit obligations of the Plan members.

The March 31, 2014 actuarial valuation determined that the PTF had a going concern funding deficit of \$100.7 million, meaning that the PTF's future obligations were only 85.4% funded. Over the past twenty-one years, the PTF has achieved an annualized return of 7.7% compared to the actuarial target of 6.5% annualized for the same period. Regardless, the PTF has a significant deficit. The actuarial extrapolation to June 30, 2015 showed some improvement as the funded status increased to 89.9%, however this was after the PTF generated a 12.5% return as compared to the actuarial target of 6.0%. We as trustees do not believe that it is reasonable to expect continued outperformance of 6%+ per year.

As PTF trustees, we have been concerned with the funded status of the PTF and the lack of progress to achieve full funding despite achieving strong returns. We believe that the PTF to Retirees' Trust Fund ("RTF") retirement transfer mechanism has contributed to this lack of progress. Although the PTF was only 85.4% funded at the last full actuarial valuation, the PTF was required to transfer \$1.00 of assets for each dollar of liabilities, even though the PTF had only \$0.854 of assets for each \$1.00 of liabilities.

The PTF trustees requested the Plan's actuary to examine this dilemma and to project what the PTF's funded status may be under the status quo, and under a scenario where retirement transfers to the RTF would cease and where the PTF would be responsible for the pension benefits to future retirees. The impact of such a change is significant as the following charts of Appendix A indicate. Should the PTF assume responsibility for the pension payments for future retirees and cease the retirement transfers to the RTF, the probability that the PTF will be fully funded or better by 2029 increases to 64.2% as compared to the 49.3% should current transfer process be maintained.

The university's actuary Eckler Ltd produced the asset/liability modelling projection from which the above mentioned figures were drawn. That projection to 2029 indicated the following.

"Executive Summary" of Conclusions

- PTF: Improved funded ratios, full funding eventually achieved
- RTF: Prospect of higher funded ratios except in extreme poor circumstances
- Future pensioners: No change in the prospect for <u>base</u> indexing relative to existing pensioners
 - "Excess interest" approach, no discernable difference in pattern or expectation of returns
 - · But less chance for discretionary indexation
- · Existing pensioners: No change in the prospect for base indexing
 - · But greater chance for discretionary indexation
- Funding: Diverging size of PTF and RTF offer more flexible funding opportunities

5



Although the asset/liability modelling projection produced the conclusions cited about, those are not guarantees, but ones with a certain level of probability. The improved likelihood of a catchup in missed indexation does provide some incentive for current pensioners. One certainty if future pensions were paid through the PTF rather than the RTF, with no further transfers from the PTF to the RTF, is that the RTF would eventually (in 55-60 years) dwindle to zero as the last of current pensioners and survivors died, leaving all pensions at that point payable from the single fund PTF.

Making such a change to a single fund plan would be a big one in pension administration at Dalhousie. It would require negotiation of many changes in the pension plan text. To change the Dalhousie Pension Plan to effect the change suggested would require approval of the Pension Advisory Committee, which would happen only if a sufficient number of employee groups approved. It is not clear if such a change would be considered an adverse amendment by the provincial Superintendent of Pensions, and hence require a vote of all employees and pensioners. The PAC is expected to continue review of the proposal in the next several weeks.

CURAC Report, November, 2016 Randy Barkhouse

CURAC/ARUCC is a non-profit federation of retiree organizations at colleges and universities across Canada. ADRP is one of the founding members. CURAC's primary aim is to coordinate activities that promote communication among member organizations, to share information, to

establish benefits programs, and speak publicly on issues of common concern to its more than fifteen thousand members. The CURAC web site is at www.curac.ca.

One of CURAC's major activities is to lobby at the federal and provincial levels for improvements in seniors' health care. This is done through policy papers produced by the CURAC health committee. ADRP member Grace Paterson, retired faculty member from Health Services Administration, is a member of that committee. The most recent policy paper "Taking the Pulse of Seniors' Health Care in 2016" was forwarded this summer. That paper is linked on the ADRP web site.

