

Continuing Education Plan Enrollment Form

Member					
First name		Last name			
Personal email			Member number		

Date of Enrollment	
Date of plan enrollment dd/mm/yyyy	

Contribution: The following table of contributions is recommended as a minimum guideline:		
	Member	Employer
Rostered	\$25 per month	\$ 50 per month
Non-Rostered	\$12.50 per month	\$ 25 per month

Contribution	
Member Amount:	Employer Amount:

Beneficiary					
First name	Last name	Date of birth dd/mm/yyyy	Address	Relationship	% share

Authorization and Acknowledgements			
<p>I certify that all information contained hereon is correct. I authorize my employer to deduct from my earnings the contributions required for the program. I consent to the information provided here being collected, used and disclosed by ELCIC Group Services Inc. (GSI) for purposes of activities related to the efficient administration of my entitlements under the Continuing Education Plan. I consent to GSI disclosing and/or obtaining information to and from the Program Committee for Leadership in Ministry (PCLM).</p> <p>I understand that I have the right to access the personal information in my file, and if necessary, correct any inaccurate information.</p>			
Member signature		Date dd/mm/yyyy	
<p>I certify that will participate in the Continuing Education Plan as outlined in the CEP policy. We agree further to abide by the procedures for approving study leaves and to continue to pay our employee's salary and benefits during the short-term leave and to arrange assistance during their absence.</p>			
Employer signature		Date dd/mm/yyyy	

Return completed form to

ELCIC Group Services Inc. A1 – 844 McLeod Ave. Winnipeg, MB R2G 2T7

T: 204-984-9181 F: 204-984-9179 Toll Free: 1-877-ELCICGS (352-4247) Email: admin@elcicgsi.ca Website: www.elcicgsi.ca

We recognize and respect every individual's right to privacy. Refer to the GSI website for our complete Privacy Policy.

Updated: May 21st, 2025