

An administrative tool

The monthly invoice is made up of three documents: an in-force list of participants, a list of changes and adjustments and the premium notice.

Changes received prior to the 15th of the month will appear on the next premium statement.

IN-FORCE LIST OF PARTICIPANTS

For each employee participating in your plan, the list indicates the name, insurance benefits for which he/she is covered, type of protection (individual or family), volumes of insurance, class of employee and amount of the contractual premium (generally monthly), as well as the sales tax.

CHANGES AND ADJUSTMENTS

This document contains any changes that result in a debit or credit. If the change results in a credit, it will appear as a negative amount on the list of changes and adjustments. Adjustments are pro-rated according to the number of days of insurance (1/30 daily).

DESCRIPTION OF THE CODES THAT APPEAR ON YOUR PREMIUM STATEMENT

Termination of the Benefit or Member

- › Deletion of a Class – *Code 01*
- › Cancellation of a member – *Code 40*
- › Cancellation of a benefit – *Code 01*
- › Division transfer – Old division – *Code 45*
- › Class transfer – Old class – *Code 46*
- › Change of coverage – family to individual – *Code 33*

Correction

- › Correction of the effective date/cancellation of benefits – *Code 01*

Termination of a Division

- › Closing of a division – *Code 01*

New benefit

- › Installation, enrolment or reinstatement of a member/participant's insurance – *Code 31*
- › Installation, enrolment or reinstatement of a benefit – *Code 32*
- › Division transfer – New division – *Code 45*
- › Class transfer – New category – *Code 46*
- › Change of coverage – Individual to family – *Code 32*


Change

- › Volume change – *Code 05*
- › Salary change – *Code 05*


PREMIUM NOTICE

The summary of volume of insurance and the number of participants in your plan is indicated by benefit on the premium notice. It also summarizes the amounts received, the amounts invoiced and the total premium to be paid. You will receive two copies of the premium notice: one to be returned with your payment and the other to retain in your files.


THE PREMIUM STATEMENT

 INDUSTRIAL ALLIANCE <small>INSURANCE AND FINANCIAL SERVICES INC.</small>		GROUP INSURANCE											
POLICY NO: 99999 DIVISION NO: 00001		IN-FORCE LIST OF PARTICIPANTS										PAGE: 1 IF	
ABC ENTERPRISES INC. MS. CONNIE SMITH 299 MY STREET. KINGSTON, ONTARIO M2R 2B7		PERIOD FROM 2009-01-01 THROUGH 2009-01-31 ISSUE DATE 2009-01-01											
		AGENT: B11111 REP: 12											
PARTICIPANT	CERTIFICATE	CLASS	INCOME FREQUENCY	BASIC LIFE	BASIC AND OPTIONAL ADDL	OPTIONAL LIFE	HEALTH INSURANCE	DENTAL CARE	SHORT-TERM DISABILITY	LONG-TERM DISABILITY	OTHER BENEFITS	TAX	TOTAL (INCL. TAX)
BROWN KIM	123 456 789 EMP DEP	100	25 000A										
TOSTLER ROBERT	321 789 456 EMP DEP	100	20 000A										

In-force List of Participants

 INDUSTRIAL ALLIANCE <small>INSURANCE AND FINANCIAL SERVICES INC.</small>		GROUP INSURANCE											
POLICY NO: 99999 DIVISION NO: 00001		CHANGES AND ADJUSTMENTS										PAGE: 1 CA	
ABC ENTERPRISES INC. MS. CONNIE SMITH 299 MY STREET. KINGSTON, ONTARIO M2R 2B7		PERIOD FROM 2009-01-01 THROUGH 2009-01-31 ISSUE DATE 2009-01-01											
		AGENT: B11111 REP: 12											
PARTICIPANT	CERTIFICATE	CLASS	CODE EFFECTIVE DATE	BASIC LIFE	BASIC AND OPTIONAL ADDL	OPTIONAL LIFE	HEALTH INSURANCE	DENTAL CARE	SHORT-TERM DISABILITY	LONG-TERM DISABILITY	OTHER BENEFITS	TAX	TOTAL (INCL. TAX)
BROWN KIM	123 456 789	100	01-20030105	5.44	1.00		19.10		6.33	18.65		4.55	55.07
TOSTLER ROBERT	321 789 456	100	01-20030105	6.80	1.25		19.10		8.03	23.66		5.29	64.13

Changes and Adjustments

 INDUSTRIAL ALLIANCE <small>INSURANCE AND FINANCIAL SERVICES INC.</small>		GROUP INSURANCE											
POLICY NO: 99999 DIVISION NO: 00001		PREMIUM NOTICE										PAGE: 1 PN	
ABC ENTERPRISES INC. MS. CONNIE SMITH 299 MY STREET. KINGSTON, ONTARIO M2R 2B7		PERIOD FROM 2009-01-01 THROUGH 2009-01-31 ISSUE DATE 2009-01-01											
		AGENT: B11111 REP: 12											
IN-FORCE	BASIC LIFE	BASIC AND OPTIONAL ADDL	OPTIONAL LIFE	HEALTH INSURANCE	DENTAL CARE	SHORT-TERM DISABILITY	LONG-TERM DISABILITY	OTHER BENEFITS					
NUMBER OF PARTICIPANTS	0	0	0	0	0	0	0	0	TOTAL				
VOLUME													
MODAL PREMIUM													
ADJUSTMENT	480.38	84.15		1149.09		424.58	1260.88		3,399.08				

Premium Notice