



Extended Health Care Plan Enhanced Dental Plan (In-Scope) MONTHLY CONTRIBUTION REPORT

| | | | |
|-----|---|---|---|
| TO: | EMPLOYEE Benefit Programs 3sHealth 700-2002 Victoria Avenue Regina, SK S4P 0R7 | ORGANIZATION NAME: | |
| | | ORGANIZATION NUMBER: | |
| | | Details of premium remittance for the month of: | , |

| Affiliation | Total Monthly Regular Salary | Retro Salary | Total Salary | Rate | Contributions | Adjustments | Total Monthly Contributions |
|-------------|------------------------------|--------------|--------------|------|---------------|-------------|-----------------------------|
| CUPE | | | | | | | |
| SEIU | | | | | | | |
| SUN | | | | | | | |
| HSAS | | | | | | | |
| SGEU | | | | | | | |
| RWDSU | | | | | | | |

TOTAL

Authorized By: _____
Date: (mm/dd/yyyy) _____

Contact Name: _____
Phone: _____
Email: _____

PLEASE DO NOT STAPLE CHEQUE TO REMITTANCE FORM