

ANNUAL DUES REFUND POLICY



POLICY NUMBER: F004-01

COMMITTEE: Finance Committee

DATE APPROVED: December 2016

DATE(S) REVIEWED (REVISED): XXXX

DATE TO BE REVIEWED: December 2019

ISSUING AUTHORITY: NSAMRT Executive Board

DISTRIBUTION: Executive Board and Policy Manual

APPROVAL:

A handwritten signature in blue ink, appearing to read 'Meg B.', is written over a horizontal line.

POLICY

NSAMRT will refund membership dues on a pro-rated basis based on employment dates when members meet required refund conditions.

RATIONALE

The purpose of this policy is to establish criteria for refund of annual registration fees. Executive Council of NSAMRT has set the annual dues rate to enable the Association to carry out the required day-to-day operations of the organization. The Association operates as a not-for-profit. Refunds will only be provided to members that meet criteria as set out in this policy. Requests must be in writing on the indicated Reimbursement Form. Upon approval, refunds will be mailed out within six weeks. This policy only pertains to NSAMRT dues. NSAMRT has no jurisdiction concerning refunds of CAMRT dues.

PROCEDURE

Members wishing to receive a refund of dues must follow the outlined process:

- Complete the NSAMRT Reimbursement Form with required signatures.
- Mail/Fax/Email form to NSAMRT.
- Applicant request must meet one of the following criteria for reimbursement of dues:
 - On leave due to illness/disability
 - Maternity/Parental leave
 - Retirement
 - Unemployment
- If a member believes their situation warrants a refund of dues but they do not fulfill any of the above criteria they can apply by submitting a reimbursement form along with a written rationale as to why a refund is warranted.
- If a member is having dues deducted through payroll and requests to terminate his/her membership prior to the registration renewal deadline, the payment will not be processed and the applicant will forfeit no money.

- Approved requests will be calculated on a pro-rated monthly basis. i.e Dues year covers January 1 to December 31. If members begin maternity/parental leave on May 3 they will be entitled to a refund of 7 months of their NSAMRT dues.
- All refunds will be subject to a \$25 processing fee.
- If an individual reapplies for a MRT license in the same calendar year in which a reimbursement of dues was granted they will be responsible to pay full dues for the year. For example if a MRT leaves employment in April and is granted reimbursement for 8 months of dues and then returns to work in November of the same calendar year they would be responsible to pay 8 months of dues.
- Claims for reimbursement must be made within 90 days of the last day of work.

APPLICATION FOR REIMBURSEMENT OF DUES

PLEASE SUBMIT COMPLETED FORM TO:

Nova Scotia Association of Medical Radiation Technologists

Park Lane Terraces
502-5657 Spring Garden Road Box 142
Halifax, NS B3J 3R4
Fax: 902-832-8676
Email: info@nsamrt.ca

Name: Mr./Mrs./Ms./Miss (Surname, given)		Former Name/Nee:	NSAMRT #:
Address:		City/Postal Code:	
Telephone:		Email:	
Date of Birth: Year:		Month:	Day:
Radiological Technology	Radiation Therapy	Nuclear Medicine	Magnetic Resonance

Actual date resigned: _____

I understand that I must complete a NSAMRT Reinstatement form, submit all required documentation and pay all fees in full before returning to work. Forms and other requirements for reinstatement can be located at www.nsamrt.ca.

*Reinstatement within the same calendar year of Reimbursement may be subject to full annual dues.

Signature: _____ Date: _____

EMPLOYER/PHYSICIAN USE ONLY

*If you have more than one Employer, each must sign this form.

*If the resignation is due to a medical leave, your physician must sign this form as well.

Applicant Name: _____

Actual Start Date of Leave: _____ Expected Date of Return: _____

Please select reason for Resignation/Leave of Absence:

Maternity	Medical	Retirement	Unemployment	Other:
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I hereby verify that, to my knowledge, the information in this form is correct and the applicant is not currently practicing as a MRT.

Signature: _____ Date: _____

Name (print): _____

Signature: _____ Date: _____

Name (print): _____

NSAMRT Approval Signature: _____