



Monthly Premium Calculation Worksheet

For each benefit you would like to include in your plan, fill in the number of participants.
 You may choose to offer different benefits to different classes.

Section A: Pooled Benefits

		Monthly Cost
Life Insurance	\$ 25,000	\$ 10.00
Accidental Death & Dismemberment	\$ 25,000	\$ 1.25
Critical Illness	\$ 25,000	\$ 18.00
Dependent Life	\$10,000/\$5,000	\$ 2.75

Insured by ACE INA Life Insurance Company, administered by The Benefits Trust.

Long Term Disability

Please call for quote.

Pooled Benefits Premiums

Select which benefits you would like

	Monthly rate	x	# Employees	=	Monthly Premium
Life Insurance	\$10.00	x	_____	=	\$ _____
Accidental Death & Dismemberment	\$1.25	x	_____	=	\$ _____
Critical Illness	\$18.00	x	_____	=	\$ _____
Dependant Life	\$2.75	x	_____	=	\$ _____
A: Total Pooled Premiums					\$ _____

Section B: Extended Health Care

Semi-Private Hospital Room	\$150 per day, maximum 30 days per year.
Out of Country Emergency Medical Insurance	Coverage for sudden, unexpected illness or injury. 60 days per trip, maximum \$5,000,000 per person.

Extended Health Care Premiums

	Monthly rate	# Employees	Monthly Contribution
Single	\$ 19.20	x _____	= \$ _____
Family	\$ 38.40	x _____	= \$ _____
B: Total Extended Health Care Premiums			\$ _____

Insured by Royal & Sun Alliance Insurance Company of Canada, administered by The Benefits Trust.

Section C: Prescription Drug Benefit

80% pay-direct drug card. \$5 dispensing fee max.
\$5,000 pre-existing condition limitation in year one.
Includes coverage for vaccines, but does not cover lifestyle or habit-breaking drugs.

Prescription Drug Premiums

	Monthly rate	# Employees	Monthly Contribution
Single	\$ 47.17	x _____	= \$ _____
Family	\$ 112.99	x _____	= \$ _____
C: Total Extended Health Care Premiums			\$ _____

Section D: Dental Care

80% Basic dental with no annual deductible.
Annual maximum \$750 per person / \$1,500 per family.

Dental Care Premiums

	Monthly rate	# Employees	Monthly Contribution
Single	\$ 45.09	x _____	= \$ _____
Family	\$ 99.57	x _____	= \$ _____
D: Total Dental Care Premiums			\$ _____

Section E: Health Care Spending Accounts

Amount as determined by the plan sponsor.

	Annual amount	/ 12 =	Monthly amount	x	# Employees	=	Monthly Contribution
Class A	_____	/ 12 =	_____	x	_____	=	\$ _____
Class B	_____	/ 12 =	_____	x	_____	=	\$ _____
Class C	_____	/ 12 =	_____	x	_____	=	\$ _____
					Total HCSA per Month		\$ _____
Administration Fee	15% of HCSA Contributions				Total HCSA per Month x 15%		\$ _____
					E: Total HCSA & Admin per Month		\$ _____

Calculating the Deposit

Step 1	Total Pooled per Month	A	\$ _____
Step 2	Total Extended Health Care per month	B	\$ _____
Step 3	Total Prescription Drugs per month	C	\$ _____
Step 3	Total Dental Care per month	D	\$ _____
Step 4	Total HCSA & Admin per Month	E	\$ _____
Step 5	Overall Total	(A+B+C+D+E)	Deposit \$ _____

Applicable provincial and federal sales taxes will apply to monthly invoices

Make your cheque payable to The Benefits Trust