

Summary Premium Statement

Expatriate (FSE)

Insurer:

ING Reliastar

Report Month:

November 2009

Non-Union Plans Expatriate (FSE)

Benefit	Group	No. of Lives	Category Volume	Unit Fee	Calculated Premium
Additional Life					
1 x Pay					
Tobacco User	50-54	1	159,067	0.3250	51.70
Tobacco Free	40-44	2	332,152	0.0980	32.55
Tobacco Free	45-49	2	382,457	0.1690	64.64
Tobacco Free	50-54	3	576,620	0.2820	162.61
Tobacco Free	55-59	1	200,000	0.3790	75.80
Tobacco Free	60-64	1	200,000	0.5080	101.60
		<u>10</u>	<u>1,850,296</u>		<u>488.90</u>
2 x Pay					
Tobacco User	40-44	1	315,348	0.1140	35.95
Tobacco Free	35-39	1	276,600	0.0660	18.26
		<u>2</u>	<u>591,948</u>		<u>54.21</u>
3 x Pay					
Tobacco User	35-39	1	350,622	0.0770	27.00
Tobacco Free	45-49	2	1,021,848	0.1690	172.69
Tobacco Free	50-54	1	600,000	0.2820	169.20
Tobacco Free	55-59	1	600,000	0.3790	227.40
		<u>5</u>	<u>2,572,470</u>		<u>596.29</u>
4 x Pay					
Tobacco User	45-49	1	800,000	0.1950	156.00
Tobacco Free	35-39	1	674,908	0.0660	44.54
Tobacco Free	40-44	2	1,211,380	0.0980	118.72
Tobacco Free	45-49	1	800,000	0.1690	135.20
		<u>5</u>	<u>3,486,288</u>		<u>454.46</u>
5 x Pay					
Tobacco User	45-49	1	1,000,000	0.1950	195.00
Tobacco User	50-54	1	870,600	0.3250	282.95
Tobacco Free	35-39	3	2,013,845	0.0660	132.91
Tobacco Free	40-44	1	1,000,000	0.0980	98.00
Tobacco Free	50-54	1	1,000,000	0.2820	282.00
		<u>7</u>	<u>5,884,445</u>		<u>990.86</u>
6 x Pay					
Tobacco User	50-54	1	1,200,000	0.3250	390.00
Tobacco Free	35-39	1	1,088,136	0.0660	71.82
Tobacco Free	40-44	2	2,305,080	0.0980	225.90
Tobacco Free	45-49	2	2,400,000	0.1690	405.60
Tobacco Free	55-59	1	802,458	0.3790	304.13
		<u>7</u>	<u>7,795,674</u>		<u>1,397.45</u>
Total		<u>36</u>	<u>22,181,121</u>		<u>3,982.17</u>

Optional AD&D

\$50,000

Emp, Spouse & Children

1

50,000

0.0255

1.28

Effective Date: January 01, 2002
 Printed on January 23, 2002

Name Dawson Test
Employee ID 2000120

- This statement summarizes your benefits coverage, as contained in the benefits administration system.
- Please visit the web site for more information.

Your benefits coverage effective January 01, 2002			All amounts are monthly and exclude sales tax		
Benefit name	Coverage option	Coverage detail	Price tag	Your cost	Taxable benefit
Life Status	N/A	Emp + 1	\$0.00	\$0.00	\$0.00
Health	Flex Gold	Emp + 1	87.05	8.27	0.00
Dental	Core	Emp + 1	0.00	0.00	0.00
Employee Life	Flex Gold	\$74,000	13.32	13.32	0.00
Optional Employee Life	Covered	Smoker	2.69	2.69	0.00
Spousal Life	\$0		0.00	0.00	0.00
Dependent Life	Core		0.00	0.00	0.00
AD&D	Flex Gold	\$74,000	1.33	1.33	0.00
Employee Critical Illness	\$0		0.00	0.00	0.00
Spousal Critical Illness	\$0		0.00	0.00	0.00
Optional AD&D	\$70,000	Family	2.52	2.52	0.00
Long Term Disability	Flex Gold	\$1,900.61 / month	19.96	19.96	0.00
HSA	\$0.00		0.00	0.00	0.00
RRSP	\$0.00		0.00	0.00	0.00
HSA default account	H.S.A.	0.00 /	0.00	0.00	0.00
Taxable Cash	Cash Account	0.00 /	0.00	0.00	0.00
			\$126.87	\$48.09	\$0.00

