Retirement Benefit

for Manitoba Child Care Workers and Home-based Providers



210 - 114 Garry Street, Winnipeg MB R3C 4V4

210 - 114 Garry Street, Winnipeg MB R3C 4V4 204-945-0776 in Winnipeg; toll free 1-888-213-4754

The retirement benefit provides a one-time payment to people who work in a licensed, non-profit child care centre (includes nursery schools) or a licensed family or group child care home in Manitoba. As an employee or licensee, when you choose to retire, you can apply to receive a benefit payment equal to four paid days for each year you have worked in licensed child care, up to 10 years (maximum 40 days). The benefit is based on your wage at the time of retirement.

To be eligible to receive the retirement benefit, there are two options:

Option 1: You retire at age 65 or older.

Option 2: Rule of 80 - You retire between the ages of 55 and 65, and your age plus years of service total at least 80.

For example, if you retire at 55, you must have worked in licensed child care in Manitoba for at least 25 years (55 + 25 = 80).

You must work continuously for one year to be eligible to apply for the benefit. For individuals who returned to work in licensed child care after December 1, 2010, only years worked after this date will be used to calculate the retirement benefit.

Employees who have worked part-time (less than 30 hours a week) in child care centres for most of the last 10 years are eligible for 60 per cent of the full-time benefit amount.

The benefit amount for **family** or **group child care home** providers is calculated at:

- · 80 per cent of the total income the provider could earn from the maximum regulated fees and operating grants
- · fees and grants based on the current number of licensed spaces

This calculation is applied even if the providers did not receive the operating grant. For group child care providers, the income is divided between the licensees to calculate the benefit.

COMPLETING THE RETIREMENT BENEFIT APPLICATION FORM

Child Care Centres

- · The employee completes Part A.
- · The employer completes Part B.
- · Send Part A and Part B to the Early Learning and Child Care Program at least one month before the employee's retirement date.
- · After MELCC confirms the benefit amount, payment is released to the employer.
- The employer then pays the benefit to the employee on the employee's final pay. Note that it should be paid as a retiring allowance, which is not subject to CPP contributions or EI premiums. Please consult Canada Revenue Agency's
 - Employer's Guide: Filing the T4 Slip and Summary (RC4120 (e) Rev.10) for more information about retiring allowances.
- Employees can ask their employers to use the benefit to buy a registered retirement savings plan on their behalf. This may allow the employees to avoid income tax deductions on the benefit.

Home Providers

- The licensee completes Part C. Complete Part A only if you were previously employed at a child care centre.
- Send the completed form to MELCC at least one month before the licensee's retirement date.
- Payment of the benefit will be made directly to the provider(s).
- Group child care providers each licensee fills out a separate form when retiring.

Send your completed application form and supporting documents to:

Early Learning and Child Care Program, Pension Plan 210-114 Garry Street, Winnipeg MB R3C 4V4

If you have questions, call Child Care Information Services at 204 945-0776 in Winnipeg; toll free 1-888-213-4754.

Retirement Benefit Application Form

Early Learning and Child Care Program

210 - 114 Garry Street, Winnipeg MB R3C 4V4 204-945-0776 in Winnipeg; toll free 1-888-213-4754

| Part A - Employee/retiree informa | | <u>C:</u> | -1 ::4:-1/-) | | |
|--|------------------------------------|-------------------------------------|--------------------------|--|-------------------------------------|
| Last name | | Given name an | d initial(s) | | |
| | | | | | |
| Birth date(yyyy/mm/dd) | | Planned retirement date(yyyy/mm/dd) | | | |
| | | | | | |
| ears of service in licensed child care in Manito | | | | | |
| Years of service can include a combination of years of provider in Manitoba. The working years do no | | | are centre and as | s a licensed family or gro | oup child care h |
| List centres where you worked and times you we | ere a home provider, star | ting with the mo | ostrecent. | | |
| When you estimate the approximate number of worked part-time and full-time at the centre, lis | | | _ | | |
| Attach photocopies of supporting documents, i record of employment issued by the employer | · | • | ed by the emplo | yer for each year you wo | orked there, or |
| his section must be complete and accura | te. It is used to calcu | ılate your eli | gibility and th | e amount of your bo | enefit. |
| Name and address of licensed facility | Position (for centre employees) | Start date (yyyy/mm/dd) | End date (yyyy/mm/dd) | Approximate hours worked per week (for centre employees) | Supporting documents attached |
| | | | | | ○Yes ○N |
| | | | | | ○Yes ○N |
| | | | | | ○Yes ○N |
| | | | | | ○Yes ○N |
| | | | | | ○Yes ○N |
| | | | | | ○Yes ○N |
| | | | | | ○Yes ○N |
| | | | | | ○Yes ○N |
| | | | | | ○Yes ○N |
| | | | | | ○Yes ○N |
| | (attach a separate list | if you need more | e space) | l | l |
| I agree that the information provided in this applie | | | | | information |
| that may be relevant in determining my eligibility | | | | | |

