How to Complete Your Onboarding
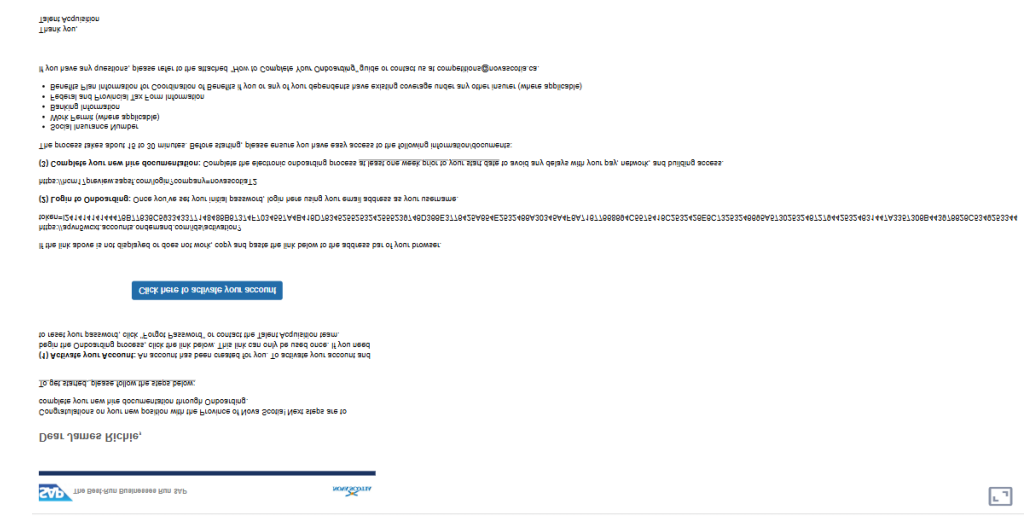
Contents

How to Activate Your Account

1)	When you receive an email with a link to the offer letter – click the link to ACTIVATE your account. (note you should save this email in case you need to return to the onboarding information at a later point)	*(email screenshot shown upside-down)*
2)	You will now be directed to the Account Activation page. **Enter a Password and Re-Enter the same Password.** Click **"Save".**	**Activate Your Account** An account has been created for you with Identity Authentication for use with Nova Scotia SuccessFactors-T2. The account information we already have for you is below. To begin using your account for Nova Scotia SuccessFactors-T2, set a password below. **Tell Us About Yourself** First Name: diane Last Name *: whittlesey Email *: diane_whittlesey@yopmail.com **Set Password** Password *: ____ Re-Enter Password *: ____ [Save]
3)	You should see that your Account has been Successfully Activated. Click **"Continue".**	**Account Successfully Activated** ✓ Thank you for registering and activating your account diane_whittlesey@yopmail.com [Continue] SAP — Welcome to SuccessFactors, please note the log on screen has been recently updated. Please enter your login information (email address) to continue.
4)	View **"Your Onboarding Checklist"** to identify your Onboarding tasks.	📋 Your Onboarding Checklist ... **Provide Personal Details** Review your personal details and enter any... Due in 23 days ℹ️ Required Task

Personal Data

Before starting, please ensure that you have access to the following information/documents:

- Social Insurance Number
- Direct Deposit Information
- Federal and Provincial Tax Forms Information
  Benefits Plan Information for Coordination of Benefits if you or any of your dependents have coverage under any other insurer

  Continue to fill out all fields marked with an *

1) When the page is redirected, click **"Get Started"** to begin.	**Provide Personal Data** Please provide your information so we can prepare your new hire paperwork. Once this step is complete you will advance to the e-Signature step. **Get Started**
2) Please enter your **Personal Data** in the **Name Information Section.** **Note:** - Any field with an * is <u>mandatory</u>. ***Please note that fields are blacked out for privacy reasons*	**Provide Personal Data** **Name Information** Legal First Name * Legal Middle Name Legal Last Name * **Biographical Information** Date of Birth * MMM dd, yyyy **Personal Information** Preferred First and Last Name Initials Gender Identity * Marital Status * No Selection No Selection
3) Select **Social Insurance Number** as the National ID Card Type. **Format: NNN-NNN-NNN (SIN requires "-")**	**National ID Information** Country/Region * National ID Card Type * National ID * Is Primary * Canada Social Insurance Num... Yes true Attachment : 0 **Add** **Continue**
4) **If your National ID begins with "9" please use the "Attachment" to upload required documentation.** Once completed click **"Continue".**	⚠ **Warning** 1. Warning: We noticed your SIN starts with 9. Please merge all documents supporting your eligibility to work in Canada into one attachment. A validation by Talent Acquisition will be conducted, and you may receive an email with further instructions, if necessary. **OK**