<p>Monthly cost summary</p> <table style="width: 100%;"> <tr> <td>Total Cost</td> <td style="text-align: right;">\$126.87</td> </tr> <tr> <td>Less your flex credits</td> <td style="text-align: right;">\$78.78</td> </tr> <tr> <td><u>Less company-paid amounts</u></td> <td style="text-align: right;"><u>\$0.00</u></td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$48.09</td> </tr> </table>	Total Cost	\$126.87	Less your flex credits	\$78.78	<u>Less company-paid amounts</u>	<u>\$0.00</u>	Total	\$48.09	<p>Per-pay cost details based on 24 pay periods</p> <p>Payroll deductions of \$24.05 per pay will be reflected on your pay starting February 1, 2002</p>
Total Cost	\$126.87								
Less your flex credits	\$78.78								
<u>Less company-paid amounts</u>	<u>\$0.00</u>								
Total	\$48.09								

Your dependents		
Name and Relationship	Date of Birth	Benefit Coverage
Marlene Tester, Spouse	Jan 01, 1970	Health

Your beneficiaries				
Name and Relationship	Life	AD&D	Opt.Life	Opt.ADD
Marlene Tester, Spouse	100%	100%	100%	100%

- You are automatically the beneficiary of any amounts payable upon death or dismemberment of any of your dependents.
- This summary is not legally binding. The insurer will review the beneficiary designation form signed by you in the event of a claim.

Please review your statement for accuracy

You will have the opportunity to make changes to your benefits coverage at the start of each plan year, or whenever you have a 'family status change' as described in your benefits handbook. Unless changes are made the choices shown on this statement will remain in effect. Coverage information in the insurers' claims payment systems may differ due to time delays in processing changes. The exact terms and conditions of your benefits plan are outlined in the group benefits agreements or policies. If your statement is not accurate or if you wish to make changes please contact Benefit Center.

Dawson Test
 26 Lesmill Drive
 Grand Falls, NB
 M3B2T5

Group Benefits Card	Atlantic Lotteries Corp.
Dawson Test, 2000120	January 01, 2002

Benefit name	Insurer	Policy no.
Health	Blue Cross	8544-006
Dental	Blue Cross	8544-006

For health or dental claim inquiries, contact Blue Cross

Group Benefits Card	Atlantic Lotteries Corp.
Dawson Test, 2000120	January 01, 2002

Benefit name	Insurer	Policy no.
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DAILY ENROLLMENT STATISTICS

Period: 10/31/2009 - 11/19/2009



Client:

Eligible to Enroll (approx.): 12,756

ENROLLMENT ACTIVITY

Date	Completed Events	In-Progress Events	Total Enrollment Events	Employees Accessing Site	Enrollment to Login Ratio	Cumulative % Currently Enrolled
10/31/2009	6	1	7	20	35.0%	0.1%
11/01/2009	15	0	15	42	35.7%	0.2%
11/02/2009	203	8	211	356	59.3%	1.8%
11/03/2009	190	7	197	333	59.2%	3.4%
11/04/2009	291	11	302	490	61.6%	5.7%
11/05/2009	324	9	333	547	60.9%	8.4%
11/06/2009	260	5	265	413	64.2%	10.4%
11/07/2009	114	2	116	183	63.4%	11.3%
11/08/2009	120	3	123	222	55.4%	12.3%
11/09/2009	409	11	420	630	66.7%	15.6%
11/10/2009	507	16	523	731	71.6%	19.7%
11/11/2009	522	13	535	749	71.4%	23.9%
11/12/2009	629	13	642	912	70.4%	28.9%
11/13/2009	849	20	869	1,159	75.0%	35.7%
11/14/2009	371	9	380	553	68.7%	38.7%
11/15/2009	722	21	743	1,000	74.3%	44.5%
11/16/2009	1,687	120	1,807	2,466	73.3%	58.7%
11/17/2009	778	113	891	1,296	68.8%	65.7%
11/18/2009	106	28	134	206	65.1%	66.7%
11/19/2009	0	0	0	0	0.0%	66.7%
Total:	8,103	410	8,513	Average:	60.0%	

