

ELCIC Group Services Inc.

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MONTHLY SALARY BASIS CALCULATION FOR PENSION AND GROUP BENEFITS PLANS

Employer – Complete this form for each new eligible employee OR each time a change in an employee’s salary occurs.

Employer (Congregation) Name:		Employer Number:	
Member Name:		Member Number:	
Member Position:		Salary Effective or Change Date:	
Do you expect this Member’s monthly cash salary to fluctuate each month? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, “Monthly Cash Salary” (A) below should be an estimate of the average monthly earnings.			
If this Member’s salary is paid bi-weekly, please list the months that will have three pay periods:			

MONTHLY CASH SALARY *	A	
<p>* “Monthly Cash Salary” is actual gross earnings including overtime, bonuses and vacation pay, but not including severance pay, and other taxable benefits such as car allowance, book allowance, etc.</p> <p>If employment commences after the 1st of the month, indicate below the partial salary that will be paid for this month only:</p> <p style="text-align: right;">\$ _____ **</p> <p>** Remit only Pension payments on this amount. Group Benefits and Health & Dental payments do not start until the month following.</p>		
If applicable, add the following:		
If parsonage provided add 30% of A	B	
If parsonage provided add monthly housing equity paid	C	
If no parsonage provided add monthly cash housing allowance paid	D	
TOTAL of (A+B+C+D)	E	

Authorization

I certify that the salary for the above listed member is correct.

Employer’s Signature _____ Date _____
Day Month Year

Title of Signer _____

Please Note: If salary permanently reduces to less than 25% YMPE or if hours worked are permanently reduced to less than 20 hours per week for lay employees, then the member is no longer eligible for the group benefits plan and must withdraw. However, with respect to the pension plan, legislation requires a member to continue contributing to the pension plan while employed with a participating employer even when earnings are reduced below 25% YMPE subsequent to meeting eligibility initially.

Return completed form to ELCIC Group Services Inc. Copy to be retained by Treasurer.

We recognize and respect every individual’s right to privacy. Refer to the GSI website for our complete Privacy Policy.

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