



**LCC Worker
Benefit Services Inc.**
Caring for those who serve

Notification of New Hire

Lutheran Church-Canada's (LCC) Worker Benefit Plans

*Includes:
General Information on the Worker Benefit Plans,
Notification of New Hire Form and
Instructions to assist in the completion of this form.*

April 2021

• Employer's Responsibilities

The following outlines the responsibilities of employers participating in the LCC Worker Benefit Plans:

- To inform employees of their eligibility for membership.
- To enrol eligible employees and their dependents in the Worker Benefit Plans.
- To notify Ellement (the plan administrator) of terminations of employment (including retirement and death), the granting and termination of leaves of absences, including total disability.
- To distribute notices to Worker Benefit Plan members concerning the operations of the plans.
- To make benefit deductions from an employee's net pay, with the exception of the pension which is deducted from gross pay (before tax).
- To pay the contributions in respect of members participating in the plans.
- To provide Ellement with information on employee's earnings and changes in earnings.
- To keep Ellement informed with up-to-date contact information.

Ellement Contact Information

Mailing Address:

Worker Benefit Plans
c/o Ellement
1345 Taylor Ave.
Winnipeg, MB R3M 3Y9

Phone: 1-844-440-1045
Fax: 1-204-954-7310
Email: LCCBenefits@ellement.ca
Website: www.lccbenefits.ca

LCC Worker Benefit Plans

The LCC Worker Benefit Plans are comprised of two components;

- **Lutheran Church–Canada Pension Plan**
- **Group Benefits Program**

The following provides a brief description of these plans. Further information and details are available on the Worker Benefit Plans (WBP) website at www.lccbenefits.ca.

The purpose of the following form is to provide WBP with the required information to enrol a new employee in the Worker Benefit Plans.

Eligibility

The Lutheran Church–Canada Worker Benefit Plans are available to employees of participating congregations, schools and other employers affiliated with Lutheran Church-Canada.

Employees who work:

- 24 or more hours per week will be enrolled in the Pension Plan and the Group Benefits Program on the first of the month following their date of hire. (Exceptions apply in Saskatchewan.)
- less than 24 hours per week will be enrolled in the Pension Plan only (not the Group Benefits Program) provided they meet the following qualifications*:
 - have **24 months of continuous service** and in each of the two consecutive calendar years immediately preceding membership and:
 - earn at least 35% of the Yearly Maximum Pensionable Earnings under the Canada Pension Plan or,
 - who have worked at least 700 hours (applies only in the provinces of Saskatchewan, Manitoba, Ontario, Nova Scotia and Quebec**)
- ***The administrator, Ellement, can assist employers in determining eligibility for Part-time employees.**
- ****Part-time employees are enrolled after one year in the province of Quebec provided they meet the earnings and hours requirements.**

Important: All eligible workers must be enrolled within 31 days of their eligibility date.

Pension Plan

Your employee will be enrolled as a member of LCC Worker Benefit Plans in the Defined Contribution (DC) component of the Pension Plan. A DC pension plan is a type of plan that provides a retirement account to which contributions are made based on earnings. The member will decide how to invest the contributions from a number of investment options, with a range of risk and return potentials. The money that will have accumulated in this DC account at retirement will be transferred out of the Plan to a retirement vehicle from which an income is drawn.

- **The employer is required to pay for the employee's current pension contributions, as well as, any legacy costs associated with the DB plan.** (Percentage is according to the Annual Rate Sheet.)
- The employee will also contribute a percentage of their pensionable earnings.
- The employee will also be given the opportunity to make optional contributions of up to 4% of pensionable earnings.

Group Benefits Program

Eligible employees are provided with the following programs which are 100% employer paid:

- **Basic and Dependent Life Insurance**
- **Emergency Health Travel Assistance and an**
- **Employee Assistance Program (professional counseling service).**

In addition, employees pay a portion of the costs for the following benefits:

- **Extended Health coverage, and**
- **Dental coverage**

which they may opt out of provided they have Extended Health & Dental coverage elsewhere.

Employees can customize their coverage by electing to purchase a range of additional benefits such as Optional Life Insurance, Optional Spousal Life Insurance, Optional Child Life Insurance and Accidental Death and Dismemberment Insurance.

Employees are also required to pay 100% of the costs of their **Long-Term Disability Insurance**.

Billing

Employers are sent the Monthly Billing Statements at the beginning of each month, with payment due by the 15th. Employers are responsible for deducting the employee's share of contributions from the employee's salary. The bills will provide details on the employee's payroll deduction including the amounts for the LCC Pension Plan (including Optional contributions), Long Term Disability and Extended Health and Dental benefits. The Billing Statement will also show the amount of the taxable benefit to be included in the employee's income tax calculation.