Personal Data continued

5)	After clicking **"Continue"**, if there are any mandatory fields that have not been completed. You will receive an error message, and the fields will be identified. Go back and update the identified fields and click **"Continue**" to proceed to the next section.
6)	Ensure you enter your Address information if it is not already populated for you. **Postal Code format is B1B 2B2 (space required)** Add phone number details **(phone numbers format - 10 digits no dashes)**
7) Enter the **First Name and Phone Number** of your emergency contact, Click the **"Edit Details"** button to enter the last name of your emergency contact. **(phone numbers format – 10 digits no dashes)**	
Note - If you click **"Continue"** before Editing Details, you will be prompted to Click **"Edit Details"** to add the **Last Name** for your emergency contact. 8) Once your Emergency Contact's **Last Name** is submitted, you will be prompted not to enter any more Emergency Contact entries. Click **"OK"** to continue. Click **"Continue"** to proceed.	
To make changes click the pencil icon to make edits.	

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Banking Information

<table>
<tr>
<td>
1) Enter your banking information in the following fields.

- **Bank** – **"Other"**
- **Account holder name** - Should be your Name
- **Institution No** – 3 Digits
- **Branch/Transit No** – 5 Digits
- **Account Number** – 7 to 10 Digits
</td>
<td>
Bank*
Other

Account Holder's Name*
Diane Doe

Institution No.*
555   3 Digits

Branch/Transit No.*
55555   5 Digits

Account Number*
123123123   7 to 10 Digits

Currency*
Canadian Dollar (CAD)
</td>
</tr>
<tr>
<td>
2) To upload a copy of a VOID cheque or payroll direct deposit form from your bank. Click the "Upload" button and attach a copy of your document.
</td>
<td>
Attach a copy of your void cheque or direct deposit form here:

Upload

No attachments uploaded
To upload files, drop them here or use the "Upload" button.

Click here for a sample void cheque
</td>
</tr>
<tr>
<td colspan="2">
3) Once you have provided your banking information, the following warning will pop up for you to confirm that your banking information is correct. Please select **"Yes" or "No".**

Select **"No" to edit**
Select **"Yes" to proceed**

Once complete click, **"Continue".**
</td>
</tr>
</table>

Corporate Policies

1) Please review the following Corporate Policies shown on your onboarding page with the first 3 months of employment.	**Corporate Policies** ✓ Please review the following policies and procedures within the next 3 months: Respectful Workplace Policy — Respectful Workplace Policy.pdf Attendance Support and Absence Management — Attendance Support and Absence Management Policy.pdf Workplace Health and Safety Promotion — Workplace Health and Safety Promotion.pdf Performance Management Policy — Performance Management Policy.pdf Conflict of Interest Policy — Conflict of Interest Policy.pdf Values, Ethics and Conduct: A Code for Nova Scotia's Public Servants — Values Ethics & Conduct.pdf Electronic Mail Policy — Electronic Mail Policy.pdf Privacy Policy — Privacy Policy.pdf Social Media Policy — Social Media Policy.pdf Do you agree to adhere to the policies and procedures provided, and review them in full within three months of hire? — **Yes**
2) Choose **"yes"** in the drop down if you agree to adhere to the policies and procedures provided and review them in full within three months of hire. Click **"Continue"**.	Do you agree to adhere to the policies and procedures provided, and review them in full within three months of hire? ✱ Yes ▾

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Benefits Single Coverage

If you require any assistance, please contact the Benefits team at benefits@novascotia.ca

Note: Single coverage is mandatory until proof of comparable coverage is provided and approved.

<table>
<tr>
<td>

Single Coverage

1) If applying for Single Individual coverage, choose **"Single"** from the drop-down menu and Click **"Continue".**

</td>
<td>

Coverage Applied for: *

Single

Coordination of Benefits

If you are also insured under another plan (e.g., your spouse's plan), the two can be coordinated.

