SHEPP
SASKATCHEWAN HEALTHCARE EMPLOYEES' PENSION PLAN

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Monthly Contribution Report

FOR OFFICE USE ONLY: 009 CASE ID: _____

1 Employer Information

Employer Information

Employer Number _____ Employer Name _____

Reporting Year: _____ Reporting Month: _____

2 Contribution Details

Source	Required
Member Contributions	
Employer Contributions	
Subtotal	
Employee Adjustment	
Employer Adjustment	
Grand Total	

Contribution Remitted by:

☐ Cheque: Cheque Number _____

Cheque Date (dd/mm/yyyy)

☐ Electronic Funds Transfer:

Transfer Date (dd/mm/yyyy)

Adjustment Details (This section must be completed in full)

Member Name	SIN	Month	Year	Employee Adjustments	Employer Adjustments

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.