SHEPP
SASKATCHEWAN HEALTHCARE EMPLOYEES' PENSION PLAN

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Payroll Contribution Adjustment Notice

FOR OFFICE USE ONLY: 011 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 _____

This form will be used to report adjustments that are **not arrears**. For example, when reporting WCB top up earnings for previous month or years, we need to be able to appropriate the correct earnings and hours for each month affected.
Theoretical Required Test Contributions may also be corrected via a credit or additional amount remitted. In this instance, only contribution amounts need to be entered. Adjustments required as a result of MDR process may also be reported using this form.

2 Contribution Adjustment Details

Adjustment Period: from (dd/mm/yyyy) _____ to (dd/mm/yyyy) _____ Month Adjustment to be Collected: _____

Adjustment 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

Employer Authorisation

Contact Name _____ Title _____

Phone (###)###-#### _____ Fax (###)###-#### _____ E-mail _____

_____ Date (dd/mm/yyyy) _____

Contact Signature

Instructions: o Submit this form to SHEPP o 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.