Do you or any of your dependents have coverage under any other insurer?

No

Continue

</td>
</tr>
</table>

2) If you have **Coordination of Benefits**, click **here**.

3) Or to continue to **Employee Optional Life Insurance** click **here**.

Benefits Family Coverage

Family Coverage
 	
1) If applying for Family coverage, choose **"Family"** from the drop-down menu and Click **"Continue"**.
	Application for Employee Group Health and Dental Benefits ⊘
	
	Single coverage is mandatory until proof of comparable coverage is provided and approved.
	
	Coverage Applied for: *
	Family ▾
	  Single
	  Family
	Information on eligible dependents can be found on our website: https://novascotia.ca/psc/employeeCentre/benefits/

If you selected a **"Family"** plan, please indicate if you have an Eligible spouse you wish to enroll for Family Health and Dental.
 	
2) If there is **no eligible spouse**, choose **"No"** proceed to add your Eligible Dependents.
	Do you have an eligible spouse you wish to enroll for Family Health and Dental?
	
	No ▾
	  No
	  Yes

Spouse
 	
3) If you have an eligible Spouse, choose **"Yes".** Enter **eligible spouse** information to enroll.
 	
Note: mandatory fields are indicated by an asterisk *
 	
Marital Status definitions can be found by clicking the Information (?) icon.
	Do you have an eligible spouse you wish to enroll for Family Health and Dental?
	Yes ▾
	
	First Name * Initial Last Name * Date of Birth *
	                           MMM dd, yy... 📅
	
	Gender Identity * Marital Status * ⓘ
	No Selection ▾ No Selection ▾
	                     Common Law
	                     Domestic Partner
	Eligible Dependent Children Spouse

4) If the status is **"Common Law"** please provide date of cohabitation.	Marital Status * ⓘ Common Law ▾ If common-law, effective date of cohabitation * MMM dd, yy... 📅

Benefits Family Coverage Continued

Eligible Dependent Children	**Eligible Dependent Children** Eligible Dependent Children ⓘ No Selection ▾ No Selection 0 1 2 3 4
5) If there are no Eligible Dependent Children Select **"No Selection or 0".** If you have any Eligible Dependent Children, use the drop down to select how many, enter	
6) If the Dependent Child **is under 21** choose this status in the drop down.	**Eligible Dependent Children** Eligible Dependent Children ⓘ 1 ▾ First Name* · Initial · Last Name* · Date of Birth* (MMM dd, yy... 🗓) Gender Identity* (No Selection) · Dependent Status* (Dependent Child under 21)
7) Dependent Child (Children) that is a student **between the age of 21-24**. Please enter: Name of Accredited School/College/ University School Term	**Eligible Dependent Children** Eligible Dependent Children ⓘ 1 ▾ First Name* · Initial · Last Name* · Date of Birth* (MMM dd, yy... 🗓) Gender Identity* (No Selection) · Dependent Status* (Overage Dependent Student 21-24) · Name of Accredited School/College/University* Begin School Term* (MMM dd, yy... 🗓) · End School Term* (MMM dd, yy... 🗓)
8) If you have an Eligible Dependent Child (Children) in which their Dependent Status is **"Special Dependent".** Please select this option and download the **"Special Dependent Group Form.pdf".** ** Special Dependents require approval by the insurance provider. Contact the Benefits Unit at benefits@novascotia.ca for information on approval processes.	**Eligible Dependent Children** Eligible Dependent Children ⓘ 1 ▾ First Name* · Initial · Last Name* · Date of Birth* (MMM dd, yy... 🗓) Gender Identity* (No Selection) · Dependent Status* (Special Dependent) Special Dependent Form 📄 PDF **Special Dependent Group Form.pdf** Uploaded On: 04/12/2025 · File Size: 191 kb **Note: You** will need to sign and return to Medavie Blue Cross once it has been completed.

