



Manitoba Child Care Association

Family Child Care Provider Income Calculation Form for Group Benefits

Name _____ Email _____

Address _____ City/Town _____

Postal Code _____ Phone _____

Date you were licensed: _____ Number of licensed spaces _____ Average enrollment _____

Do you receive the government operating grant? YES NO

Are you a group family child care home? (circle one) *YES NO

If yes, name of co-licensee: _____

How many hours a week do you provide family child care? _____

How many weeks a year do you provide family child care? _____

New applicants: Coverage you are applying for: (circle one) BASIC SINGLE FAMILY

Insurable Earnings Calculation:

Your income from parent fees and the operating grant (if received) are used in calculating your insurable earnings. Declare only your share of income if you are a group family child care home.

Income from parent fees (include subsidy income) _____ per year

ADD: Government operating grant _____ per year

 Total child care income _____ per year

LESS: 15% for child care business expenses: - _____

***Insurable earnings** = _____ per year

*You may be asked to provide evidence of insurable earnings when claiming benefits.

(continued on other side)

HealthSource Plus Group Enrollment and Change Form:

Please report your insurable earnings, dependents, beneficiary, address, email or any change of coverage to MCCA using the HealthSource Plus Group Enrollment and Change Form **within 30 days** of the effective date.

Terminations must be received by MCCA by the 20th of the month to be effective the first of the following month.

Return the Family Child Care Provider Income Calculation Form and the HealthSource Plus Group Benefit Enrollment and Change Form to MCCA.

If you are reporting a change in your insurable earnings what is the effective date*:

Day / Month / Year

(*Back premiums may be owing.)

I declare the above information is accurate. I give consent for the Manitoba Child Care Association to provide my group benefits information to HealthSource Plus.

Signature of family child care provider _____ Date _____

Mail to:

Manitoba Child Care Association
2nd Floor, Royal Bank Building, 2350 McPhillips St
Winnipeg, Manitoba R2V 4J6

Fax to:

204-589-5613

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