In light of recent federal/provincial discussions, its statements appear to be prescient as shown by the extract below

"...We need a National Seniors' Strategy that pays attention to the health needs of all seniors including those with chronic illnesses, dementia and frail health. Homecare needs to be a priority so that those seniors who wish to remain in their own homes can do so safely. Their caregivers need to be fairly remunerated and informal family caregivers need financial and respite support. The costs of homecare are significantly less than hospital. Pharmacare should be a part of the healthcare system as it is in most countries with a publicly-supported healthcare system. A national system would reduce the cost of prescription drugs. Palliative care/end-of-life care ought to be part of a national seniors' strategy given our aging population. Given the increasing need for such care, its less interventionist approach in a more home-like setting and its lower costs if available outside of hospitals, it only makes sense to make sure Canadians have access to it whether in a long term care facility, a hospice or at home. We need national leadership, common standards based on research and more health care professionals trained in palliative care..."

The CURAC Health Committee has drafted a new paper "Mental Health of Seniors" jointly with the Section of Psychologists and Retirement, Canadian Psychological Association. Participants included CURAC's past president Sandra Pyke retiree from York University, and current president Ken Craig of UBC. That paper is also available on the ADRP web site. The final version is expected later in 2016.

Seniors' College Association of Nova Scotia (SCANS): November, 2016 Colin Stuttard (President of SCANS)

In September 2007, an ADRP task force enrolled some 100 participants in up to four academic courses to be given by volunteer instructors. The Task Force prepared a draft Memorandum of Association (MoA) and Bylaws for a Seniors' College Association, and invited those initial students to adopt the proposed constitution at a general meeting on November 16, 2007. Thus SCANS was born, and next year will celebrate its 10th anniversary.

Because the ADRP was founding a new organization with uncertain future, on whose behalf the ADRP had collected membership dues (about \$6000), the MoA contained a provision for SCANS assets to be transferred to the ADRP if the College were to fail before it became a self-sustaining society. The College has not failed, but has gone from strength to strength, with this term's membership being higher than ever (over 680), and the total course registrations

exceeding 1000 for the first time in the past 9 years. Therefore, SCANS board is recommending that the MoA be amended to delete the ADRP provision in favour of any Nova Scotia non-profit society with similar objectives.

Similarly, the founding Bylaws included a provision for the ADRP board to appoint two (subsequently reduced to one) of its members to the SCANS board. This provision was intended to give an avenue of direct advice and assistance to the nascent SCANS board. As a mature organization, SCANS board believes that the society no longer needs this direct link with the ADRP board, and so recommends an amendment to SCANS Bylaws to delete that provision.

The Board will present these and other Bylaws amendments, including a change to give directors 2-year, 50% overlapping terms of office, for adoption by current SCANS members at a special general meeting on November 26, 2016. Details may be found on the website, <thescans.ca>. I hope to see as many SCANS members as possible at the Captain William Spry Community Centre to adopt the Board's recommendations on the 26th.

Seniors' College Association of Nova Scotia (SCANS) Notice of Special Meeting

The following extract from a notice sent recently to all SCANS members is included for benefit of those ADRP members who may be interested, but who are not currently members of SCANS.

Message to SCANS Members, November 3, 2016

Dear College Members,

Your Board is recommending changes to our Society's constitution: some minor "housekeeping" amendments to our Memorandum of Association (MoA); and more housekeeping and a couple of significant amendments to our Bylaws.

The amendments are set out in two Special Resolutions (see below), which the Board will propose to you at:

A SPECIAL GENERAL MEETING to be held from 10:00 h – Noon on Saturday, November 26, in the Captain William Spry Community Centre, Spryfield, Halifax.

One purpose of proposed amendments to the MoA and the Bylaws as we approach our 10th anniversary year, is to remove specific references to our founding organization, the Association of Dalhousie Retirees and Pensioners (ADRP). The connection between SCANS and the ADRP was useful in the initial years of SCANS' existence, but we see no need to reserve one seat on SCANS' board specifically for a member of, and appointed by, the ADRP board. If the proposed amendments are approved, one or more members of the ADRP board may still become members of SCANS board, but membership will be by election in the same way as all other board members, rather than by a unilateral, cross-board appointment.

Reprints of CURAC Health Policy, Seniors Mental Health, and a Personal Perspective

In this time of renewal of the Canada Health Accord, the question uppermost in many of our minds is how will seniors fare in the consideration of necessary changes? The following excerpts may provide useful information and trigger personal thought and action. Your comments and insights are welcome; please send them to the Editor, Joanne Clovis, at j.clovis@dal.ca.