Coordination of Benefits

Coordination of Benefits 1) Please indicate if you are insured under another health plan. If **"No",** select **"No"** and click **"Continue".**	**Coordination of Benefits** If you are also insured under another plan (e.g., your spouse's plan), the two can be coordinated. Do you or any of your dependents have coverage under any other insurer? |No Selection ⌄ No Yes
2) If **"Yes"**, please provide required information.	If you are also insured under another plan (e.g., your spouse's plan), the two can be coordinated. Do you or any of your dependents have coverage under any other insurer? Yes ⌄ Name of the Other Insurer* Name of Cardholder* Policy Number* Identification Number/Certificate Number* Date of Birth of Cardholder* Effective Date of Coverage* MMM dd, yy... 📅 MMM dd, yy... 📅
3) Please Select **Single, Family or Not Applicable** for each benefit identified. Click **"Continue"** when completed.	Please select Single (S), Family (F) or Not Applicable (N/A) for each coordinated benefit below: Drugs* Dental* Vision* No Selection ⌄ No Selection ⌄ No Selection ⌄ Hospital* Extended Health Benefits* No Selection ⌄ No Selection ⌄ Continue

Group Life Insurance Application Form

Employee Optional Life Insurance 1) Please Select one of the following Options	**Employee Optional Life Insurance** Optional Life Insurance is in addition to Basic Life Insurance. 100% of the cost will be deducted from your pay, if enrolled. Select one of the following options: * No Selection ▾ 1x Salary (Seas./Term/Perm Rel: 1x Basic Life) 2x Salary (Seas./Term/Perm Rel.: 2x Basic Life) No Employee Optional Life

Spousal Optional Life Insurance

For Spousal Insurance, please choose 1 of the following options:

- I do not want Spouse Optional Life Insurance
- I want Spouse Optional Life Insurance in the following amount

2) If you choose **Spouse Optional Life Insurance**, please use the drop down to select the amount. ($10,000 units to a maximum of $250,000). Provide spousal information	Select one of the following options: * ⊘ I want Spouse Optional Life I ▾ Select in units of $10,000 to maximum $250,000 * No Selection ▾

Dependents Optional Life Insurance

For Dependent Insurance, please choose 1 of the following options:
- I do not want Child Optional Life Insurance
- I want Child Optional Life Insurance in the following amount

3) Child Optional Life Insurance. And the number of units from $5000 to a max $50,000.00 Click **"Continue".**	**Child Optional Life Insurance** Select one of the following options: * ⊘ I want Child Optional Life I... ▾ Select in units of $5,000 to maximum $50,000 * 10000 ▾ Continue

A Summary of your Optional Life Insurance will appear on the screen.

Please review. If there are any changes required, please click the Pencil on the top right to edit.

> ⌄ **Group Life Insurance Application Form** ✓   ✏️
>
> **Employee Optional Life Insurance**
>
> Optional Life Insurance is in addition to Basic Life Insurance. 100% of the cost will be deducted from your pay, if enrolled.

Beneficiary Nomination

<table>
<tr>
<td>1)</td>
<td>If you choose not to nominate a Beneficiary. Click "No" from the drop-down menu.

Note: By not choosing a beneficiary for your life insurance, any amounts payable will be payable to your estate.</td>
<td>

Section 2: Beneficiary Nomination

Indicate using the dropdown below whether you would like to nominate any beneficiaries: *

No

I do not wish to assign any beneficiary(ies) for my life insurance. I understand that as a result, any amounts payable would be payable to my estate

I Agree*
Yes

Any amounts payable would be payable to:
ESTATE
</td>
</tr>
<tr>
<td>4)</td>
<td>Select "Yes" in Section 5 to Authorize. Click "Submit".</td>
<td>

Section 5: Authorization

I authorize Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information collected in this form to underwrite, administer and pay claims.

Employee Authorization *
Yes

Submit   Save Draft
</td>
</tr>
<tr>
<td>5)</td>
<td>If you choose to nominate a Beneficiary. Click "YES" from the drop-down menu and complete the mandatory fields.</td>
<td>

Section 2: Beneficiary Nomination

Indicate using the dropdown below whether you would like to nominate any beneficiaries: *

Yes
</td>
</tr>
</table>

The Beneficiaries listed can be of any age. However, if someone who is listed is a Minor, then a Trustee should be named in the [Trustee Nomination section](#)

<table>
<tr>
<td>6)</td>
<td>If you have 1 Beneficiary, please ensure that the Percentage is equal to 100.</td>
<td>

First Name* Jane   Last Name* Doe   Relationship to Member* Spouse   Date of Birth* MMM dd, yy...

Percentage (No decimals)* 100   Do you have another Beneficiary Nomination? No
</td>
</tr>
<tr>
<td>7)</td>
<td>If you have more than 1 Beneficiary, select "Yes" under, "Do you have another Beneficiary Nomination?".

