

**2007 CONTRIBUTION RATES  
WORKER BENEFIT PLANS  
LUTHERAN CHURCH-CANADA  
3074 Portage Ave., Winnipeg MB, R3K 0Y2**

**LUTHERAN CHURCH-CANADA PENSION PLAN (LCCPP)**

An employer purchases retirement, post-retirement survivor income and death benefits from the LCCPP for workers.

The Total Annual Payment for all workers (single and married) is 10% of Total Annual Compensation.

Total Annual Compensation includes: Cash Salary + Utility Allowance + Housing Allowance.

Where a residence is provided by the employer, the housing allowance is 30% of the cash salary paid to the employee,

**HEALTH AND INCOME PROTECTION PLAN (HIPP)**

An employer purchases disability, pre-retirement survivor income and death benefits from the HIPP for workers.

<b>WORKER WITHOUT DEPENDENTS</b>		<b>WORKER WITH DEPENDENTS</b>	
Life & Disability Insurance	3.8% of Total Annual Compensation	Life, Dependent Life & Disability Ins.	3.9% of Total Annual Compensation
Supplementary Health & Dental	\$1,380.00 per annum (\$115.00 per month)	Supplementary Health & Dental	\$3,528.00 per annum (\$294.00 per month)
Employee Assistance Program (E.A.P.)	\$ 98.28 per annum (\$ 8.19 per month)	Employee Assistance Program (E.A.P.)	\$ 98.28 per annum (\$ 8.19 per month)
	<b>Total Annual Payment</b>		<b>Total Annual Payment</b>

To compute the HIPP payment on a monthly statement, calculate the percentage amount for Life, Dependent & Disability Insurance and add the annual payment for Health & Dental Plan and the annual payment for EAP to arrive at a total, then divide by 12 (months).

### Example

The calculation of the payment for a "worker with dependents" with an annual salary of \$45,000 and with a residence provided would be as follows:

Annual Cash Salary	\$45,000.00
Plus 30% (residence provided)	<u>13,500.00</u>
 Total Annual Compensation:	 \$58,500.00

	<u>Annual Payment</u>	<u>Monthly Payment</u>
<b>Pension Plan</b>		
\$58,500 x 10%	5,850.00	\$487.50
<b>H.I.P.P.</b>		
Life/Disability & Dep. Life - \$58,500 x 3.9%	2,281.50	190.13
Health & Dental	3,528.00	294.00
Employee Assistance Program	98.28	8.19

### **ACCIDENT INSURANCE PROGRAM (AIP)**

An employer is not required to pay any of the cost of participation for any worker but may pay a portion or all of the cost. Any portion to be paid by the worker should be deducted from the worker's salary and remitted along with any other payment to be made to the Plans.

<u>Insurance Amount</u>	<u>Individual Plan</u>	<u>Monthly Payment</u>	<u>Family Plan</u>	<u>Monthly Payment</u>
\$200,000	1G	6.40	2G	8.80
150,000	1F	4.80	2F	6.60
100,000	1E	3.20	2E	4.40
80,000	1D	2.56	2D	3.52
60,000	1C	1.92	2C	2.64
40,000	1B	1.28	2B	1.76
20,000	1A	0.64	2A	0.88