

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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## Member Premium Report for October 2019

### Class: 1 - ALL ELIGIBLE EMPLOYEES

Plan Member Name	Cert. Number	PST	Class #	GSI Policy #	# of Family	Age	Coverage	Premium	Premium Adjustment	Tax	Total
<b>SMITH, JOHN</b>	1234567	ON	1		4	37		237.82	1.62	17.76	257.20
Basic Life Insurance							95000	19.00	0.00	1.52	20.52
Accidental Death and Dismemberment							95000	4.47	0.00	0.36	4.83
Optional Life Insurance							15000	2.43	1.62	0.31	4.36
Optional Spousal Life Insurance								0.00	0.00	0.00	0.00
Optional Dependent Life								0.00	0.00	0.00	0.00
Long Term Disability							3600	33.08	0.00	2.65	35.73
Health							Family	73.99	0.00	5.92	79.91
Dental							Family	87.52	0.00	7.00	94.52
Critical Illness (Composite)				N435520			10000	17.33	0.00	0.00	17.33
<b>WILLIAMS, BILL</b>	2345678	ON	1		4	47		233.24	0.00	17.27	250.51
Basic Life Insurance							90000	18.00	0.00	1.44	19.44
Accidental Death and Dismemberment							90000	4.23	0.00	0.34	4.57
Optional Life Insurance								0.00	0.00	0.00	0.00
Optional Spousal Life Insurance								0.00	0.00	0.00	0.00
Optional Dependent Life								0.00	0.00	0.00	0.00
Long Term Disability							3500	32.17	0.00	2.57	34.74
Health							Family	73.99	0.00	5.92	79.91
Dental							Family	87.52	0.00	7.00	94.52
Critical Illness (Composite)				N537304			10000	17.33	0.00	0.00	17.33
<b>CHAPMAN, LESTER</b>	3456789	ON	1		4	40		227.27	-0.72	17.09	243.64
Basic Life Insurance							84000	16.80	-0.54	1.28	17.54
Accidental Death and Dismemberment							84000	3.95	-0.18	0.32	4.09
Optional Life Insurance								0.00	0.00	0.00	0.00
Optional Spousal Life Insurance								0.00	0.00	0.00	0.00
Optional Dependent Life								0.00	0.00	0.00	0.00
Long Term Disability							3500	32.17	0.00	2.57	34.74
Health							Family	73.99	0.00	5.92	79.91
Dental							Family	87.52	0.00	7.00	94.52
Critical Illness (Composite)				N559466			10000	12.84	0.00	0.00	12.84
<b>DOE, JANE,</b>	9876543	ON	1		2	35		225.54	-0.61	16.99	241.92
Basic Life Insurance							77000	15.40	-0.48	1.23	16.15
Accidental Death and Dismemberment							77000	3.62	-0.13	0.27	3.76
Optional Life Insurance								0.00	0.00	0.00	0.00
Optional Spousal Life Insurance								0.00	0.00	0.00	0.00
Optional Dependent Life								0.00	0.00	0.00	0.00
Long Term Disability							3500	32.17	0.00	2.57	34.74
Health							Family	73.99	0.00	5.92	79.91
Dental							Family	87.52	0.00	7.00	94.52
Critical Illness (Composite)				N609371			10000	12.84	0.00	0.00	12.84