

EMPLOYEE BENEFITS APPLICATION

PAW Number/Fiscal Year:

41802 (2023-2024)

Purpose:

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

Field Definitions:

Field	Definition
Identification	
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.
Contact	
Given Name Family Name Title Telephone Number Email Address	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.
Application Information	
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 nd or 3 rd , 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'.
Employee Contributions - Defined Contribution Plans	Answer only if you provide a Defined Contribution Private Pension Plan to your employees.

Field	Definition
Defined Benefit Plans	Answer only if you provide a Defined Benefit Private Pension Plan to your employees.

Supporting Documents (if applicable)

This table allows you to identify the supporting document(s) being submitted and the method of submission.

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"> - Attachment - Email - Facsimile - Mail - By Hand/Courier <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 left 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>

Declaration

Given Name Family Name Title Date (YYYYMMDD)	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'.
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