

RRSP Contribution Reimbursement Application Form



Early Learning and Child Care
210-114 Garry Street
Winnipeg MB
R3C 4V4

for family and group child care home providers
and inclusion support workers in a child care home

The Early Learning and Child Care Program will reimburse home providers and eligible inclusion support workers for 50 per cent of their contribution to an RRSP, up to the following maximums:

| Provider Type | Maximum Amount |
|---|--|
| Family Child Care Provider | \$1,500 |
| Family Child Care Provider with an ECE Classification | \$1,700 |
| Group Child Care Provider | \$1,100 |
| Group Child Care Provider with an ECE Classification | \$1,300 |
| Inclusion Support Worker | 4% of gross income in a licensed child care home |

For example, a family child care provider who buys a \$3,000 RRSP is eligible to receive a reimbursement of \$1,500.

Instructions

- Use one form for each applicant.
- You can only apply for this reimbursement once a year, between January 1 and March 15, following the tax year in which you bought the RRSP. You can contribute to an RRSP anytime during the tax year, and until March 1 of the following year (February 29 during a leap year).
- You must include a photocopy of your tax receipt for your RRSP with your application. The tax receipt is provided by the financial institution where you bought your RRSP.
- If you bought more than one RRSP, include photocopies of all the receipts.

Inclusion Support Workers

You must complete the above steps, plus the following:

- Both you and the licensed home provider fill in the form.
- You must include a photocopy of your T4 slip issued by the home-based child care provider where you worked.
- If you worked at more than one licensed child care home during the year, you can claim the total income from all the home providers. You need to include a T4 for each job, and have your current employer fill in their parts of the form.
- The Early Learning and Child Care Program pays the reimbursement to the licensed child care provider who must pass it on to you.

Send your completed 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 about completing this form, please call Child Care Information Services at 945-0776 in Winnipeg or 1-888-213-4754 toll-free, or email ELCCFinance@gov.mb.ca.

The information in this application form may be verified by the Early Learning and Child Care Program.

| Part A Information about licensee | | | |
|---|---|---------------------------|-------------|
| Last name | | Given name and initial(s) | |
| Address of the licensed home | | City/town | Postal code |
| Facility ID | Is this home licensed as a family or a group child care home? <input type="radio"/> Family child care home <input type="radio"/> Group child care home | | |
| Contact information (phone number or email) | | | |

| Part B – Information about inclusion support worker (if applicable) | |
|--|---------------------------|
| Complete this section only if you are an inclusion support worker in a licensed child care home applying for this reimbursement. A photocopy of your T4 slip must be included. | |
| Last name | Given name and initial(s) |
| Annual gross income of inclusion support worker (found in box 14 of T4 slip) \$ | |
| Are you claiming income for work at more than one licensed home provider? <input type="radio"/> Yes <input type="radio"/> No If yes, remember to include photocopies of all T4 slips. Also include a separate list of the names and addresses of the employers you worked for. | |

| Part C – Claim and declaration | |
|--|-------|
| Amount of RRSP contributions (A photocopy of all RRSP tax receipts must be included.) | \$ |
| Claim amount (50% of the RRSP contribution, up to the maximums on page 1 of this form) | \$ |
| I/We agree that the information provided in this application is true and complete. I/We have not misrepresented, concealed or omitted any information that may be relevant in determining the amount of this RRSP reimbursement. | |
| _____ | _____ |
| Signature of Licensee | Date |
| _____ | _____ |
| Signature of Inclusion Support Worker (if applicable) | Date |

| Part D For office use only | | | | |
|-----------------------------------|--------------------------------|-------------------------------|---------------------------------|------------------------|
| Vendor No. | Cost Element 7211000 | Order No. 930099933 | Ref Doc. RRSP | Text Pension |
| Approval for Payment Signature | | Date | Amount Payable by Province ➤ | |