



**Lutheran Church–Canada
Worker Benefit Plans
Employer Participation
Agreement**

April 2013

Employer's Participation Agreement

Please read the following carefully before completing the attached information as all pages of this document constitute the Employer Participation Agreement.

The Board of Directors of Lutheran Church–Canada has granted congregations of the North American Association of Lutheran Churches and the Canadian Association of Lutheran Churches “Affiliated Agencies” status for purposes of being eligible to participate in the Lutheran Church–Canada’s (LCC) Worker Benefit Plans.

All employers wishing to join LCC’s Pension and Benefit programs (LCC Worker Benefit Plans) must complete the attached agreement in order to participate in the LCC Worker Benefit Plans. This agreement is between Lutheran Church–Canada – Administrator of the Worker Benefit Plans and the Employer desiring to participate in the plans. The terms used in this agreement have the same meaning as in the Pension Plan Text or Group Insurance Contract. The intent of this agreement is:

- For the Employer to formally apply and acknowledge that they desire that their employees participate in LCC’s Pension and Group Benefits Plans.
- To outline the obligations and responsibilities that the Participating Employer agrees to undertake, or comply with, as part of the participation requirements.
- To outline the terms and conditions in which the Participating Employer is agreeing to as part of their participation in the LCC Worker Benefit Plans.

Employer's Obligations and Responsibilities

The Employer agrees to abide by all administrative rules and practices as may be established or required by the Administrator of the LCC Worker Benefit Plans including the following responsibilities. Such duties are to be carried out at the appropriate time and in the appropriate manner.

- To inform employees of their eligibility for membership in the LCC Worker Benefit Plans.
- To enrol eligible full-time employees in the LCC Worker Benefit Plan at their date of hire and to enrol eligible part-time and temporary employees in the Pension Plan when they are first eligible.
- To notify LCC Worker Benefit Plans of any member’s termination of employment, the granting and termination of leaves of absences, including long-term disability.
- To distribute notices, educational material and any other communication materials to LCC Worker Benefit Plans’ members concerning the administration, funding and operations of the plans.
- To deduct from the member’s pay their monthly share of contributions to the LCC Worker Benefit Plans. Such contributions are to be from the member’s net pay, with the exception of the Pension Plan which is deducted from gross pay before taxes. To be in compliance with federal tax rules for the plan, members must pay the Long-Term Disability premium from their net pay.
- To contribute, on behalf of each member, the Employer’s monthly contribution to the LCC Worker Benefit Plans.
- To remit such member and Employer contributions to the Administrator of the Worker Benefit Plans by the 15th day of each month.
- To provide information and records that may be requested by the Administrator – LCC Worker Benefit Plans in order for the Administrator to carry out its responsibilities and to comply with applicable federal and provincial legislation and regulations including but not limited to:
 - Providing LCC Worker Benefit Plans with information on members’ pensionable earnings and changes in pensionable earnings.
 - Keeping LCC Worker Benefit Plans informed with up-to-date contact information.
- To authorize the Administrator – LCC Worker Benefit Plans to complete any forms or reports on its behalf as may be required by the government or its departments or agencies using information provided by the Employer.

- To acknowledge that the Administrator – LCC Worker Benefit Plans is not the agent of the Employer with respect to the performance of the Employer of the obligations and responsibilities required from the Employer under the LCC Worker Benefit Plans. The Employer acknowledges that the Employer is responsible for ensuring its employees are properly enrolled in the LCC Worker Benefit Plans, and is responsible for discharging all of the obligations and responsibilities required from an Employer including any errors or omissions with respect to its obligations and responsibilities.
- The Employer agrees to indemnify and hold harmless the Administrator – LCC Worker Benefit Plans with respect to any claims arising out of the performance or non-performance by the Employer of any of its obligations and responsibilities as an Employer under the LCC Worker Benefit Plans.

LCC Worker Benefit Plans

- The LCC Worker Benefit Plans is comprised of two components, in both of which Employers must participate;
 - **Lutheran Church–Canada – Canada Pension Plan – Defined Contribution section**
 - **FlexBenefits Program.**

The following provides a brief description of these plans. Further information and details are available on the LCC Worker Benefit Plan (WBP) website at www.lccbenefts.ca.

