

2024 CONFIDENTIAL INFORMATION SHEET

Long Term Disability and Pension Calculations

PLEASE COMPLETE THIS FORM AND SUBMIT TO THE CBWC WHENEVER THERE IS A CHANGE IN SALARY OR FOR NEW EMPLOYEES. **AGA BENEFITS SOLUTIONS SHOULD ALSO BE INFORMED OF ANY ADDITIONS OR CHANGES IN SALARY AS THIS AFFECTS LONG TERM DISABILITY BENEFIT.**

EMPLOYEE'S NAME:	S.I.N.:
CHURCH NAME:	MINISTRY/JOB TITLE:
EFFECTIVE DATE OF SALARY:	

PENSION PLAN: THE CHURCH/ORGANIZATION IS RESPONSIBLE FOR ENROLMENT IN THE PLAN	
TOTAL ANNUAL SALARY (including housing allowance, if applicable):	
# OF PAY PERIODS (Bi-weekly=26; Bi-monthly=24; Monthly=12):	
12% PENSION CONTRIBUTION PER PAY PERIOD: (Total Gross Salary Multiplied by 12% Divided by # of Pay Periods)	

LONG TERM DISABILITY: APPLICATION 156241 MUST BE SUBMITTED FOR COVERAGE	
TOTAL ANNUAL SALARY (including housing allowance, if applicable):	
LTD COVERAGE (67% of annual salary)	
ANNUAL PREMIUM (Total Annual Salary x 0.67 x 0.02707)	

CERTIFICATION	
TREASURER/CHAIR:	PARTICIPANT:
NAME:	NAME:
PHONE #:	PHONE #:
EMAIL:	EMAIL:
SIGNATURE:	

IMPORTANT:

Return completed form to: **Louanne Haugan, Pension & Benefit Liaison**
#201, 221 10th Avenue SE Calgary, AB T2G 0V9
Email: lhaugan@cbwc.ca PH: 403-930-7006

PLEASE NOTIFY US OF ANY EMPLOYEE TERMINATIONS TO ENSURE CANCELLATION OF COVERAGE