Total percentages should add to 100%</td>
<td>

First Name* Jane   Last Name* Doe   Relationship to Member* Spouse

Percentage (No decimals)* 50   Do you have another Beneficiary Nomination? Yes

First Name* Sally   Last Name* Doe   Relationship to Member* Child

Percentage (No decimals)* 50   Do you have another Beneficiary Nomination? No Selection
No
Yes
</td>
</tr>
</table>

Contingent Beneficiary

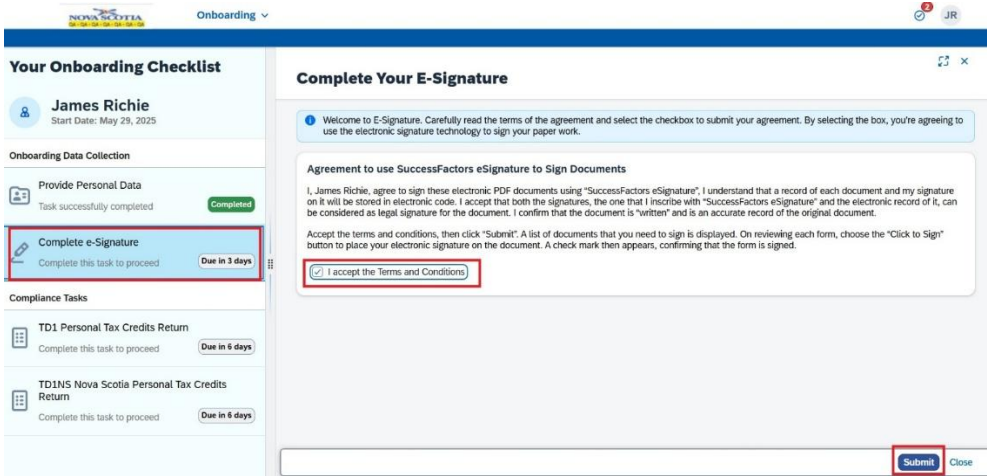|	
8) You can choose **"Yes" or "No"** to Appoint a Contingent Beneficiary. If **"No"** continue to Trustee Nomination for a Minor or to **Section 5** **Authorization**	**Section 3: Appointing Contingent Beneficiaries** If there are no surviving beneficiaries at the time of my d there are no surviving contingent beneficiaries at the tim No ⌄
9) If you have **1 Contingent Beneficiary**, please ensure that the Percentage is equal to **100.**	**Section 3: Appointing Contingent Beneficiaries** If there are no surviving beneficiaries at the time of my death, I declare that the following contingent beneficiaries shall receive the proceeds. If there are no surviving contingent beneficiaries at the time of my death, the proceeds shall be paid to my estate. Yes ⌄ First Name *	Last Name *	Relationship to Member *	Date of Birth * MMM dd, yy... 📅 Percentage (No decimals) * 0	Do you have another Contingent Beneficiary? No Selection ⌄
10) If you select **"Yes",** please fill out the mandatory fields.	First Name *	Last Name *	Relationship to Member * Percentage (No decimals) * 100	Do you have another Contingent Beneficiary? No Selection ⌄ No Yes
11) If you have **more than 1 Contingent Beneficiary**, select **"Yes"** under, **"Do you have another Contingent Beneficiary?"**. Total percentages should add to 100%	First Name * Jane	Last Name * Doe	Relationship to Member * Mother Percentage (No decimals) * 50	Do you have another Contingent Beneficiary? Yes ⌄ First Name * John	Last Name * Doe	Relationship to Member * Father Percentage (No decimals) * 50	Do you have another Contingent Beneficiary? No Selection ⌄
Trustee Nomination for a Minor 12) Select **"Yes"** and complete fields provided. If **"No"** continue to Authorization.	**Section 4: Trustee Nomination for Minor Beneficiary** Any payments becoming due while the beneficiary(s) is a minor, are to be paid to the following as a trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to said trustee will discharge the company. Yes ⌄ First Name *	Last Name *	Relationship to Member *	Date of Birth * MMM dd, yy... 📅 Contact Phone Number