Benefits provided under the Worker Benefit Plans are insured with an insurance carrier and premiums must be forwarded in the month for which coverage is provided in order that the policy of insurance remains in place and to ensure that benefit coverage continues for your employees.

Changes

To ensure that you are being billed the correct amount, timely notification of any changes to your employee's status is essential. **Notification is essential** since many changes cannot be made retroactively. Some benefits such as Group Life Insurance in case of death, Long Term Disability and also future Pension earnings are based on current and accurate salary levels.

Ellement must be notified of any of the following changes:

- Changes to Earnings
- Termination of employment (including retirement, transfer, etc.)
- Change of family status (eg. Marriage, birth of child, divorce, adoption, etc.)
- Change of coverage under Health and Dental benefits (eg. Change in Spouse's plan)

Request for change forms are available online at www.lccbenefts.ca or by contacting the WBP office for more information. Once the notification is received by the WBP office, the change will be reflected on the following month's bill along with any required adjustments.

Completing the Notification of New Hire Form

The following form will contain personal and salary information which will be used in determining benefits for the LCC Pension Plan, Disability and Survivor Benefits and for billing purposes. Please complete this form in a timely manner to avoid the financial burden of retroactive premiums which will appear on the Monthly Billing Statements.

The following definitions may be of help in completing the form:

Pensionable Earnings: Is the employee's basic salary plus cash utility allowances and cash housing allowance OR base salary plus the monetary value of housing provided deemed to be 30% of base salary.

Housing Allowance: Is a paid cash allowance for utilities and housing accommodation OR the monetary value of housing provided by an employer (i.e. Parsonage). The monetary value shall be deemed to be thirty percent of basic salary. The amount indicated for Housing Allowance on this form is used in calculating pension and benefits coverage/amounts. This may not be the same amount used for the employee's T4 reporting for "Clergy Residence Deduction".

Utility Allowance: Is the amount of cash paid (if any) which is not included in the basic salary for payment of housing utilities.

Dual or Multi-point Parishes: If the employee is employed by more than one LCC employer, one employer will be designated as the "Contact Employer". Such "Contact Employer" will be responsible to perform all of the employer administrative duties of the Worker Benefit Plans. Please list the designated "Contact Employer" as the employer.

Send completed form to:

Worker Benefit Plans
C/O Ellement
1345 Taylor Ave
Winnipeg, MB R3M 3Y9

Certificate Number (office use only):

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Personal Information

Title:	First Name (and Initial):	Last Name:
	Previous Last Name (if applicable):	
Address:		
City:	Province:	Postal Code:
Home Phone: ()	Work Phone:	
Email Address:		
Social Insurance Number * :	Date of Birth (yyyy/mm/dd):	
<p>* I authorize the use of my Social Insurance Number for the purpose of tax reporting.</p>		

Marital Status

Mark with an "X":	Single	Married
Spouse's First Name (and Initial):		Spouse's Last Name (if different from yours):
Date of Marriage (yyyy/mm/dd):		Spouse's Date of Birth (yyyy/mm/dd):
Indicate with an "X" if spouse is also employed by a Lutheran Church–Canada employer: ()		

Dependent Children Information

List all eligible dependent children:			
	Name (Last, First):	Date of Birth: (yyyy/mm/dd)	Gender
1			
2			
3			
4			

Employer Information

Employer Name:		
Address:		
City:	Province:	Postal Code:
Treasurer or Representative's Name:		
Treasurer or Representative's Phone Number:	Treasurer or Representative's Email Address:	

Employment Information

Employee's Occupation	Effective Date of Employment	
	Effective Date of Enrolment in Benefits	
Number of Hours per Week:	<24 hrs/wk	OR 24 – 40+ hrs/wk
	Enrolled in Pension Plan only when eligible	enrolled in both Pension and Benefit Plans

		Basic Annual Salary	
Choose	A	Housing Allowance plus Utility Allowance (cash paid to employee)	+
	or		OR
	B	Parsonage or House provided (amount equals 30% of Basic Annual Salary)	+
		Total Pensionable/Benefit Earnings	=

Signature of Representing Employer

The employment information entered on this form is current and correct to the best of our knowledge. We agree to obtain from the employee any portion of the cost for participating in the Worker Benefit Plans required from the employee according to provisions of the Worker Benefit Plans, and to remit such portion along with the portion required by us as the employer.

Signature:	Title:	Date:
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Signature of Representing Employee

I authorize my employer to make payroll deductions from my pay for my contributions towards the pension and benefits program in which I participate; such contribution to be forwarded to LCC Worker Benefit Plans on my behalf.

Signature:	Date:
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