

EMPLOYEE BENEFITS REPORT

DCI Number/Fiscal Year:

41784 (2019-2020)

Purpose:

This report provides a listing of employees eligible for the pension plan and/or group insurance plan offered to employees in the fiscal year being reported on. Employment information, including employer and employee contributions, is used to validate employee eligibility and adjust the amount of Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC)/Indigenous Services Canada (ISC) funding provided for the following year.

Reporting Period:

For the previous fiscal year ending March 31st

Due Date:

- Recipients under a Comprehensive Funding Arrangement, due each year on April 30th
- Recipients under FTA, CFNFA, DFNFA, due April 30th upon renewal of funding agreements

Field Definitions:

Field	Definition
Identification	
Recipient Name	The name of your organization as per the legal name that appeared on the funding agreement.
Recipient Number	The attribution number for your organization, as shown in the Department's Financial Management Manual (CIRANC/ISC internal use).
Region	From the drop-down list, select the CIRNAC/ISC Region to which this report is being submitted.
Contact	
Given Name Family Name Title Telephone Number Email Address	The given name, family name, position title, telephone number and email address (if applicable) of the person who can be contacted for further information about the report.

Field	Definition
List of Eligible Employees	
Complete only if Employee Benefits funding was received in the fiscal year being reported on. The data provided should be the actual salary and employee/employer contributions that occurred in that fiscal year. Do not provide estimates. Do not report planned expenditures that did not actually occur.	
A row should be completed for each eligible employee, as defined in the Employee Benefits Program Policy, that the employer made contributions to a Private Pension Plan and/or the Canada/Quebec Pension Plan.	
Employees with a partially eligible salary (For example, an individual that delivers a CIRNAC/ISC funded program and a Health Canada program) should be listed, though only the CIRNAC/ISC funded portion of their salary should be entered into the 'Salary \$' box.	
Employees that are not eligible, such as those delivering services not funded by CIRNAC/ISC, do not need to be included on this list.	
Do not enter salary information for positions that were not staffed. This report should only contain actual expenditures on salaries and employer/employee contributions.	
Employer Name	Name of the organization that employs the individuals listed in this report.
Period - From (YYYYMMDD) Period - To (YYYYMMDD)	The dates should be those of the previous fiscal year that the reported salaries and deductions actually occurred in. Dates are in the format of 'Year Month Day'.
Employee - Given Name Employee - Family Name	The given name and family name of each eligible employee who is working part-time or full-time on a continuing basis.
Occupation	The title given to the employee for their position.
Program	The CIRNAC/ISC program area where the individual is employed.
Source of Salary	The source of the individual's salary, such as CIRNAC/ISC, Health Canada, or some other funding source. Only employees with CIRNAC/ISC as their Source of Salary need to be listed in this report.
Salary \$	The individual's annual salary in dollars. Do not provide the individual's nominal annual salary if it is different from the actual amount of salary paid to them in the fiscal year you are reporting on.
Contribution Rate %	The percentage rate at which an employee is contributing to the pension.
Pension Plan - Employee \$ Pension Plan - Employer \$	The dollar amount contributed by the employee and employer that was directed towards the pension plan.
CPP/QPP Plan - Employee \$ CPP/QPP Plan - Employer \$	The dollar amount contributed by the employee and employer that was directed towards Canada/Quebec Pension Plan contributions.
Group Insurance - Employee \$ Group Insurance - Employer \$	The dollar amount contributed by the employee and employer that was directed towards group insurance.
Totals (Calculated Automatically)	The total amount of salary and of each category of contributions.

Field	Definition
Supporting Documents (if applicable)	
This table allows you to identify the supporting document(s) being submitted and the method of submission.	
Title	Enter the name of the supporting document.
Submission Method	<p>From the drop-down list, select the method by which additional documents will be submitted. The options include:</p> <ul style="list-style-type: none"> - Attachment - Email - Facsimile - Mail - By Hand or Courier <p>If you select 'Attachment' as the submission method, an 'Attach File' button will appear. Selecting this button allows you to select a file that will be attached to the form. After attaching the file you can click on the paper clip icon on the left side of the Adobe application to see the attached file. Once the file is attached, the "Attach File" button changes to "Remove File". To remove the file only, select this button. To clear all fields for a single document and remove the associated file, select the [-] button.</p>
Declaration	
Given Name Family Name Title Date (YYYYMMDD)	The given name, family name and position title of the person who acknowledged the accuracy of the information, and the date on which it was completed. Dates are in the format of Year-Month-Day.