



1000 - 1801 Hamilton Street
 REGINA SK S4P 4W3
 Phone: (306) 787-2684 in Regina
 1-877-506-6377 (Toll free)
 Fax: 306-787-0244
 Email: mepp@peba.gov.sk.ca

Payroll Deduction Return

1 Tell Us About You (Please Print)

Employer Number: _____ Employer Name: _____

Pay Schedule: _____

Pay Period Begin (dd/mm/yyyy) _____ Pay Period End (dd/mm/yyyy) _____

MEPP Office Use Only

PDR Number: _____ Contribution: _____

Hours Paid: _____ Potential Hours: _____

Number of Records: _____

2 Contributions

Contribution Rates - Employer and Employee each pay:

General Membership - **9.00%**

Designated Police Officers and Firefighters - **12.50%**

Social Insurance Number	Name (Last, First)	Contribution Type	Contribution Period Begin Date	Contribution Period End Date	Service Type	Pensionable Salary	Combined Contribution	Hours Paid
Subtotal:								

Signature of Employer Representative _____

Date (dd/mm/yyyy) _____

Amount of Total Remittance: _____