Authorization 13) If you agree select **"Yes"** in the Employee Authorization box and click **"Submit"** to continue.	**Section 5: Authorization** I authorize Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information collected in this form to underwrite, administer and pay claims. Employee Authorization * Yes ⌄ Submit Save Draft
14) Once you are **"Successful"** the following pop-up will appear.	✔ **Success** Your data is submitted. **OK**
15) You should receive an email to complete the e-Sign process. Once you have completed the Personal Data Section.	Hello, You have documents pending for e-Signing. E-Sign the documents before 06/13/2025. Click here to e-Sign the documents. If you have already signed the documents (as shown below), no further action is needed. If you have any questions please contact us at competitions@novascotia.ca. Thank you, Talent Acquisition
16) Please note that the **"Complete e-Signature"** section may take up to one business day to unlock.	**James Richie** Start Date: May 29, 2025 Onboarding Data Collection Provide Personal Data Task successfully completed **Completed** Complete e-Signature Complete the previous task to unlock **Locked**

Complete E-Signature

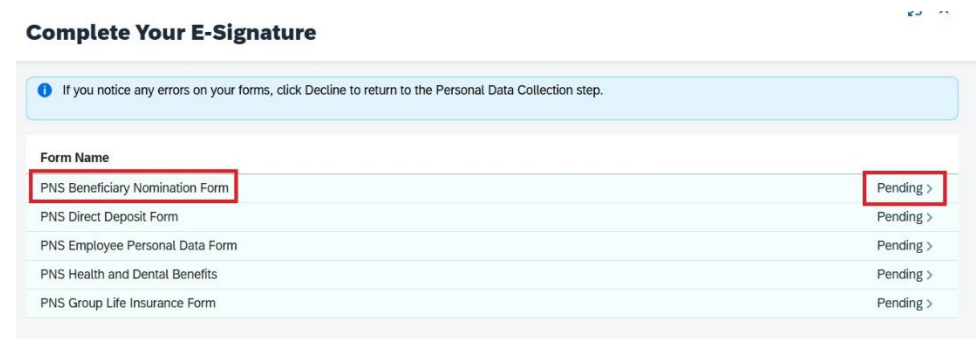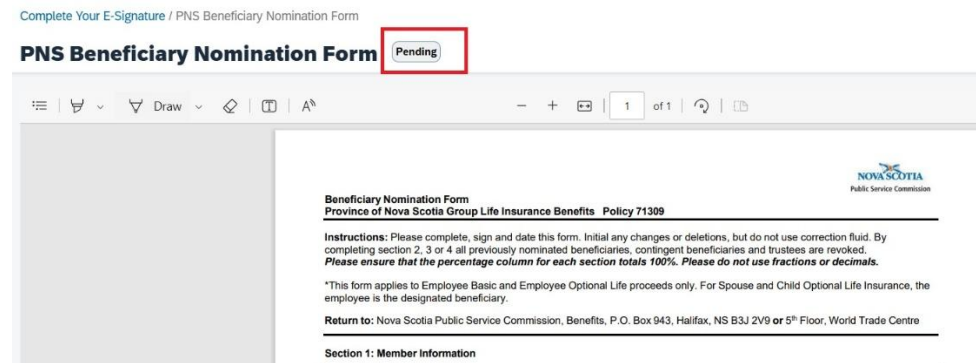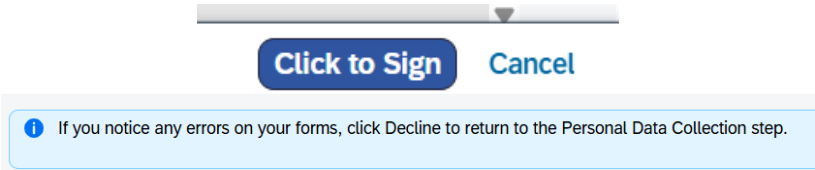|	
1) Please take a moment to read the **"Agreement to use SuccessFactors eSignature to Sign Documents"** disclosure. Click the box to confirm you **"Accept the Terms and Conditions"** Click **"Submit".**	
2) You will be directed to view each form. Note that each form is in a **"Pending Status"** click on the first form to begin. Click **"PNS Beneficiary Nomination Form"** to begin.	
3) Once the form Opens you can see that it is still in a **"Pending"** status. This indicates that it has not been **eSigned**. Review the document to ensure that content is correct and accurate.	
4) If correct click **"Click to Sign"** at the bottom right of the page or click **"Cancel"** to return to the previous page.	

