

805-177 Lombard Avenue Winnipeg, MB R3B 0W5 204.984.9181 | 1.877.352.4247 info@elcicgsi.ca elcicgsi.ca

## ELCIC PENSION PLAN EMPLOYER PARTICIPATION AGREEMENT

Page 1

This Agreement made the			,
BETWEEN:	(day)	(month)	(year)
		SERVICES INC. o as the "Administrator"	) OF THE FIRST PART
		and	
- CRA Busine	ss Identification Number:	d to as the "Employer")	
			OF THE SECOND PART

A pension plan has been established known as the ELCIC Pension Plan (hereinafter referred to as the "Pension Plan");

The Administrator is the administrator of the Pension Plan;

The Employer is an employer as defined in the Pension Plan;

The Employer desires that its employees participate (continue to participate) in the Pension Plan as Members of the Pension Plan;

## THE PARTIES AGREE AS FOLLOWS:

1. The terms used in this Employer Participation Agreement shall have the same meaning as the meaning given to those terms in the Pension Plan.

2. The Employer acknowledges that under the Pension Plan each of its employees working on a fulltime/part-time basis must join the Pension Plan as of the date of eligibility as defined in the Pension Plan. The Employer agrees that each of its employees who is required to join the Pension Plan will be required to complete an enrollment form to become a Member of the Pension Plan as of the date of their eligibility, and that other employees will be reminded of their entitlement to join the Pension Plan at least on an annual basis.

3. The Employer agrees to discharge all of the obligations and responsibilities required from an employer under the Pension Plan in order to facilitate the participation of the eligible employees of the Employer as Members of the Pension Plan, and in particular to:

• advise employees of their eligibility to participate in the Pension Plan and ensure that enrollment is carried out at the appropriate time and documented in the appropriate manner;

- deduct from any moneys owing to each such employee, on a monthly basis, the employee's share of contributions to the Pension Plan;
- contribute on behalf of each such employee, on a monthly basis, the Employer's contribution to the Pension Plan;
- remit such contributions to the Administrator within thirty (30) days of the last day of each calendar month together with such completed deposit forms or other documentation as may be requested by the Administrator; and
- provide such information and records as may be requested by the Administrator in order for the Administrator to carry out its responsibilities as the administrator of the Pension Plan and to comply with all applicable federal and provincial legislation and regulations.

4. Without limiting the generality of sections 2 and 3, the Employer agrees to abide by all administrative rules and practices as may be established or required by the Administrator for Employers under the Pension Plan.

5. The Employer hereby appoints the Administrator to complete any forms or reports as may be required by any Government Agency with jurisdiction over the establishment and administration of the Pension Plan using information and data provided to the Administrator by the Employer.

6. The Employer acknowledges that the Administrator is not the agent of the Employer with respect to the performance by the Employer of the obligations and responsibilities required from an employer under the Pension Plan. The Employer acknowledges that the Employer is responsible for ensuring that its employees are properly enrolled in the Pension Plan, and is responsible for discharging all of the obligations and responsibilities required from an Employer under the Pension Plan, including dealing with any errors or omissions with respect to its obligations and responsibilities as an employer under the Pension Plan.

7. The Employer agrees to indemnify and hold harmless the Administrator with respect to any claims arising out of the performance or non-performance by the Employer of any of its obligations and responsibilities as an employer under the Pension Plan.

The Employer has affixed its seal attested to by the hands of its proper officers, and the proper officers of the Administrator have signed and executed this Agreement.

EMPLOYER

## THE ADMINISTRATOR **ELCIC GROUP SERVICES INC.**

Per:\_\_\_\_\_

President

Per:\_\_\_\_\_

Per:

Secretary

Per:\_\_\_\_\_