## **Retirement Benefit**



for Manitoba Child Care Workers and Home-based Providers

The retirement benefit provides a one-time payment to people who work in a licensed, non-profit child care centre (includes nursery schools) or a licensed family or group child care home in Manitoba. As an employee or licensee, when you choose to retire, you can apply to receive a benefit payment equal to four paid days for each year you have worked in licensed child care, up to 10 years (maximum 40 days). The benefit is based on your wage at the time of retirement.

To be eligible to receive the retirement benefit, there are two options:

Option 1: You retire at age 65 or older.

**Option 2:** Rule of 80 - You retire between the ages of 55 and 65, and your age plus years of service total at least 80.

For example, if you retire at 55, you must have worked in licensed child care in Manitoba for at least 25 years (55 + 25 = 80).

You must work continuously for one year to be eligible to apply for the benefit. For individuals who returned to work in licensed child care after December 1, 2010, only years worked after this date will be used to calculate the retirement benefit.

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Employees who have worked part-time (less than 30 hours a week) in child care centres for most of the last 10 years are eligible for 60 per cent of the full-time benefit amount.

The benefit amount for family or group child care home providers is calculated at:

- 80 per cent of the total income the provider could earn from the maximum regulated fees and operating grants
- fees and grants based on the current number of licensed spaces

This calculation is applied even if the providers did not receive the operating grant. For group child care providers, the income is divided between the licensees to calculate the benefit.

#### COMPLETING THE RETIREMENT BENEFIT APPLICATION FORM

#### **Child Care Centres**

- The employee completes Part A.
- The employer completes Part B.
- Submit Part A and Part B of the form at least one month before the employee's retirement date.
- After the Benefit amount is confirmed, payment is released to the employer.
- The employer then pays the benefit to the employee on the employee's final pay. Note that it should be paid as a retiring allowance, which is not subject to CPP contributions or EI premiums. Please consult Canada Revenue Agency's **Employer's Guide: Filing the T4 Slip and Summary (RC4120 (e) Rev.10)** for more information about retiring allowances.

• Employees can ask their employers to use the benefit to buy a registered retirement savings plan on their behalf. This may allow the employees to avoid income tax deductions on the benefit.

#### **Home Providers**

- The licensee completes Part C. Complete Part A and Part B only if you were previously employed at a child care centre.
- Submit the completed form at least one month before the licensee's retirement date.
- Payment of the benefit will be made directly to the provider(s).
- Group child care providers-each licensee fills out a separate form when retiring.

Submit your completed application form and supporting documents to:

#### Early Learning and Child Care Division, **Pension Plan**

210-114 Garry Street, Winnipeg MB R3C 4V4 elccfinance@gov.mb.ca

If you have questions, call Child Care Information Services at 204-945-0776 in Winnipeg; toll free 1-888-213-4754. For more informatin, visit www.manitoba.ca/childcare.

# **Retirement Benefit Application Form**

Part A - Employee/retiree information

Last name

Birth date(yyyy/mm/dd)			Planned retirement date(yyyy/mm/dd)				
Years of service in licensed child care in N	Manitoba						
<ul> <li>Years of service can include a comb group child care home provider in I</li> </ul>					family or		
<ul> <li>List centres where you worked and</li> </ul>	times you were a home	e provider, start	ing with the mo	st recent.			
<ul> <li>When you estimate the approximat at the facility. If you worked part-tir the periods of full-time work.</li> </ul>							
<ul> <li>Attach photocopies of supporting of you worked there, or a record of er</li> </ul>					າ year		
This section must be complete and acc	curate. It is used to	calculate you	ır eligibility a	nd the amount of you	r benefit	: <b>.</b>	
Name and address of licensed facility	Position (for centre employees)	Start date (yyyy/mm/dd)	End date (yyyy/mm/dd)	Approximate hours worked per week (for centre employees)	Suppo docum attacl	ents	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
	(attach a separate li	st if you need r	nore space)				
I agree that the information provided in thi information that may be relevant in detern						fit.	
Signature of employee/retiree Date				_			

Given name and initial(s)

The information in this application form will be verified by the Early Learning and Child Care Division.

EMPLOYER MUST COMPLETE PART B. PARTS A AND B MUST BE SUBMITTED TOGETHER WITH SUPPORTING DOCUMENTS.

# **Retirement Benefit Application Form**

Part B - Employer information/declaration (for employees of a child care centre)						
Centre name	Facility ID					
Employee's current position and classification	Employee's current hourly wage					
During her/his employment at your centre, how many years at months did the employee work full-time (30 hours or more pe week) and how many years and months part-time (less than 30 hours a week)?	r years+ years+					
I/We declare that the information provided by the employee in Part A of this application form is the same as the information on the employee's resume or application form in her/his human resources file. Access to these documents may be required to verify the application.						
I/We declare that the information provided by the retiree/employee in Part A of this application form is the same as the centre's records of her/his current employment.  Yes No Access to these documents may be required to verify the application.						
I/We declare that the information provided in this application f	Form is true and complete.					
Signature of director	Date					
Signature of board member	Date					

For Internal Use Only					
Vendor No.	Cost element 7211000	Order No. 930099934		Ref doc *Retire benefit	Text *Pension
Approval for payment signature		Date	Amount payable by Manitoba		oba

## **Retirement Benefit Application Form**

Part C - Family or group child care home provider retiree information/declaration					
Name of licensed home	Facility ID				
Last name of retiree	Given name and Initials				
Birth date (yyyy/mm/dd)	Planned retirement date (yyyy/mm/dd)				
Is this home licensed as a family or a group child care home?	Family child care home Group child care home				
Number of current licensed spaces:infant	reschoolschool age =Total				
Are you classified as an early childhood educator (ECE II or ECE III)? Yes No					
I agree that the information provided in this application is true and complete. I agree that my license to provide home-based child care will end by the retirement date in Part A.					
Signature of licensee	Date				

The information in this application form will be verified by the Early Learning and Child Care Division.

### Complete Part A only if you were previously employed at a child care centre.

For Internal Use Only					
Vendor No.	Cost element 7211000	Order No. 930099934		Ref doc *Retire benefit	Text *Pension
Approval for payment signature		Date	Amount payable by Manitoba		oba

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