ELCIC Group Services Inc.

805-177 Lombard Ave. Winnipeg, MB R3B 0W5
T: 204-984-9181 **F:** 204-984-9179 **Toll Free:** 1-877-ELCICGS (352-4247) **Email:** info@elcicgsi.ca **Website:** www.elcicgsi.ca

ELIGIBILITY FORM

Eligibility and Enrollment Requirements

All clergy and lay employees of the Evangelical Lutheran Church in Canada (ELCIC) who meet the eligibility criteria are required to participate in the ELCIC Pension and Group Benefits Plans.

Eligibility requirement for clergy - salary is at least 25% of the YMPE (Year's Maximum Pensionable Earnings – *please refer to the GSI website for the current year's amount.*)

Eligibility requirement for lay employees –

Pension plan - salary is at least 25% of the YMPE (Year's Maximum Pensionable Earnings – *please refer to the GSI website for the current year's amount.*)

Group Benefits Plan - the salary must be at least 25% of YMPE and the employee must work an average of 20 hours or more.

Waiving Enrollment

Pension plan enrollment may be waived by a lay employee (except if residing in Manitoba, call GSI for more information) if eligibility requirements are met, but the employee is working on average less than 30 hours per week. A waiver form must be signed and the employer must ensure that an eligible employee, who has waived joining the pension plan, is notified of their eligibility at least annually.

Health & dental coverage may be waived if the employee is covered under their spouse's employer sponsored health & dental plan. In this case, proof of coverage in a spousal plan (ie: letter from spouse's employer) is required in order to waive coverage.

These are the only situations where enrollment may be waived and otherwise if eligibility is met, enrollment is mandatory.

Date of Eligibility

A clergy's enrollment effective date is the date of hire.
A lay employee's enrollment effective date is 90 days from the date of hire.

Please note that this is a summary of the eligibility criteria. Consult the GSI website for definitions and other detailed information.

Employer – Please Complete this Section

Employer Name:				Employer Number:	
Office Address:	*Address*	*City & Province*		*Postal Code*	
Employee Name:	*Last*	*First*		Member Number: *(if known)*	
Is Annual Salary expected to be at least 25% YMPE	☐ Yes ☐ No				
Occupation:		Average # of Hours worked per week *(complete for lay employees only):*			
Hire Date: *(d/m/y)*		Eligibility Date: *(d/m/y)*			

Employer - Authorization

I certify that all information contained above is correct.

Employer's Signature _____ **Date** _____
Day Month Year

Title of Signer _____

Note: Employee must complete Member Information on Page 2 (see reverse)

Return completed form to ELCIC Group Services Inc.
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Member Information: Employee – Please Complete this Section

Name:	*Last*		*First*		*Initial*	Member Number: *(if known)*	
Home Address:	*Address*		*City & Province*			*Postal Code*	
Gender:	☐ Male ☐ Female	Birth Date: *(d/m/y)*		E-mail Address:		Home Telephone:	( )
Marital Status: *(Married, widowed, common-law, separated, single)*			Date of Marriage/ Co-habitation: *(d/m/y)*			S.I.N.:	

Dependent Information (See definitions listed below)

Relationship to Employee	Last Name	First Name	Gender *(M/F)*	Date of Birth *(d/m/y)*	S.I.N.	Dependent Status *(Student, Disabled)*
Spouse						Not Applicable
Child					Not Required	
Child					Not Required	
Child					Not Required	
Child					Not Required	

Spouse – The person to whom you are legally married; or a person continuously living with you in a role like that of a marriage partner for at least one year.

Dependent Child/ Children – Your natural or legally adopted child (dependent on you or your spouse for financial support), or a stepchild, who is: unmarried; under age 21, or under age 25 if a full-time student; not employed on a full-time basis; and not eligible for insurance as an employee under this or any other group benefit program.

Employee's Signature _____ **Date** _____

Day *Month* *Year*

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