

Pension Plan Contribution: Reimbursement Application Form

for child care centres (includes nursery schools)

To apply for reimbursement, you must have a pension plan in place that meets the Early Learning and Child Care (ELCC) Program requirements and must have made employer contributions at a minimum rate of four per cent of employee gross salary for the period. You must submit confirmation of enrolment in a pension plan to the ELCC Program, if you have not done so already.

The ELCC Program will reimburse employers' pension plan contributions to eligible child care centres. The reimbursement amount only covers the actual employer contributions to the centre's pension plan equal to four percent of staff wages. Reimbursements will be issued quarterly, based for the following quarters:

- April 1 – June 30
- July 1 – September 30
- October 1 – December 31
- January 1 – March 31

Payment will be based on your application and the **actual contribution that was received by your pension provider** as shown on the required documents.

You can only apply for reimbursement following the last day of each quarterly period (March 31, June 30, September 30 and December 31). You must submit the required documentation that confirms the amount of the employer contributions received by the pension provider. Contact your pension plan provider to ask about how you can get statements.

Send the application form and supporting documents to:

Early Learning and Child Care Program

210-114 Garry Street
Winnipeg MB R3C 4V4

If you have questions, call Child Care Information Services at 945-0776 in Winnipeg; 1-888-213-4754 toll-free; or email elccfinance@gov.mb.ca.

NOTE:

You can download the Pension Plan Contribution: Reimbursement Application Form online at <https://www.gov.mb.ca/fs/childcare>.

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

**Pension Plan Contribution:
Reimbursement Application Form**

Early Learning and Child Care Program
210-114 Garry Street, Winnipeg MB R3V 4V4
204-945-0776 in Winnipeg; 1-888-213-4757 toll-free

Contribution Information

| | |
|-------------|-------------|
| Centre name | Facility ID |
|-------------|-------------|

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|-----------------------|----------------------------------|
| Pension Plan Provider | Pension Plan Registration Number |
|-----------------------|----------------------------------|

Reimbursement Period (select one)

January 1 – March 31
 April 1 – June 30
 July 1 – September 30
 October 1 – December 31

Please attach the statements that cover the reimbursement period you are applying for. Depending on your pension provider, examples of statements include:

- **CUMIS** – Employer Reconciliation Spreadsheet
- **Great-West Life** – GWL Statement showing Contributions received for the statement period
- **Industrial Alliance** – IA Statement showing Contributions received for the statement period
- **Manulife** – Financial Activity Summary and Payment Confirmation and your payment spreadsheet showing members names and contributions made
- **Other** – contribution summary report or other confirmation of contributions from pension provider. If not available please contact your financial advisor.

ALL STATEMENTS MUST SHOW THE INDIVIDUAL MEMBER (EMPLOYEE) NAME AND CONTRIBUTION AMOUNT

The required contribution documents are attached.

1. Do all **EMPLOYEES** contribute the same rate?
- Yes Rate: _____%
- No Rate for majority of employees: _____% **List employees with different contribution rates in table below.**
2. Does the **EMPLOYER** (centre) contribute the same rate for all or the majority of employees?
- Yes Rate _____%
- No Rate for majority of employees: _____% **List employees with different contribution rates in table below.**

Total **Employer** Contribution Amount this Reimbursement Period \$ _____
(Please note, this amount will be reviewed and may be different than the actual approved payment.)

Please list only those employees whose employee contribution or employer contribution rate is different from the majority of the employees.

| Full Name of Employee | Employee Contribution Rate % | Employee Contribution \$ | Employer Contribution Rate % | Employer Contribution \$ | Early Learning and Child Care Program USE ONLY | |
|-----------------------|------------------------------|--------------------------|------------------------------|--------------------------|---|--------|
| | | | | | % | Amount |
| | | | | | | |
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Declaration:

I/We agree that the information provided in this application is true and complete. I/We have not misrepresented, concealed or omitted any information that may be relevant in determining the pension plan reimbursement amount.

Signature of Director

Signature of Board Member

Date

Date

For Early Learning and Child Care Program use only

Total Employer @ 4% \$ _____ Approved \$ _____

| | | | | |
|--------------------------------|--------------------------------|-------------------------------|----------------------------|---------------------------------------|
| Vendor No. | Cost Element 7211000 | Order No. 930066109 | Ref Doc. | Text *Pension Reimbursement |
| Approval for Payment Signature | | Date | Amount Payable by Province | |