CURAC Positions on Seniors' Health Care 2016

Grace Paterson, ADRP Treasurer, is a member of the CURAC Health Policy Committee and Coauthor of the CURAC position paper on seniors' health care in Canada. CURAC positions on what needs to be done to provide seniors with good quality, accessible health care are outlined in the following reprint from the CURAC paper. All members are encouraged to write to their respective provincial Ministers of Health in support of these policy statements.

Reprinted from CURAC Position Paper, August 2016

- We need a National Seniors' Strategy that pays attention to the health needs of all seniors including those with chronic illnesses, dementia and frail health. Homecare needs to be a priority so that those seniors who wish to remain in their own homes can do so safely. Their caregivers need to be fairly remunerated and informal family caregivers need financial and respite support. The costs of homecare are significantly less than hospital. Pharmacare should be a part of the healthcare system as it is in most countries with a publicly-supported health care system. A national system would reduce the cost of prescription drugs. Palliative care/end-of-life care ought to be part of a national seniors' strategy given our aging population. Given the increasing need for such care, its less interventionist approach in a more home-like setting and its lower costs if available outside of hospitals, it only makes sense to make sure Canadians have access to it whether in a long term care facility, a hospice or at home. We need national leadership, common standards based on research and more health care professionals trained in palliative care.
- 2. We need a new **National Health Accord** that supports a national health strategy for seniors (and Canadians generally) and takes into account the demographics of each province and region. Not only does age matter but so too does the distribution of population as more rural areas face specific barriers to accessing health care as do provinces with a disproportionately larger number of seniors. Clearly health funding on a per capita basis will disadvantage provinces with smaller populations. And as past president of the Canadian Medical Association, Dr. Chris Simpson, has noted "A formula that penalizes provinces which have more seniors is not acceptable. And while doctors and government are trying to find ways to care for seniors in more cost-effective ways, it will be a race to nowhere if we can't change the federal revenue that helps pay for the care seniors deserve." (Daily Gleaner, August 29, 2015, A11). How might the government respond to make sure seniors have appropriate and accessible care? The Canadian Medical Association has called for a "demographic top-up" as one means of providing necessary funds. The Conference Board of Canada estimates the cost of such a top up in 2016 to be \$1.6 billion rising to \$1.9 billion in 2020. Canada's premiers and territorial leaders have pressed for Ottawa to increase its share of public health care funding to 25% of costs

(currently at 22%, down from 33% in 1984). (*Globe and Mail*, July 19, 2016) Minister of Health Philpott has hinted that she would like to see **targeted funding** or funding with strings attached which would give the federal government more visibility and control. Once this funding ends, however, provinces and territories will be left holding the bag; the differing economic abilities of these governments to support such initiatives threaten to undercut the principles of the Canada Health Act (1984) which mandates universality, comprehensiveness, accessibility, portablility and public administration for insured health services across the country.

Paper by the Section of Psychologists and Retirement, Canadian Psychological <u>Association, and CURAC</u>

Mental Health Of Seniors

WHY FOCUS ON SENIORS?

Seniors constituted 14.8% of the population in Canada in 2011 and this proportion has increased over the past five years. Further growth in percentage of the population made up of seniors is expected, given that those between the ages of 60 and 64 years showed the fastest increase, as cohort, between 2006 and 2011 (29.1%). In part this growth is due to below replacement fertility levels and increased life expectancy. The mean life expectancy at birth for the 2010 cohort was 83 years for females and 79 years for males. Seniors are an increasingly diverse group in ethnicity and language. For example, 28% of seniors are foreign born.

WHAT IS THE PREVALENCE OF MENTAL DISORDERS AMONG SENIORS?

The good news is that the vast majority of seniors remain psychologically healthy and are resilient to life trauma. Nevertheless, excluding those with dementia, about one in five seniors lives with some form of mental disorder and the prevalence increases with age (33% in those 95 years old). According to the Canadian Coalition on Seniors Mental Health (2006), about 15% of community dwelling seniors report significant symptoms of depression. Significantly higher rates of depression occur among medical inpatients, nursing home residents and home care recipients. Unfortunately, it appears that depression is often under-reported and under-detected and hence untreated, especially among ethnic minorities. Triggers for depression include the death of a loved one, a move to a smaller place or a nursing home and negative life events, such as a separation or divorce or a financial crisis. Among other significant conditions anxiety (5%-10%), alcohol related disorders (6%-10%), psychosis (1%-2%), and dementia (which affects 7% of Canadians and almost half over age 90) are prominent. When a mental health condition becomes very serious and cannot be treated in a community setting, hospitalization may be required. Among seniors hospitalized for mental illness the breakdown of diagnoses is as follows: Organic Disorders – 56%; Mood Disorders – 16%; Schizophrenic and Psychotic Disorders – 14%; Substance Related Disorders – 7%; Anxiety Disorders – 3%; Unknown Disorders – 2%; Other Mental Health Disorders – 1%.