Eligibility

The Lutheran Church–Canada Worker Benefit Plans is available to employees of participating congregations, schools and other affiliated agencies approved for admission to the LCC Worker Benefit Plans by the Administrator – LCC Worker Benefit Plans or the Board of Directors of Lutheran Church–Canada.

Employees who work:

- On a permanent basis for 24 or more hours per week will be enrolled in the Pension Plan and the FlexBenefits Program on the first of the month following their date of hire. (Exceptions apply in Saskatchewan due to provincial legislation).
- On a permanent basis for less than 24 hours per week but more than 15 hours per week will be enrolled in the Pension Plan only (not the FlexBenefits Program) or who work on a temporary or contract basis provided they meet the following qualifications:
 - have 24 months of continuous service and,
 - earned at least 35% of the Yearly Maximum Pensionable Earnings under the Canada Pension Plan or who have worked at least 700 hours **in each of two consecutive calendar years.**

Important: All eligible workers must be enrolled within 31 days of their eligibility date.

Pension Plan

Your employee will be enrolled as a member of LCC Worker Benefit Plans in the Defined Contribution (DC) component of the pension plan. A DC pension plan is a type of plan that provides a retirement

account to which contributions are made based on earnings. The member will decide how to invest the contributions from a number of investment options, with a range of risk and return potentials. The money that will have accumulated in this DC account at retirement will be transferred out of the plan to a retirement vehicle from which an income is drawn.

- The employer is required to contribute a percentage of the employee's pay (currently 6%) toward the employee pension account.
- The employee will also contribute a percentage of their pensionable earnings (currently 4%) toward their pension account.
- The employee will be given the opportunity to make optional contributions of up to 4% of pensionable earnings.

FlexBenefit Program

Eligible employees are provided with the following programs which are 100% employer paid:

- **Dependent Life Insurance**
- **Emergency Health Travel Assistance and an**
- **Employee Assistance Program (professional counseling service).**

In addition, employees are provided with:

- **Health Care Coverage**
- **Dental Coverage**
- **Life Insurance**

with the ability to customize their coverage by selecting increased or reduced levels of coverage.

Employees can further customize their coverage by electing to purchase a range of additional benefits such as Optional Life Insurance, Optional Spousal Life Insurance, Optional Child Life Insurance and Optional Accidental Death and Dismemberment Insurance.

Employees are provided with employer-provided FlexDollars, a form of benefit allowance that can be used to pay for their coverage selections. Any cost in excess of the FlexDollars provided is paid for by the employee through payroll deduction. Employees are also required to pay the costs of their **Long-Term Disability plan**.

Invoicing

Employers are sent a monthly invoice at the beginning of each month with payment due by the 15th. Employers are responsible for deducting the employee's share of contributions from the employee's salary. The invoice will provide details on the employee's payroll deduction including the amounts for the LCC Pension Plan (including Optional contributions), Long-Term Disability or for enhanced levels of benefits coverage in excess of the FlexDollars provided. If an employee has left-over FlexDollars that they have elected to receive as taxable cash, the invoice will reflect the amount to be added to their pay cheque. The invoice will also show the amount of the taxable benefit to be included in the employee's income tax calculation.

Benefits provided under the LCC Worker Benefit Plans are insured with an insurance carrier and premiums must be forwarded in the month for which coverage is provided in order that the policy of insurance remains in place and to ensure that benefit coverage continues for your employees.

Changes

To ensure that you are being invoiced the correct amount, timely notification of any changes to your employee's status is essential. Notification is essential since many changes cannot be made retroactively. Some benefits such as Group Life Insurance in case of death, Long-Term Disability and also future Pension earnings are based on current and accurate salary levels. The LCC Worker Benefit Plans office requires notification of any of the following changes:

- Changes to Earnings
- Termination of employment (including retirement, transfer, etc.)
- Change of family status (e.g., Marriage, birth of child, divorce, adoption, etc.)
- Change of coverage under Health and Dental benefits (e.g., Change in Spouse's plan)

Request for change forms are available online at www.lccbenefts.ca or by contacting the WBP office for more information. Once notification is received the change will be reflected on a subsequent month's invoice along with any required adjustments.

