

# MUNICIPAL EMPLOYEES BENEFITS PROGRAM - MONTHLY REMITTANCE REPORT

Employer Number \_\_\_\_\_ Employer Name \_\_\_\_\_

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

<b>REGULAR CONTRIBUTIONS:</b>		Employee Contributions	+	Employer Contributions	=	TOTAL Contributions
PENSION CONTRIBUTIONS	\$ _____			\$ _____		\$ _____
DISABILITY CONTRIBUTIONS	\$ _____			\$ _____		\$ _____
<b>INSURANCE CONTRIBUTIONS</b>						
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 (Manitoba Residents ONLY)						\$ _____
<b>TOTAL REGULAR CONTRIBUTIONS</b>						\$ _____ (A)

**ADJUSTMENTS:** (Use this section to report PRIOR MONTH/YEAR Adjustments ONLY)  
 You may attach written explanation for the adjustment (why it is required & applicable to what employee)  
 Adjustments to Group Insurance for MB residents are subject to Manitoba Retail Sales Tax (RST)

Period (MM/YYYY)	<b>PENSION</b>		<b>DISABILITY</b>		<b>BASIC LIFE</b>			
	Employee	Employer	Employee	Employer	Employee	Employer		
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	=	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	=	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	=	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	=	\$ _____
Period (MM/YYYY)	<b>OPTIONAL LIFE</b>	<b>FAMILY LIFE</b>	<b>VOLUNTARY AD&amp;D</b>	<b>MB RST ON</b>				
	Employee	Employee	Employee	INSUR CONTR				
_____	\$ _____	\$ _____	\$ _____	\$ _____	=	\$ _____		
_____	\$ _____	\$ _____	\$ _____	\$ _____	=	\$ _____		
_____	\$ _____	\$ _____	\$ _____	\$ _____	=	\$ _____		
_____	\$ _____	\$ _____	\$ _____	\$ _____	=	\$ _____		
<b>TOTAL ADJUSTMENTS</b>						\$ _____	(B)	

<b>INTEREST CHARGED FOR LATE REMITTANCE:</b>	PERIOD _____ (MM/YYYY)	\$ _____ (C)
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**GRAND TOTAL (Must Match Direct Deposit or Cheque Amount) = (A) + (B) + (C) \$ \_\_\_\_\_**

Contact Person/Form Prepared by \_\_\_\_\_ Contact Phone Number \_\_\_\_\_ Date Completed \_\_\_\_\_

Direct Deposit Date (DDMMYYYY) \_\_\_\_\_ OR \_\_\_\_\_  
 Cheque Number (Payable to: Manitoba Municipal Employees Clearing Account)