

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 and each time a change in an employee's salary occurs.

Note: Eligibility criteria is available on the GSI website

Employer Name:		Employer Number:	
Employer Contact Email Address: (Treasurer or Signer)		Member Number:	
Member Name:		Salary Effective Date:	
Do you expect this Member's monthly cash salary to fluctuate each month? <input type="checkbox"/> Yes <input type="checkbox"/> No	If this is less than full time, please indicate the _____%		
If this Member's salary is paid bi-weekly, please list the months that will have three pay periods and the expected annual salary:			

Monthly Salary Basis

Gross monthly earnings If pay is hourly and fluctuates each month please estimate the average monthly amount	A	
Additional earnings such as overtime, bonuses and vacation pay Do <u>not</u> include other taxable benefits such as car allowance, book allowance, utilities, etc	B	
Monthly housing equity paid or monthly housing allowance paid (if applicable)	C	
TOTAL of (A+B+C) = ELCIC Benefits Insurable Earnings	D	
Monthly fair rental value of the residence, where a parsonage is provided rent free to clergy	E	
TOTAL of (D+E) = ELCIC Pensionable Earnings	F	

Partial Month Salary

If any month is a partial month please indicate the partial amount (first or last of employment or before or after a leave)	Month	\$
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Authorization

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

Employer's Signature _____ Date _____
Day Month Year

Title of Signer _____

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.

Revised 01/2017