



ELCIC Pension Plan and ELCIC Group Benefits Plan Salary Basis Form

Identification			
Employer Name		Employer Number	
Member Name		Member Number	

Date			
Salary effective date		Occupation	

Annual Salary Basis – salaried employees		Percent of full time	
Gross annual salary		A	
Additional annual earnings such as overtime, bonuses and vacation pay Do <u>not</u> include other taxable benefits such as car allowance, book allowance utilities etc.		B	
Annual housing equity paid and/or housing allowance paid (if applicable)		C	
Total of (A+B+C) = ELCIC Benefits Insurable Earnings		D	
Annual fair rental value of the residence, where parsonage is provided rent free to clergy		E	
Total of (D+E) = ELCIC Pensionable Earnings		F	
Paid monthly or semi- monthly	for Benefits - D		
	for Pension - F		
Paid bi- weekly	months with 3 pays	list months applicable:	
	months with 2 pays		

Salary Basis – hourly employees					
Hourly rate		average hours per week		estimated monthly earnings	
Please e-mail earnings updates for a correct invoice each month, otherwise the invoice will be based on prior month					

Additional Information		
partial salary for beginning or ending employment or a leave	month:	\$

Authorization			
I certify that the information is correct			
Signature			
Title of Signer		Date	

Notes
Employees are eligible and enrollment is required when Salary Basis is at least 25% of the Year's Maximum Pensionable Earnings (YMPE) <i>Please refer to the GSI website for the current year's amount.</i> This minimum must be maintained for the ELCIC Benefits Plan, however once enrolled in the ELCIC Pension Plan, there is no minimum earnings requirement.