



EMPLOYEE BENEFITS REPORT

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

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 section 4 of the *Department of Indian Affairs and Northern Development Act* (<https://laws-lois.justice.gc.ca/eng/acts/i-6/>), R.S.C., 1985, c. I-6, 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 Employee Benefits Report. The information collected is described in Personal Information Bank AANDC PPU 300 detailed at Info Source (<https://www.aandc-aandc.gc.ca/eng/1353081939455/1353082011520>), 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.

Identification

Recipient Name	Recipient Number	Region
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Contact

Given Name	Family Name	Title	Telephone Number	Email Address
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List of Eligible Employees

Employer Name							Reporting Period						
							From (YYYYMMDD)			To (YYYYMMDD)			
							Total Dollar Contribution						
Employee Given Name	Employee Family Name	Occupation	Program	Source of Salary	Salary \$	Contribution Rate %	Pension Plan Employee \$	Pension Plan Employer \$	CPP/QPP Plan Employee \$	CPP/QPP Plan Employer \$	Group Insurance Employee \$	Group Insurance Employer \$	
Totals													

Supporting Documents (if applicable)

Title	Submission Method

Declaration

The information provided is accurate to the best of my knowledge.

Given Name	Family Name	Title	Date (YYYYMMDD)
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