



ARE YOU ELIGIBLE FOR A DUES REFUND?

You may qualify for a refund of the PROVINCIAL PORTION of MNU dues deducted by your employer, if you paid MNU dues at two or more facilities/employers during 2009. Union dues consist of two components, the PROVINCIAL and Local dues portions. Only the PROVINCIAL portion of MNU dues is refundable.

PROVINCIAL DUES:

\$22.00 per pay period x 26 pay periods = \$572.00.

LOCAL DUES:

depending upon the Local, range from \$1.00 to \$8.00 per pay period x 26 pay periods.

(This amount is NOT refundable.)

EXAMPLE:

You have been deducted \$24.77 in union dues in one pay period (\$22.00 Provincial dues and \$2.77 non-refundable Local dues). You would have to pay 26 pay periods of \$22.00 to reach \$572.00 in Provincial dues before qualifying for a refund. We would then refund the provincial dues portion which exceeds \$572.00.

If you are paying MNU dues at two or more facilities/employers and exceed \$572.00 in Provincial dues, please apply for a refund by January 31, 2010.

APPLYING FOR A REFUND:

It is your responsibility to apply for a dues refund.

- Requests must be **received** in our office **no later than January 31, 2010**
- Applications received **after** this date **will not be eligible**
- Refunds will be issued by mid-April 2010 or earlier
- Apply to Manitoba Nurses' Union:
301-275 Broadway, Winnipeg Manitoba R3C 4M6;
or by Fax: (204) 942-0958
- **Questions?** Email: acctgdept@manitobanurses.ca
- When applying for a dues refund, indicate your name/or name change, current address, phone number, nursing registration licence, Social Insurance Number (SIN), and the amount of MNU dues deducted by each employer
- Home Care and Community Health (Public Health) Nurses; please state your office address and your Local Number

PLEASE NOTE:

- To ensure that your application is received in our office by the deadline, we suggest your request be sent by **registered or certified mail**
- All members receiving a dues refund in 2010 will be issued a T-4A in 2011

2009 Manitoba Nurses' Union Dues Refund Application Form

Name/or Name Change:

Current Address:

(Street)

(City/Town)

(Postal Code)

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(Phone Number)

Nursing Registration/Licence Number

Social Insurance Number

| MNU Places of Employment | MNU Worksite/Local # | Full Time/Part Time | | Casual | Total Dues Deducted |
|--------------------------|----------------------|---------------------|----|--------|---------------------|
| 1. | | FT | PT | Casual | |
| 2. | | FT | PT | Casual | |
| 3. | | FT | PT | Casual | |
| 4. | | FT | PT | Casual | |
| 5. | | FT | PT | Casual | |