



2015

**Subsidy Program for an employer hiring a
worker who has suffered an employment
injury**

Conditions for granting a subsidy to an employer hiring a worker who has suffered an employment injury

Article I. PURPOSE

- (a) The main purpose of this program, is to re-integrate an employee who has suffered a work related injury, but cannot return to his/her original occupation. It assists in re-establishing his/her employability into the work force, it assists an employer to fill positions within their organization, it re-establishes employee self-esteem and productivity.

Article II. EXAMPLE John Doe is a truck driver who was injured and can no longer drive a truck. He will be re-trained by Mohawk Self Insurance and its experts into a new occupation. Because he can no longer perform driving duties does not mean that he cannot perform other occupations.

- (a) It is anticipated to re-train and re-integrate John Doe to his pre-injury earnings, if this is not the situation, then as close as possible.
- (b) Mohawk Self Insurance must determine conditions for granting a subsidy for a period not exceeding (1) one year to an employer hiring a worker who has suffered an employment injury when the worker is unable to meet the normal requirements for employment.
- (c) The purpose of the subsidy is to provide the worker, under the terms of his personal rehabilitation program, with a period of readjustment to his employment or adaptation to his new employment, or to enable him to acquire new vocational qualifications.

Section 2.02 APPLICATION FOR SUBSIDY

- (a) To obtain a subsidy, an employer hiring a worker who has suffered an employment injury shall apply to Mohawk Self Insurance.
- (b) Mohawk Self Insurance shall provide professional and technical services to aid the employer in drawing up his application, in particular for the purposes of job evaluation or defining a hiring or training plan.
- (c) An application shall contain sufficient particulars to make it possible to design a program for the purpose of providing the worker with a period of readjustment to his employment or adaptation to his new employment, or enabling him to acquire new vocational qualifications.

- (d) It shall enable Mohawk Self Insurance to assess the stability of the position in question and the possibilities of keeping the worker employed.

Section 2.03 AMOUNT AND TERM OF THE SUBSIDY

- (a) In determining the amount and term of a subsidy, Mohawk Self Insurance shall take into consideration the requirements of the employment, allowing for the worker's experience, vocational qualifications and residual capacity.
- (b) Mohawk Self Insurance shall also take into consideration any additional costs incurred and the impact on the operation of the undertaking, as shown by the employer.
- (c) The maximum weekly amount of the subsidy paid by Mohawk Self Insurance may not exceed 80%¹ of the gross weekly wage for the subsidized employment.
- (d) Minimum wage is \$422.00 per week (2015) in no case may the employee be paid less than the minimum wage.
- (e) Maximum is \$1,346.15 per week (2015)
- (f) For the purposes of the subsidy, wages, posted on an annual basis, are considered up to the Maximum Yearly Insurable Earnings. \$1,346.15 for 2015
- (g) Where the employer receives or is eligible to receive a subsidy or contribution from another public, or private body and where such a subsidy or contribution may reduce the costs of the program, the employer shall inform Mohawk Self Insurance.
- (h) Where the employer receives or is eligible to receive such a subsidy or contribution, the subsidy of Mohawk Self Insurance shall be reduced by an amount equal to the sum of such subsidies or contributions.
- (i) Where Mohawk Self Insurance consents to pay a subsidy, an agreement shall be made and signed by the employer or his representative and the representative of Mohawk Self Insurance.

Section 2.04 The agreement shall contain the following:

- (a) The amount and term of the subsidy
- (b) The frequency of subsidy payments

¹ At the discretion of MSI

- (c) the program to be carried out by the employer; (job description)
- (d) the dates the program begins and ends; and
- (e) any other condition(s).
- (f) The agreement may be varied with the written consent of the parties.

Section 2.05 PAYMENT OF THE SUBSIDY

- (a) Mohawk Self Insurance shall pay the employer the amount of the subsidy at the end of each month upon receipt of a claim in writing enumerating the hours or days actually worked.
- (b) To be accepted, the final claim must be made within 60 days of the last day of the program.

Section 2.06 DUTIES OF THE EMPLOYER

- (a) The employer shall grant the worker all of the rights and privileges granted to other workers in his business, including wages, for a position corresponding to that which the worker will hold, taking into account the worker's qualifications and experience.
- (b) The employer shall allow representatives of Mohawk Self Insurance access to the establishment, with reasonable prior notice (24 hours), to ensure supervision of the program from the point of view of progress realized or the application of the subsidy.
- (c) The employer shall allow the representatives to examine records and book related to the program and the subsidy.

Section 2.07 DUTIES OF THE WORKER

- (a) The worker shall take an active part in the program drawn up and shall fully comply, failure to comply will result in termination of benefits.
- (b) The worker shall abide by the administrative and professional by-laws or practices current with the employer.

Section 2.08 END OF SUBSIDY

- (a) If the employer or the worker does not comply with these conditions or with the conditions fixed in the program or the agreement Mohawk Self Insurance will terminate all payments of the subsidy by giving 14 working days notice in writing.