In a large scale sample of nearly 50,000 seniors living in residential care facilities (such as long-term care, nursing or personal care homes) in five Canadian jurisdictions, nearly half (44%) had a diagnosis and/or symptoms of depression and more than half had dementia. Seniors who had the symptoms of depression but no diagnosis were similar on measures of physical health, functional status and quality of life to those with both symptoms and the corresponding diagnosis but the former group were not treated for their symptoms.

In the study cited above, more than half of the participants in residential care facilities (all ages) had dementia. Rates of dementia increase with age with an incidence rate in the general population of about 20%. There is a gender differential with rates of 33% for men and 46% for women at age 85. The proportion of the population with Alzheimer's Disease and other forms of dementia is expected to double within the next 30 years to 1.1 million or nearly 3% of Canadians, in part due to the changing demographics cited above. A large scale study revealed that 20% of seniors in publicly funded long-term and home care facilities had a diagnosis of Alzheimer's disease and/or other forms of dementia. Although the preference among seniors is for aging at home, this can sometimes be difficult for those with dementia due to the need to manage challenging behaviours and medical instability.

The suicide rates of seniors, especially among men, are another source of concern. Suicide attempts among seniors are significantly more lethal as compared with those in the general population. It has been estimated that 1 in 4 attempts results in death as compared with 1 in 100-200 attempts in the general population. Early interventions are crucial. Risk factors are alcohol use/dependence, dementia (for men), depression severity and diminished cognitive performance. Marriage is a protective factor for men, but not women, as are positive social relationships for both men and women.

Unfortunately, the complexity of the mental health status of many seniors is exacerbated by the presence of comorbidities. Of those hospitalized for mental illness, 87% had one or more comorbidities such as hypertension, diabetes, dementia, heart disease and hypothyroidism. On average, these individuals had more than 5 concurrent conditions.

Compounding the problem of the high incidence of mental health problems among seniors is a reluctance to seek help. Fewer than half (42%) of older adults with a DSM-IV diagnosis reported using health services. Many of these individuals did not perceive a need for professional help. Other impediments to help seeking include the double sigma of ageism and mental illness. Although public attitudes to mental illness have improved, there are still discriminatory perceptions about those with a mental disorder.

WHO ARE THE CAREGIVERS?

It has been estimated that there are more than two million informal caregivers in Canada, many of whom are seniors themselves. Most typically, the caregiver is a spouse or son or daughter. Twenty-three percent of working individuals spend seven hours per week caring for an older dependent. A conservative estimate of their economic contribution was \$25 billion. Although many find the experience of caregiving to be very fulfilling, it can also be challenging and detrimental to their health. Caregivers report the need for more support, especially in the areas of help with personal care (e.g., dressing, bathing), emotional support, more coordinated care, medical care at home, assistive devices to aid mobility, a consultant to discuss care, help with the upkeep of the home, faster access to medical care. A great many caregivers experience considerable distress – more than 50% in situations where the recipient of their ministrations is physically or verbally abusive and/or displays depressive symptoms. The level of their distress is correlated with the number of hours of informal care provided, as well as with the level of client impairment. Client spouses were at highest risk of distress (25%).

RECOMMENDATIONS

A focus on healthy aging. How can the aging experience be enriched such that the debilitating effects of mental disorders and dementia are prevented or minimized? A variety of strategies

have been researched and proven beneficial to seniors, including: exercise, avoidance of high levels of stress; use of a computer, playing games, participating in social activities, practicing a craft, reading, maintaining or improving self-esteem, engaging in cognitively demanding activities; continue doing things which provide enjoyment and maintaining a positive mind set.

