

MUNICIPAL EMPLOYEES BENEFITS PROGRAM - MONTHLY REMITTANCE REPORT

Employer Number _____ Employer Name _____

Contributions deducted for the month of _____ (MMYYYY) Due Date: _____ (DDMMYYYY)

| REGULAR CONTRIBUTIONS: | Employee Contributions | | Employer Contributions | | TOTAL CONTRIBUTIONS |
|--------------------------|------------------------|---|------------------------|---|---------------------|
| PENSION CONTRIBUTIONS | \$ _____ | + | \$ _____ | = | \$ _____ |
| DISABILITY CONTRIBUTIONS | \$ _____ | + | \$ _____ | = | \$ _____ |

| INSURANCE CONTRIBUTIONS: | Employee Contributions | | Employer Contributions | | TOTAL CONTRIBUTIONS |
|---|--|---------------------------|------------------------|---|---------------------|
| BASIC LIFE | \$ _____ | + | \$ _____ | = | \$ _____ |
| OPTIONAL LIFE | Number of Employees Participating: _____ | | | | \$ _____ |
| FAMILY LIFE | Number of Employees Participating: _____ | | | | \$ _____ |
| VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) | | | | | |
| | Number of Employees Participating: _____ | Employee Only Plan: _____ | Family Plan: _____ | | \$ _____ |
| MANITOBA RETAIL SALES TAX ON INSURANCE CONTRIBUTIONS | | | | | \$ _____ |

| ADDITIONAL CONTRIBUTIONS & PAYMENTS | | |
|--|-----------|----------|
| INTEREST CHARGED FOR LATE REMITTANCE: PERIOD _____ | (MM/YYYY) | \$ _____ |

ADJUSTMENTS – Please attach a written explanation as to why the adjustments required and to which employees they apply. **Important Note – adjustments for Basic Life, Optional Life, Family Life or Voluntary AD& D Insurance, are subject to Manitoba provincial sales tax (RST).

| Period (MM/YYYY) | <u>PENSION</u> | | <u>DISABILITY</u> | | <u>BASIC LIFE</u> | | = | \$ _____ |
|------------------|----------------|----------|-------------------|----------|-------------------|----------|---|----------|
| | Employee | Employer | Employee | Employer | Employee | Employer | | |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |

| Period (MM/YYYY) | <u>OPTIONAL LIFE</u> | <u>FAMILY LIFE</u> | <u>VOLUNTARY AD&D</u> | <u>MB RST ON</u> | = | \$ _____ |
|------------------|----------------------|--------------------|---------------------------|------------------|---|----------|
| | Employee | Employee | Employee | INSUR CONTR | | |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |

GRAND TOTAL (Must Match Cheque Amount) \$ _____

Please make Cheque payable to: Manitoba Municipal Employees Clearing Account

Contact Person/Form Prepared by

Signature of Authorized Person

Contact Phone Number

Date