Section 2.09 RECOVERY OF SUBSIDY

- (a) Mohawk Self Insurance shall recover all or part of a subsidy it has paid to the extent that the subsidy has not been applied to the purposes for which it was granted.
- (b) There are certain criteria that must apply to the hiring of the worker
- (c) Employer must be registered to provide the worker with Mohawk Self Insurance, Employment Insurance, Quebec Parental Insurance Plan benefits (mandatory)
- (d) Ideally if the employer can also provide a pension and group insurance plan (non-mandatory)

Section 2.10 Physician must agree to the occupation and job description

Section 2.11 Employer must respect the physical limitations (if any) of the worker

Section 2.12 Employer must provide an employment contract

Section 2.13 Inspection of the premises where the worker will be employed is mandatory, inspections by the Occupational Safety and Health office of the Community Protection Unit and a representative of Mohawk Self Insurance.

Section 2.14 The worker will become a permanent employee of the employer

Section 2.15 Salary cannot be below the minimum wage \$422.00 per week or no more than \$1,346.15 per week, if the position pays more than \$1,346.15 per week, MSI will subsidize only up to maximum weekly insurable.

Section 2.16 MSI will reimburse employer on a monthly basis after receiving MSI-16e form

Subsidy Example

The new position pays \$600.00 per week

$\$600.00 \times 80\% \text{ subsidy} = \480.00

The employer pays \$120.00 plus all mandatory deductions

- EI (Employment Insurance)
- QPIP (Quebec Parental Insurance Program)
- MSI (Mohawk Self Insurance)

The employer at it's own cost also offer pension and group health/life insurance to the employee

After the 52 weeks, the subsidy is terminated and the worker becomes a permanent employee of the employer.

Other conditions:

If the employee is purposely uncooperative, continually, missing days, difficult, tardy, bad attitude, any sort of self-sabotaging themselves, all benefits are terminated, pending an investigation. The employee must conduct themselves in a serious employment manner, this is not a free ride.

If the employee is terminated by the employer, (as per the policy and procedures of the employer) all benefits are terminated.

All benefits for the employee (MSI claimant) will also be terminated.

STEPS TO TAKE

Step 1	Contact the Mohawk Self Insurance Office	450-638-0500 Lorna Delaronde Joel Jacobs
Step 2	Arrange a meeting and Receive Information Package	
Step 3	Complete Application form MSI-Ae	
Step 4	Complete Employee info form MSI-Be	
Step 5	Provide MSI with a detailed job description	
Step 6	Provide MSI with an employment contract	

Forms

MSI-16e Employer Subsidy Salary reimbursement request

MSI-Ae Application form

MSI-Be Employee information form

Re-imburement Procedure

At the end of each month the employer will submit to MSI (Claims Officer) an invoice for the gross wage amount paid to the worker using the MSI-16e form (attached). The employee timesheet to accompany the invoice.

MSI will verify the amount and reimburse the employer by Mohawk Council of Kahnawake cheque within 10 working days of receipt.



MSI-16e

Employer Subsidy Salary Reimbursement Request form

Employer Name:	
Employer address	
Employer telephone	
Employer Fax	
Employer contact	
Worker Name	
Worker Address	
Worker telephone	
Worker Occupation	
Amount Requested	\$
Payment period covered	
Proof of payment to worker attached	Yes _____ No _____

Employer Contact

I attest that the information contained in this document is true and correct

Signature

Day

Month

Year

Please make cheque payable to: _____

MSI Contract number:: _____

MSI-Ae



Application for the MSI Employer Subsidy Program

Company Name: _____

Company Owner Name: _____

Company Owner E-mail Address: _____

Company Address: _____

Office Phone Number: _____

Other Number: _____ House Cell

Office Fax Number: _____

HR Contact Name: _____

HR Contact E-mail Address: _____

Duration of Subsidy: _____

List of Employees: *Please fill out the next page(s).*

As a participant of the Mohawk Self Insurance Program, I hereby agree to abide by the conditions as stated in the Mohawk Self Insurance Policy.

I acknowledge that the information given is correct and that MSI may use this information for verification between MCK operations.

Signature: _____ Date: DAY _____ MONTH _____ YEAR _____

MSI-Ae

Employer Subsidy Program

List of Employees:



Name	Occupation	Hourly Salary	Weekly Salary	Hrs Per Week	Date Hired Month / Day / Year	Full Time	Part Time	Seasonal

Any Additional Information:

Signature _____ Title _____

Date: _____



MSI-Be

MSI requires this information to assess and determine the benefits; in the event of “an on the job injury or death.” Our professional insurance benefit actuaries require this information to calculate the “Dependent and Survivor income benefits” that your spouse/children could be entitled to. MSI will sustain the level of quality and monetary/care/training/re-integration benefits. Also to maintain current up-to-date information on each person registered under the MSI program for the purposes of ensuring a maximum service of delivery.

Employee Information

Employee Name: _____
First Name *Last Name*

Sex: Male: Female:

Date of Birth: _____
Month / Day / Year

Band Number: _____

Medicare Card Number: _____

Social Insurance Number: _____

Home Telephone Number: _____ **Cell Number:** _____

Home Address: _____

Emergency Contact Name: _____ **Phone #:** _____

Marital Status: Married: Divorced: Single: Common Law:

Name of Legal Spouse: _____
First Name *Last Name*

Date of Birth Legal Spouse: _____
Month / Day / Year

Employer Information

Current Employer: _____
Business Name

Business Address: _____

Employment Start Date: _____ **Contract Only End date:** _____
Month / Day / Year *Month / Day / Year*

Hourly Salary: _____ **Weekly Salary:** _____

I hereby acknowledge that the information provided is correct and true. I also acknowledge that MSI may use this information for verification purposes within MCK operations and other agencies.