

# EMPLOYEE BENEFITS APPLICATION

## PAW number/Fiscal year:

41802 (2025-2026)

## Purpose:

The purpose of the application is to ensure access to the funding.

## Field definitions:

Field	Definition
<b>Identification</b>	
Recipient name	The name of the organization applying for the contribution as per the legal name of incorporation that will appear on the funding agreement
Recipient number	Attribution number for the organization as shown in the Department's Financial Management Manual (Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC)/Indigenous Services Canada (ISC) internal use)
Region	From the drop-down list, select the CIRNAC/ISC region to which this report is being submitted.
<b>Contact</b>	
<ul style="list-style-type: none"><li>- Given name</li><li>- Family name</li><li>- Title</li><li>- Telephone number</li><li>- Email address</li></ul>	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
<b>Application information</b>	
Multi-employer plan	The name of the multi-employer pension plan (for example, Joint Health Canada or other), applicable if the employer is participating in a multi-employer plan
Underwriter or administrator	The name of the underwriter, usually an insurance company for private insurance plans
Indicate which condition applies to you from the following three options	Select one of three, based on the instructions for each selection. If you select the 2 <sup>nd</sup> or 3 <sup>rd</sup> , reach out to your regional office for guidance. Details can be submitted by using the 'Supporting documents' section of this application.
Select at least one of the following two options	Select one or both, based on the instructions for each selection.
The pension plan is in good standing with the appropriate federal or provincial pension plan regulator	Answer 'yes' or 'no' if you offer a private pension plan, otherwise answer 'N/A'.
<b>Supporting documents</b> (if applicable)	
Document type	Select one of the document types from the drop-down list.

Field	Definition
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"> <li>- attachment</li> <li>- email</li> <li>- facsimile</li> <li>- mail</li> <li>- by hand/courier</li> </ul> <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 right 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>
<b>Declaration</b>	
<ul style="list-style-type: none"> <li>- Given name</li> <li>- Family name</li> <li>- Title</li> <li>- Date (YYYYMMDD)</li> </ul>	<p>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'.</p>