



EMPLOYEE BENEFITS REPORT

Privacy Act 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*. 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](#), R.S.C., 1985, c. I-6, and s. 122 (1), 123 (1) and 124 (1) of the [Financial Administration Act](#) 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](#) (<http://www.aadnc-aandc.gc.ca/eng/1100100011039/1100100011040>), 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 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 |
|----------------|------------------|--------|

Contact

| | | | | |
|------------|-------------|-------|------------------|---------------|
| Given Name | Family Name | Title | Telephone Number | Email Address |
|------------|-------------|-------|------------------|---------------|

List of Eligible Employees

| Employer Name | | | | | | | Period (YYYYMMDD) | | | | | | |
|---------------------|----------------------|------------|---------|------------------|-----------|---------------------|---------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|-----------------------------|--|
| | | | | | | | From | To | | | | | |
| | | | | | | | 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) |
|------------|-------------|-------|-----------------|