

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> Employee	<u>FAMILY LIFE</u> Employee	<u>VOLUNTARY AD&D</u> Employee	<u>MB RST ON</u> 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