Complete E-Signature continued

5)	If you have pressed the **"Click to Sign"** button, you will receive a confirmation pop-up and asked if you wish to proceed to sign the next form? Click **"Yes"** to proceed or click **"No"** to return.	**? Confirmation** You've successfully e-signed this form. Do you wish to proceed and sign the next form? **Yes** No
6)	Continue the same process for each document. Once you have eSigned all the forms the following message will appear. To view the forms, click **"OK".**	**ⓘ Information** You've successfully e-signed all the forms. To view them, select OK. **OK**
7)	Click **"Submit"** and you have completed e-signing your PNS Forms. Click **"OK".**	**✓ Success** Thank you! You've e-signed all the forms. **OK**

Compliance Tasks

If your SIN begins with a "9" you can go directly to Step 6.

1) **TD1 Personal Tax Credits Return form** Begin with opening the **TD1 Personal Tax Credits Return form** and complete the form.	
2) Check the **"Employee's Consent Statement".** Once you are finished click the **"Submit"** button.	**Employee's Consent Statement** ☑ I certify that the information given on this form is correct and complete. * **Submit**
3) **TD1NS Nova Scotia Personal Tax Credits Return** Begin with opening the **TD1 Personal Tax Credits Return form** and complete the form.	
4) Check the **"Employee's Consent Statement".** Once you are finished click the **"Submit"** button.	**Employee's Consent Statement** ☑ I certify that the information given on this form is correct and complete. * **Submit**
5) Please contact CRA if you require additional information. Click here for CRA Info	**Forms and publications** To get our forms and publications, go to **canada.ca/cra-forms-publications** or call **1-800-959-5525**.
SIN begins with 9 6) **TD1 Personal Tax Credits Return form - Work Permit** Begin with opening the **TD1 Personal Tax Credits Return form**. Enter your **Country** of permanent residence by using the drop-down menu.	**Employee Address** Address (Line 1) * : 123 Test road Address (Line 2) Address (Line 3) City or Town * : Dartmouth Province * : NS Postal Code * : B2W 5P6 For non-residents only - Country of permanent residence UKRAINE

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Compliance Tasks continued

7) Check the **"Employee's Consent Statement".** Once you are finished click the **"Submit"** button.	**Employee's Consent Statement** ☑ I certify that the information given on this form is correct and complete. * **Submit**
8) **TD1NS Nova Scotia Personal Tax Credits Return – Work Permit** Begin with opening the **TD1NS Personal Tax Credits Return form**. Enter your **Country** of permanent residence by using the drop-down menu.	**Employee Address** Address (Line 1) * `123 Test road` Address (Line 2) Address (Line 3) City or Town * `Dartmouth` Province * `NS` Postal Code * `B2W 5P6` For non-residents only - Country of permanent residence `UKRAINE`
9) Check the "Employee's Consent Statement". Once you are finished click the **"Submit"** button.	**Employee's Consent Statement** ☑ I certify that the information given on this form is correct and complete. * **Submit**
10) Please contact CRA if you require additional information. Click here for CRA Info	**Forms and publications** To get our forms and publications, go to **canada.ca/cra-forms-publications** or call **1-800-959-5525**.

Compliance Tasks Complete E-Signature

1) You should receive an email to complete the e-Sign process. Once you have completed the Compliance Tasks.	Hello, Your tax forms have been completed and require your e-signature before 06/13/2025. To sign to the documents click here. If you have any questions please contact us at competitions@novascotia.ca. Thank you, Talent Acquisition
3) Once you have reviewed each document, the status of your forms has changed from **"Pending" to "Signed".**	**Complete Your E-Signature** ⓘ If you notice any errors on your forms, click Decline to return to the Personal Data Collection step. **Form Name** TD1 Personal Tax Credits Return ⊘ Signed > TD1NS Nova Scotia Personal Tax Credits Return ⊘ Signed >
4) Click **"Submit"**.	✅ **Success** Thank you! You've e-signed all the forms. **OK**

Congratulations you have completed your Onboarding!

Your information will be shared with our Payroll Office to complete your hire.

For assistance, please email us at competitions@novascotia.ca
(if your question is related to a specific opportunity, please include the competition number)
You may now close your browser.