

# ELCIC Group Services Inc.

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## CONTINUING EDUCATION PLAN (CEP) REMITTANCE FORM

for the Month of \_\_\_\_\_

### Employer Information:

Employer (Congregation) Name:		Employer Number:	
Contact Name:	Contact Telephone Number:	Contact e-mail:	

### Member Information:

Member Number	Member Name	Members' Contribution	Employer's Contribution	Total Remittance
Amount payable to ELCIC Group Services Inc.				
Cheque #				

### Instructions

**Please return this remittance form to GSI along with a separate cheque from the group benefits and pension cheque. You may wish to retain a copy of this completed remittance form for your records.**