



# SHEPP

SASKATCHEWAN HEALTHCARE  
EMPLOYEES' PENSION PLAN

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## Current Year Contribution Arrears Notice

FOR OFFICE USE ONLY: 004

CASE ID: \_\_\_\_\_

### 1 Member Record

#### Member Information

Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Member ID # \_\_\_\_\_  
SIN \_\_\_\_\_ Date of Birth \_\_\_\_\_ (dd/mm/yyyy)

#### Employer Declaration

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

The employer declares that the member received the following SHEPP pensionable earnings during the arrears period from which member and employer required contributions were due the Plan but were not collected or remitted. The employer confirms that the principle member contributions and the corresponding employer required contributions will be collected and remitted to SHEPP **through regular current year payroll processing** prior to the end of the current payroll year. The employer certifies the following information to be true and complete.

### 2 Contribution Arrears Details

Arrears Period: from \_\_\_\_\_ (dd/mm/yyyy) to \_\_\_\_\_ (dd/mm/yyyy) Month Arrears to be Collected: \_\_\_\_\_

#### Arrears Period Payroll Information (This section must be completed in full)

Month	Pensionable Earnings	Member Required Contributions	Calendar Month Pensionable Hours	Payroll Month Pensionable Hours	Full-Year Full-Time Pensionable Hours
<b>Total</b>					

Comments:

### 3 Authorisation

Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ (###)###-#### Fax \_\_\_\_\_ (###)###-#### E-mail \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ (dd/mm/yyyy)  
Contact Signature \_\_\_\_\_

Instructions:  Submit this form to SHEPP  Keep a copy for your files