Education for caregivers. Caregivers need access to information and resources which will enable them to plan an appropriate care program and to implement effective practices. Particularly important is accurate information about available ancillary resources and how to access them.

Support for caregivers. Clearly some mechanisms must be put into place to provide respite time for caregivers. Further, consideration could be given to providing financial recognition of the contribution of home caregivers to the economy.

Assessing needs and monitoring progress. Implementation of common standards and procedures to allow for comparability in assessment of clinical status, performance and quality of care across jurisdictions as well as across settings and care providers.

Responding to the demographic data in a realistic manner through the establishment of additional facilities for seniors based on best practices.

Raising professional awareness. Training of health care professionals, especially those who provide primary care, to screen for depression and other mental disorders among seniors, particularly during times of loss or dramatic life changes.

A life span perspective. Recognizing that advanced years represent a normal life phase, just as childhood, adolescence, adulthood do, might defuse the consequences of "ageism" which creates social exclusion and reluctance of seniors to seek professional care when needed.

More specialized care. Greater access to mental health treatment programs that are specifically focused on seniors.

ADDITIONAL REFERENCE MATERIAL

Canadian Institute for Health Information (2010) Caring for Seniors With Alzheimer's Disease and Other Forms of Dementia www.yourhealthsystem.ca

Mackenzie, C.S., Pagura J, Sareen J., (2010). Correlates of perceived need for and use of mental health services by older adults in the collaborative psychiatric epidemiology surveys.

Am J Geriatr Psychiatry, 2010 Dec;18(12):1103-15.

Canadian Coalition for Seniors' Mental Health (2009). National Guidelines for Seniors' Mental Health: The Assessment and Treatment of Depression

MacCourt P., Wilson K., & Tourigny-Rivard M-F. (2011). Guidelines for Comprehensive Mental Health Services for Older Adults in Canada. Calgary, AB: Mental Health Commission of Canada.

Mental Health Commission of Canada – Eliminating Stigma: A Focus on Seniors' Mental Health, September 2014

Neufeld, E., Hirdes JP, Perlman CM, Rabinowitz T., (2015) Risk and protective factors associated with intentional self-harm among older community-residing home care clients in Ontario, Canada.Int J Geriatr Psychiatry. 2015 Oct;30(10):1032-40.

Conwell, Y. 2009, Suicide prevention in later life: a glass half full, or half empty? American Journal of Psychiatry, 2009 Aug;166(8):845-8.

Nawaf Madi PhD Manager, Rehabilitation & Mental Health, CIHI | ICIS 495 Richmond Rd., Ottawa, Ontario Suite 600 K2A 4H6 With Juanita Mureika, Sandra Pyke, Ken Craig and Linda Kealey

Reprinted from the Simon Fraser Newsletter Simon Says, Fall 2016, Vol VIII No III



On preparing for our cognitive problems

"... prepare some things to help those who are dealing with us"

Marilyn Bowman

Some time ago I wrote about caring for someone with increasing cognitive problems, as in dementia. Now I want to look at the things we can do to create order in our own affairs if we find that our own cognitive errors are becoming intrusive and creating problems. These errors may be just the gentle declines of memory and distractibility of normal aging, or may be the more troublesome problems arising from dementia or the sudden problems created by stroke and its aftermath. We all need to prepare some things to help those whose partners should have a full knowledge of all the important financial operations of both members of the couple and the household.

Within a married couple starting with average competence, both partners should have a full knowledge of all the important financial operations of both members of the couple and the household. If one member of a couple is already encountering problems, the other might need to consult a trusted friend or family member. For those of us who live alone, we need to create a document providing detailed information about these financial activities, located in the household where a trusted person will know where to find it. I send my brothers annual printed updates about all my financial affairs, as they may be called upon from their distant cities to come and help me if my thinking becomes unreliable.

The information in this core document should include the exact locations of accounts, the sources of income and where it goes into bank and other accounts, the list of regular bills and the ways in which all bills are paid, and insurance policies. A useful way to manage this is by writing a document that explicitly outlines all our important "locations", including those for all investment and bank accounts, safety deposit box keys, fine jewelry, the Will. We also need to include the location of the two extremely important additional documents to accompany our

Will: the Power of Attorney document that allows the named person to handle our financial affairs if we become incapable, and in BC, the Representation Agreement which designates a named person to make medical decisions on our behalf if we become incapable.

