



**Public Service Group Insurance Fund
Bi-Weekly Premium Remittance Report
Policy 330780/330785**

Name of Employer _____ Code _____

Insurance premiums made during the pay period from _____ to _____
 YYYY MM DD YYYY MM DD

insuring employees for the period from _____ to _____
 YYYY MM DD YYYY MM DD

1. Group Life Premiums (based on maximum insurance of \$1,000,000)

Employee Premiums -	Classes 1-4 at 7.68¢ per \$1,000 Class 5 at 10.59¢ per \$1,000	\$ _____
Employer Premiums -	Classes 1-4 at 2.91¢ per \$1,000	\$ _____

2. Accidental Death and Disablement Premiums

Employer Premiums	1.58¢ per \$1,000	\$ _____
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3. Dependents Insurance Premiums

Employee Premiums	\$1.60 per Unit	\$ _____
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4. Prior Period Adjustments*

* Attach a breakdown of the prior period adjustments by employee including adjustment period and allocated premiums.

Group Life Premiums	\$ _____
Accidental Death & Disablement Premiums	\$ _____
Dependents Insurance Premiums	\$ _____

Total Premiums (Attach Cheque)	\$ _____
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I certify that the required premiums have been deducted from all employees who are eligible, and that these premiums have been included with the necessary employer premiums in the accompanying cheque that covers this report.

_____	_____
Cheque Number	Date

_____	_____
Authorized Signing Officer	Phone Number

Note: This report is to be forwarded directly to The Civil Service Superannuation Board with a cheque payable to the "PUBLIC SERVICE GROUP INSURANCE FUND".