EMPLOYER MUST COMPLETE PART B. PARTS A AND B MUST BE SUBMITTED TOGETHER WITH SUPPORTING DOCUMENTS

| Part B - Employer information | on/declaration | (for employee | es of a child | care | centre |) | |
|--|------------------------|----------------------|------------------|--------------------------------|-----------|--------------------|-------------|
| Centre name | | | | Facility ID | | | |
| | | | | | | | |
| Employee's current position and classification | | | | Employee's current hourly wage | | | |
| | | | | | | <u> </u> | |
| During her/his employment at your centre, how many years and memployee work full-time (30 hours or more per week) and how many | | | Full-time | , | years+ | Part-time | years+ |
| months part-time (less than 30 hours a wee | 2K) ? | | | | | | |
| | | | | | months | | months — |
| I/We declare that the information provided as the information on the employee's resu (MELCC may require access to these docum | me or application forr | | | me | ○ Yes | ○ No | |
| I/We declare that the information prov form is the same as the centre's record (MELCC may require access to these do | s of her/his current | • • | of this applicat | ion | ○ Yes | ○ No | |
| I/We declare that the information proverturns to work at this centre within signal failure to repay the full amount of the government. | months, the centre | e must repay the ful | I amount of the | e retire | ment bene | efit to MELCC. Any | |
| Signature of dir | ector | | | | Date | | |
| Signature of board | member | _ | | | Date | | |
| | | | | | | | |
| For The Early Learning and | Child Care Pro | ogram use on | ly | | | | |
| Vendor No. | Cost element | Order No. | Ref d | oc. | | Text | |
| | 7211000 | 930066109 | | re bene | efit | *Pension | |
| Approval for payment signature | | Date | | | Amount | payable by Manit | oba |

Retirement Benefit Application Form

Early Learning and Child Care Program

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| Part C - Family or group ch | ild care home pr | ovider retiree ii | nformatio | n/declara | tion | | | |
|--|-------------------------|-------------------------|----------------|--------------|-------------------|--|--|--|
| Name of licensed home | | | | Facility ID | | | | |
| | | | | | | | | |
| Last name of retiree | | Given name and Initials | | | | | | |
| | | | | | | | | |
| Birth date (yyyy/mm/dd) | | Planned retirement date | | | | | | |
| | | | | | | | | |
| Is this home licensed as a family or a g | roup child care home? | Family child | d care home | ○ Group ch | ild care home | | | |
| Number of current licensed spaces: | infa | nntpresch | ool | school age | =Total | | | |
| Are you classified as an early childhood | educator (ECE II or ECE | E III)? | ○ No | | | | | |
| Signature of lice | ensee | | | Date | | | | |
| The information in this application | n form will be verifie | d by the Early Learn | ing and Chil | d Care Progr | ram. | | | |
| Complete Part A only if you | ı were previous | ly employed at a | a child car | e centre. | | | | |
| For Early Learning and Chil | d Care Program | use only | | | | | | |
| Vendor No. | Cost element | Order No. | r No. Ref doc. | | Text | | | |
| | 7211000 | 930066109 | *Retire ben | nefit | *Pension | | | |
| Approval for payment signature | | Date | J L | Amount pa | yable by Manitoba | | | |
| | | | | | | | | |