One way of ensuring bills are paid normally, if we are worried about our cognitive clarity, is to arrange for automatic payments with the vendor and our bank. The monthly gas, water, cable, internet, telephone, hydro, house insurance etc., can all be automatically debited from our bank account or automatically charged to our credit card, which can also be automatically paid on time every month by the bank. If most financial work is done using the internet, then we must ensure that a trusted person also knows the passwords that give access to all online accounts, and that these passwords are stored in a way that our trusted person can find them – possibly in a folder with the Will and with the Locations master document. If we own our house within a married couple starting with average competence, both possession of our Deed from the BC Registry, and the location of that Deed would be useful to have listed in our Locations master list.

For those of us who live alone and without family nearby, all these arrangements are even more important. In addition we need to make visible lists in our home showing email and telephone numbers for the emergency contact friends who will know us enough to know who our distant family or friends are. A similar list could be included with our Will/PoA/RA documents. A further tactic to consider is a short regular email message to friends and distant family every few days, to let them know we are still functioning and have not fallen with a broken hip at the bottom of a garage stairwell with no hope of discovery. I started this kind of regular short message a few years ago when my partner died and I soon realized that I had to take some kind of initiative in order for my distant friends and family to know that I was OK. These little notes have become pleasurable chats for me and I have become closer with the thirteen people on my list, who often respond with comments and questions

I am sure that others have additional ideas about tactics to use that could help us carry on or that help us to reach out for assistance if we find that our thinking, remembering, and focusing are all becoming so unreliable that we are creating problems for ourselves. We have to use judgment in assessing our own competence, steering between the fear that exaggerating our problems might create, and avoiding the bland denial of real problems that do require changes in our arrangements. Most of us want to live as long as possible in our own homes, and the recent data provided to us by the BC Seniors' Advocate at last year's annual dinner showed that 93% of seniors in BC live independently in the community, with 26% living alone.

In this essay I have tried to think of some very specific things each of us can do to aid ourselves to continue living in the best situation we can, and to provide close family members and friends with the crucial information they will need if we need to be helped when serious problems arise. Passwords are important!

NOTICES & OPPORTUNITIES

Ocean View Serving Seniors - Neighbourhood Program

The Neighbourhood Program is a grassroots membership organization for people 55 years of age and older which provides an extensive variety of services and activities. Based on the "village" movement started in the United States about a decade ago, **Ocean View Serving Seniors** is the first in Canada. A "village" allows a person to remain in their communities, delaying or preventing the need for formalized care, encourages volunteerism, reduces isolation and creates a sense of community among members. The "village" cares about the whole person as it responds to individual interests and requests. It also promotes vetted services that offer significant discounts to members who sometimes might be living on fixed incomes.

For a **yearly** membership fee of \$29.99 + HST (or \$39.99 + HST for a household of 2), members of the **Neighbourhood Program** call one number to access a growing list of exclusively discounted products and services from businesses you can trust. The **Neighbourhood Program** carefully screens all the businesses on their list and members access them at reduced rates to stay healthy, happy and safely in their own homes.

By looking past conventional solutions, the Neighbourhood Program was developed to support others to stay socially connected, have an improved quality of life, make new friends and get the most out of all the resources in the area. All the while providing peace of mind - peace of mind for the member and peace of mind for the family member who cannot do it all.

You can call **902-444-6020** to join. Lillian Missy Searl, Membership Coordinator

The Neighbourhood Program
Ocean View Continuing Care Centre

Ph. 902-444-6020 ext 3

https://oceanv.ca/neighbourhood





Collette is excited to be entering our second year as the travel partner with the College and University Retiree Associations of Canada. With tours across all seven continents, we focus on creating extraordinary and inspiring travel experiences. In addition to all the benefits of travelling with Collette (including professionally planned itineraries and the services of a Tour Manager) we offer CURAC members exclusive savings combinable with current retail offers!*

CURAC has designated two 2017 tours on which members of CURAC member associations, family and friends may join other college and university retirees.

Shades of Ireland: April 24th to May 6th, 2017

10 Days • 13 Meals

Set out on our most popular Irish adventure. Experience all of the charms of this enchanted country, including its welcoming people.

https://gateway.gocollette.com/link/758614

Legendary Waterways: June 21-July 6th, 2017

16 Days • 41 Meals

Relax on a boat cruise while the waters of the Rhine, Moselle, Main, and Danube carry you gently through the heart of Europe.: https://gateway.gocollette.com/link/758699

Book these CURAC tours through Newmac Travel. Inquiries and reservations should be made through 604 745 0088 or newmactravel@nexioncanada.com.

