



**Monthly Premium Calculation Worksheet**

**Section A: Pooled Benefits**

Life Insurance	\$	25,000
Accidental Death & Dismemberment	\$	100,000
Critical Illness	\$	25,000
Excess Medical Stop Loss Insurance	\$	5,000
Out of Country Emergency Medical Insurance		60 days
Semi-Private Hospital Room		\$175 per day, maximum 30 days per year

**Pooled Benefits Premiums**

	Monthly rate	x	# Employees	=	Monthly Premium
Single per month	<b>\$53.35</b>	x	_____	=	_____
Family per month	<b>\$72.70</b>	x	_____	=	_____

**A: Total Pooled per Month**

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**Section B: 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 20% of HCSA Contributions

Total HCSA per Month x 20%

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**B: Total HCSA & Admin per Month**

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**Calculating the Deposit**

Step 1	Total Pooled per Month	A	_____
Step 2	Total HCSA & Admin per Month	B	_____
Step 3	<b>Total Pooled + Total HCSA &amp; Admin</b>	<b>(A + B)</b>	<b>Deposit</b> _____

\* Applicable provincial sales taxes and HST will apply to monthly invoices

**Make your cheque payable to The Benefits Trust**