

Monthly Contribution Report



SHEPP
People. Pensions. Results.

1 Employer Information

Employer Information

Employer Number _____ Employer Name _____
Reporting Year: _____ Reporting Month: _____

FORM ID: 009 CASE ID: _____

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 _____
Email _____

Contact Signature Date (dd/mm/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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