Dual or Multi-Point Parishes

Each Employer making up the dual or multiple parishes must adopt the Lutheran Church–Canada Worker Benefit Plans. One Employer will be designated as the “Contact Employer” for purposes of the LCC Worker Benefit Plans. All correspondence, statements and invoices will be sent to the Contact Employer. Such Contact Employer will be responsible to perform all of the employer responsibilities and administrative duties for the LCC Worker Benefit Plans. Other Employers in the dual or multi-point parish are to remit their portion of any payments towards the LCC Worker Benefit Plans to the Contact Employer who in turn forwards the total amount to the Worker Benefit Plan Offices.

Enrolling Employees

Employees are to be enrolled by completing the Notification of New Hire Form available on the on the LCC Worker Benefit Plan (WBP) website at www.lccbenefts.ca.

WBP Office Contact Information

Mailing Address:
Lutheran Church–Canada
Worker Benefit Plans
3074 Portage Avenue
Winnipeg, MB R3K 0Y2

Phone: 1-800-588-4226 ext 2221, or 2226
Fax: 1-204-897-4319
Email: benefitplans@lutheranchurch.ca
Website: www.lccbenefts.ca



Employer Participation Agreement

--

Employer Information

Name of Organization/Employer		
Address:		
City:	Prov:	Postal Code:

Employer Representatives/Contacts - Please list two contacts that will be responsible for the LCC Worker Benefit Plans (i.e. Treasurer, Business Manager, President of Church Council etc.)

Primary Contact		
Contact's Name:		
Contact's Home Phone: ()	Contact's Work Phone: ()	Contact's Email Address:
Alternate Contact		
Contact' Name:		
Contact's Home Phone: ()	Contact's Work Phone: ()	Contact's E-mail Address:

Dual or Multiple Parish Information

Is this employer participating in a dual or multiple parish (check one)?		Yes	No		
If applicable, indicate the date the Employer become a dual or multiple Parish?		Year	Month Day		
Please list the names and addresses of other employers participating in a multiple parish and indicate (X) the name of the employer who will serve as the Contact Employer.					
Employers Name	Address	City	Province	Postal Code	Contact Employer (X)
Signature of Contact Employer					
The Employer designated above is authorized to act as the Contact Employer for this Dual or Multiple Parish and perform all duties of an Employer participating in the Worker Benefit Plans.					
Signature		Title		Date	

Resolution Adopting Lutheran Church – Canada’s Worker Benefit Plans

I _____ an officer of _____ (Full name and address of Employer) a(n) corporation (unincorporated association), do hereby certify to the Board of Managers of the LCC Worker Benefit Plans that at a meeting of the Governing Body of the Employer duly called and held in accordance with the Constitution and By-Laws of the Employer, the following resolution was duly adopted. Date of Meeting was _____, 20_____.

Lutheran Church–Canada Worker Benefit Plans

Resolved, That this Employer elects to participate in the Lutheran Church–Canada Worker Benefit Plans for all of the eligible employees as outlined in the Participation Agreement with Lutheran Church–Canada – Administrator Worker Benefit Plans effective _____, 20_____.

And the Administrator of Lutheran Church–Canada Worker Benefit Plans be authorized and empowered on behalf of this Employer to execute a power of attorney authorizing the attorneys of Lutheran Church–Canada to represent this Employer before Canada Revenue Agency and the pension Regulator or commission or similar body in the Province in which this organization is located in connection with the participation of this Employer in the Worker Benefit Plans

I further certify that the foregoing resolution has been recorded in the minutes referred to above.

In Witness WHEREOF, I have hereunto set my hand this _____ day of _____, 20_____.

Signature	Official Position	Date
-----------	-------------------	------

Seal, if incorporated

