



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.*

January 2012

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 Worker Benefit Plans office of termination of employment, 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 the Worker Benefit Plans office with information on employee's earnings and changes in earnings.
- To keep the Worker Benefit Plans office informed with up-to-date contact information.

WBP Office Contact Information

Mailing Address:

Lutheran Church–Canada
Worker Benefit Plans
3074 Portage Avenue
Winnipeg, MB R3K 0Y2

Phone: 1-800-588-4226 ext 2223, 2221, or 2226

Fax: 1-204-897-4319

Email: benefitplans@lutheranchurch.ca

Website: www.lccbenefts.ca

LCC Worker Benefit Plans

The LCC Worker Benefit Plans are comprised of two components;

- **Lutheran Church–Canada Pension Plan**
- **FlexBenefits 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.lccbenefts.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 FlexBenefits Program on the first of the month following their date of hire. (Exceptions apply in Saskatchewan.)
- less than 24 hours per week but 15 hours or more per week will be enrolled in the Pension Plan only (not the FlexBenefits Program) provided they meet the following qualifications:
 - have 24 months of continuous service and,
 - earned at least 35% of the Yearly Maximum Pensionable Earnings under the Canada Pension Plan or who have worked at least 700 hours **in each of two consecutive calendar years.**

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.

Flex Benefit Program

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

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

In addition, employees are provided with:

- **Basic Health coverage,**
- **Basic Dental coverage and**
- **Life Insurance**

with the ability to customize their coverage by selecting increased or reduced levels of coverage.

Employees can further 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 provided with employer provided "Flex Dollars", a kind of benefit allowance that can be used to pay for their coverage selections. Any costs in excess of the Flex Dollars provided are paid for by the employee through payroll deduction. Employees are also required to pay 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 or for enhanced levels of benefits coverage in excess of the Flex Dollars provided. If an employee has left over Flex Dollars that they have elected to receive as taxable cash, the bill will reflect the amount to be added to their paycheque. 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.

The Worker Benefit Plans office requires notification 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 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 the Pension Calculation only. 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:

**Lutheran Church–Canada
Worker Benefit Plans
3074 Portage Ave
Winnipeg, MB R3K 0Y2**



LUTHERAN CHURCH-CANADA
WORKER BENEFIT PLANS

Notification of New Hire

Certificate Number (office use only):

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Personal Information

Title:	First Name (and Initial):	Last Name:
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Previous Last Name (if applicable):

Address:

City:	Province:	Postal Code:
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Home Phone: ()	Work Phone:
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Email Address:

Social Insurance Number * :	Date of Birth (yyyy/mm/dd):
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* I authorize the use of my Social Insurance Number for the purpose of tax reporting.

Marital Status

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

Indicate with an "X" if you are transferring in from another country: ()

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:	15 - less than 24 hrs/wk	OR
	enrolled in Pension Plan only	24 - 40+ hrs/wk
	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 Earnings	=

Indicate with an "X" if your congregation is currently vacant and/or paying legacy costs: ()

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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