To book a Collette tour, contact 800.468.5955 & make sure to mention you are a CURAC member for additional savings*!

*Mention your CURAC member association for savings. Savings amount varies by tour and is valid on new bookings only. Space is on a first come, first served basis. Offers can expire due to space or inventory availability. Offers are not valid on group or existing bookings. Other restrictions may apply; call for details. Travel Industry Council of Ontario, Registration #3206405; B.C. Registration #23337.

IN MEMORIAM

We regret to announce the passing of the following of our ADRP members. Our condolences go out to their family and friends.

Dr. Christopher W. Helleiner, Professor Emeritus

Dr. Christopher W. Helleiner, Professor Emeritus, Department of Biochemistry & Molecular Biology, passed away on Tuesday, October 18, 2016. He will be dearly missed by his wife, Mary (Burbidge); brothers Prof. Fred Helleiner and Prof. Gerry Helleiner; daughters, Edie Fischer and Dr. Margaret Bennett; and his four grandchildren, Christina and Jennifer Fischer and Erica and Christopher Bennett. Born in Vienna, Austria in 1930, Dr. Helleiner came to Canada in 1939 and settled with his family in Toronto. He received his Ph.D. from the University of Toronto in 1955 ("Studies of the Structure of DNA"), which was followed by postdoctoral work at Oxford University. After serving as an assistant professor at the University of Toronto and a research scientist at the Ontario Cancer Institute, he joined the Department of Biochemistry at Dalhousie in 1963, serving as head from 1965 to 1979. Dr. Helleiner opened the Department in the Sir Charles Tupper Medical Building in 1966 and oversaw its rapid growth over the next decade. During his long career at Dalhousie, he maintained an active research program and distinguished himself as an inspirational teacher and mentor, not only for students but also for faculty. He played an instrumental role in developing many of the classes that the department still offers today. His superb teaching abilities were recognized in 1987 when he was awarded

the Dalhousie Alumni Association Award for Excellence in Teaching. After retiring in 1995, Dr. Helleiner continued to teach students in nursing and biology until 2004. Subsequently, Dr. Helleiner was appointed to the rank of professor emeritus in recognition of his achievements and his exemplary service to the Department, Faculties of Medicine and Science, and Dalhousie University. He will be greatly missed.

Philip Desmond Pacey, PhD

Philip Desmond Pacey of Halifax passed away on Thursday October 20, 2016 in the Queen Elizabeth II Hospital. Phil had retired as Professor in the Department of Chemistry at Dalhousie University in 2007 after 36 years at Dalhousie University. Born in Brandon, Manitoba on October 8, 1941, he was the first of seven children of the late WC Desmond and Mary (Carson) Pacey. Phil was predeceased by his parents and sister Patricia Bird, and is survived by his loving wife of 49 years, Elizabeth (Young) Pacey, and siblings Mary Ann Johnson (David), Peter (Kim), Margaret (Gilles), Michael (Karen), Penelope, and many nieces and nephews. Phil grew up in Fredericton where his father was a faculty member at UNB and his mother an accomplished artist. He received his BSc (First Class Honours) at McGill in 1963 and then completed his PhD (1967) on a National Research Council Studentship at the University of Toronto. Phil joined the faculty at Dalhousie University in 1971 as an Assistant Professor of Chemistry, and was promoted to Associate Professor in 1979 and to Professor in 1986. Phil's research concerned physical chemistry and especially kinetics of gas-phase reactions at high temperatures. Phil held NSERC (and their predecessor NRC) grants from the start of his career until 2010, and several grants from Stelco, Imperial Oil and ACOA. He supervised many undergraduate and graduate students and was an author or co-author of 125 refereed publications. He was a Fellow of the Chemical Institute of Canada and a Member of the Dalhousie Senate. Phil was twice awarded the Dalhousie University Undergraduate Chemistry Society Teaching Award, a validation of his dedication and enthusiasm towards teaching. After Phil and Elizabeth moved to Halifax in 1971 they became increasingly involved in the struggle to preserve the city's historic architecture, an activity which Phil pursued full time upon his retirement, including as President of the Heritage Trust of Nova Scotia. A well-known advocate, Phil campaigned for the preservation of many Halifax heritage buildings such as the Dennis Building, Kyber Building and Morris House. He also campaigned against those developments. such as the Nova Centre, that he believed were out of sync with the area or ignored the historic value.

