

Current Year Contribution Arrears Notice



SHEPP
People. Pensions. Results.

1 Member Record

FORM ID: 004 CASE ID: _____

Member Information

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

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 to 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
Total					

Comments:

3 Authorisation

Contact Name _____

Title _____

Phone _____ Fax _____

Email _____

Contact Signature _____ Date (mm/dd/yyyy) _____

Instructions

✓ Submit this form to SHEPP

✓ Keep a copy for your files

SHEPP recognises and respects the importance of your privacy. Personal information collected is used for the purpose of administering your benefits under the Plan.

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