EMPLOYEE BENEFITS APPLICATION

Note ▶ This template is for use by the following departments: Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC) and Indigenous Services Canada (ISC).

Privacy Statement

Identification

This statement explains the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection and use of personal information are in accordance with the *Privacy Act* (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html). In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. The collection and use of your personal information for the Governance Capacity Programs are authorized by the *Department of Indigenous Services Act* (*S.C. 2019, c. 29, s. 336*) (https://laws-lois.justice.gc.ca/eng/acts/l-7.88/index.html), the *Department of Crown-Indigenous Relations and Northern Affairs Act* (*S.C. 2019, c. 29, s. 337*) (https://laws-lois.justice.gc.ca/eng/acts/C-49.8/index.html) and s. 122 (1), 123 (1) and 124 (1) of the *Financial Administration Act* (https://laws-lois.justice.gc.ca/eng/acts/F-11/page-1.html) and required for your participation. We will use your personal information for evaluation purposes in order to respond to your Capacity Development Plan. The information collected is described in Personal Information Bank AANDC PPU 300, detailed at Info Source (https://www.sac-isc.gc.ca/eng/1639748667069), and will be retained for a period of 30 years and then the records are transferred to the Library and Archives Canada. As stated in the *Privacy Act*, you have the right to access your personal information and request changes to incorrect information. Contact the departmental Public Enquiries Contact Centre at 1-800-567-9604 to notify us about incorrect information. For more information on privacy issues and the *Privacy Act* in general, you may consult the Privacy Commissioner at 1-800-282-1376.

idominioation									
Recipient Name		Recipient Number	Region						
Contact									
Given Name		Family Name	Title						
Telephone Numb	er	Email Address							
Application Information									
Multi-Employer P	lan			Underwriter or Administrator					
Indicate which condition applies to you from the following three options: 1. We are currently receiving Employee Benefits funding and estimated expenditures on PPP and CPP/QPP employer contributions towards eligible employees for the current fiscal year will be similar (within 10%) to the previous fiscal year's expenses. 2. We are currently receiving Employee Benefits funding and estimate that expenditures on PPP and CPP/QPP employer contributions towards eligible employees for the current fiscal year will be significantly different from the previous fiscal year's expenditures. 3. We are not currently receiving Employee Benefits funding. Select at least one of the following two options: 3(a) Our new Employee Benefits application only includes funding for CPP/QPP employer contributions, for CPP/QPP eligible employees. 3(b) Our new Employee Benefits application includes funding for an employer sponsored Private Pension Plan. We are in the process of seeking approval from the appropriate Federal or Provincial Pension Plan regulator to register this pension plan, or the regulator has already registered our pension plan. We have attached documentation of our communication with the regulator.									
The Pension Plan is in good standing with the appropriate Federal or Provincial Pension Plan regulator:									
○ Yes	○ No	○ N/A (CPP/QPP only)							
Employee Contributions - Defined Contribution Plans Employee contributions are of equal or greater value than employer contributions as per the Employee Benefits Program Policy:									
○Yes	○ No	○ N/A							



PROTECTED A (When Completed)
PAW 41802 (2023-2024)
Page 2 of 2

Defined Benefit Plans Employer contributions to the Defined Benefit pension plan are at the rate determined by the most recent Actuarial Valuation:										
○ Yes	○ No	○ N/A								
Supporting Documents (if applicable)										
		Title	Submission Method							
Declaration										
The information provided is accurate to the best of my knowledge.										
Given Name Family Name										
						Γ				
Title						Date (YYYYMMDD)				