Colin Stuttard offers his remembrance of Phil:

Phil was an indefatigable champion of The Heritage Trust of Nova Scotia, who fought daily in an often vain attempt to hold HRM Council to account for their frequently incomprehensible property development decisions in the past 10 years or so. He died, I believe, after a heart attack shortly before he was scheduled to give another of his many talks about the heritage of Halifax and Nova Scotia. He had been a Professor of Chemistry and retired from Dal in 2007. He joined the ADRP as one of our influx of monthly dues paying members in April 2012. Condolences to his widow, Elizabeth, and all his family.

Association of Dalhousie Retirees and Pensioners



Room 2831 Life Sciences Centre Dalhousie University PO BOX 15000 Halifax, Nova Scotia B3H 4R2

> Telephone: (902) 494-7174 E-Mail: adrp@dal.ca

Membership Application for Payment by Cheque or Monthly Pension Deduction

Employee Number (from your pension stub): B	
Name	
Address	
Postal Code	
Phone Number:	
E-mail:	
Date of Retirement:	
Dalhousie Department:	
I enclose a \$20 cheque / request that ADRP monthly du	ues (\$1.66) be deducted from my
Dalhousie University pension	
starting (month and year)	, and continuing until I
inform you otherwise in writing.	
(Signature)	
Please return this form to:	
Payroll Office Room 152, Henry Hicks Academic Administrat	ion Building
Dalhousie University	Danamg
PO BOX 15000	
Halifax N.S. B3H 4R2	

The information you provide to us will be used for our records and to allow us to contact you or distribute to you information. Information that identifies you will not be shared with any other organization.



Yes! I want to support	t ne Dainousie Retire	es and Pensioners B	ursary!	
Name:				
Adress:				
City:				
		Postal /Zip Code:		
☐ This is my preferred a	ıddress			
GIFT AMOUNT: I want	to support the Dalho	ousie Retirees and P	ensioners Bursary by:	
☐ A one-time gift of	\$100	\$50	Other \$	
□ A monthly gift of	\$15	\$10	Other \$	
I may alter th	is agreement by cont	tacting the Office of	f External Relations	
METHOD OF PAYMEN	T: Please select one	e:		
□ Please process my cr	edit card: □Visa	□MasterCard	\Box AMEX	
Card #:		Expiry:		
Signature:				
☐ I've enclosed a cheque gift.	ue made payable to l	Dalhousie Universi	ty to process my one-tim	
☐ I've enclosed a void	Canadian cheque to	process my pre-au	thorized monthly gifts.	
	Mail contrib ADRP Burs			
	Office of Exteri	nal Relations		
	Dalhousie U	HIVETSILV		

OR to make your gift online, visit giving.dal.ca and specify Dalhousie Retirees and Pensioners Bursary

Box 15000 Halifax, NS B3H 4R2

TAX RECEIPTS: A tax receipt will be issued for your income tax purposes. Monthly Donors will receive one yearly receipt summarizing giving over the year.

Association of Dalhousie Retirees and Pensioners (ADRP)

Membership

Open to all Retirees from the University staff, Non-Academic and Academic. Associate membership is available to those within 5 years of retirement.

Mission

To facilitate and promote the dissemination of information of interest to Dalhousie Retirees; and

To enhance and promote the sense of continuing membership in the Dalhousie Retirees' family.

Formal Objectives

To represent the interests of retirees from Dalhousie University, their spouses and beneficiaries;

To further the understanding of the retirement pension and benefits;

To cooperate with other groups that have similar objectives; and

To provide a conduit for information between the University and retirees.

Informal Objectives

To promote social interaction among its members;

To investigate and negotiate group benefits that a significant number of members may desire:

To provide information to its members about general and specific retirement issues; and To pursue other issues as the membership directs.

For Further Information

Visit us at our Web Site: http://adrp.dal.ca or phone us at (902) 494-7174. Our Email is adrp@dal.ca. Our unstaffed office is on the lower floor of the Life Sciences Centre, Room 2831.