



Family Child Care Provider Income Calculation form for Group Benefits

Name:	Date of Birth:
Street Address:	City/Town & Postal Code:
Email address:	Phone number:

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

Average enrolment: _____

Do you receive the government operating grant? YES NO

Are you a group family child care home? 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 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 _____ per year

Equals Total Insurance Earnings _____ per year

Family Child Care Provider Group Benefits

Canada Life New Enrolments:

An invitation to enrol will be sent by the Plan Administrator by email or mobile. You are responsible to complete the enrolment **within 30 days of the effective date.**

Canada Life Group Coverage Change Form:

Please report your dependents, beneficiary, address, email or any change of coverage to MCCA using the Canada Life Group Coverage Change Form **within 30 days** of the effective date.

Please report your insurable earnings to MCCA using the Family Child Care Provider Income Calculation form for Group Benefits **within 30 days** of the effective date.

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

Month/Day/Y ear

(*Back premiums may be owing.)

Termination of Coverage

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

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

Signature of family child care provider _____ Date _____

Complete and return this form via email to info@mccahouse.org or by mail to:

Manitoba Child Care Association

2nd Floor, Royal Bank Building, 2350 McPhillips St

Winnipeg, Manitoba R2V4J6

Fax : 204-589-5613

