

** * CONFIDENTIAL INFORMATION SHEET * * *

for

Long Term Disability calculations and auditing of Pension Contributions

Member's Name:	ID #:
	(last 6 digits of SIN # or old 4 digit ID)
Effective Date of Salary:	
TOTAL GROSS SALARY, which includes either:	
Basic Salary PLUS Housing Allowance OR	
Basic Salary PLUS Fair Rental Value of Parsonage	e AND utilities,
if paid by the church on behalf of the membe	er \$
# OF PAY PERIODS (Weekly=52, Bi-weekly=26, Semi-mon	thly=24, Monthly=12)
PENSION CONTRIBUTION PER PAY PERIOD (6% employe (Total Gross Salary multiplied by 12% divided by # d	
Long Term Disability (LTD) Monthly premiums are determ calculated using the following: Total Salary / 12 x .67 x .027 Pension Contributions are calculated by the Treasurer and the record keepers' job to ensure they receive a monthly amo amount is accurate or not.	907 sent in monthly to the Record Keeper, Canada Life. It is
TREASURER	MEMBER
Church:	Name:
Treasurer:	# & Street Address:
email:	_ City & Province:
Phone No:	Postal Code:
Date:	email:

IMPORTANT: Please return to: Karen Gunn, Benefits Coordinator By email: <u>karen.gunn@baptist-atlantic.ca</u> Or by mail: PO Box 6003, Moncton, NB E1C 0V7