Client ABC Payroll Changes

Division	Div A
Insurer	All
Report month	February 2006

ID	Name	Extended Health Care	Dental Care	Group Life Insurance	Dependent Life Insurance	Voluntary Accident Insurance	Long Term Disability	Employee Assistance Program	Net Total	Provincial Tax ON PQ	Gross Total	
Div A												
TEST, Rhonda 1234		100%Drug-100%/100%/00%Oth+ 80%/50%	100%Vis Family	3 x Salary \$5,000	\$10,000	\$100,000.00	66 2/3% Non-Taxable	Covered				
				\$157,000			\$2,901					
Basic	Premium	\$189.57	\$127.34	\$45.53	\$2.17	\$5.60	\$77.46	\$6.25	\$453.92	\$0.00	\$0.00	\$453.92
	Employee Cost	\$18.96	\$12.73	\$22.76	\$2.17	\$5.60	\$77.46	\$0.00	\$139.68	\$0.00	\$0.00	\$139.68
	Fed. Taxable Benefit	\$0.00	\$0.00	\$22.77	\$0.00	\$0.00	\$0.00	\$0.00				\$22.77
	Prov. Taxable Benefit	\$0.00	\$0.00	\$22.77	\$0.00	\$0.00	\$0.00	\$0.00				\$22.77
TEST Lorraine 2345		100%Drug-1100%/100%/00%Oth+ 80%/50%	100%Vis Family	3 x Salary \$5,000	\$10,000	\$100,000.00	66 2/3% Non-Taxable	Covered				
				\$104,000			\$1,924					
Basic	Premium	\$189.57	\$127.34	\$30.16	\$2.17	\$0.00	\$51.37	\$6.25	\$406.86	\$0.00	\$0.00	\$406.86
	Employee Cost	\$18.96	\$12.73	\$15.08	\$2.17	\$0.00	\$51.37	\$0.00	\$100.31	\$0.00	\$0.00	\$100.31
	Fed. Taxable Benefit	\$0.00	\$0.00	\$15.08	\$0.00	\$0.00	\$0.00	\$0.00				\$15.08
	Prov. Taxable Benefit	\$0.00	\$0.00	\$15.08	\$0.00	\$0.00	\$0.00	\$0.00				\$15.08
TEST, Barb 3456		100%Drug-1100%/100%/00%Oth+ 80%/50%	100%Vis Family	3 x Salary \$5,000	\$10,000	\$100,000.00	66 2/3% Non-Taxable	Covered				
				\$118,000			\$2,175					
Basic	Premium	\$189.57	\$127.34	\$34.22	\$2.17	\$0.00	\$58.07	\$6.25	\$417.62	\$0.00	\$0.00	\$417.62
	Employee Cost	\$18.96	\$12.73	\$17.11	\$2.17	\$0.00	\$58.07	\$0.00	\$109.04	\$0.00	\$0.00	\$109.04
	Fed. Taxable Benefit	\$0.00	\$0.00	\$17.11	\$0.00	\$0.00	\$0.00	\$0.00				\$17.11
	Prov. Taxable Benefit	\$0.00	\$0.00	\$17.11	\$0.00	\$0.00	\$0.00	\$0.00				\$17.11
TEST, David 4567		100%Drug-1100%/100%/00%Oth+ 80%/50%	100%Vis Single	3 x Salary	No Covg.	\$0.00	66 2/3% Non-Taxable	Covered				
				\$253,000			\$4,500					
Basic	Premium	\$65.87	\$48.39	\$73.37	\$0.00	\$0.00	\$120.15	\$6.25	\$314.03	\$0.00	\$0.00	\$314.03
	Employee Cost	\$6.59	\$4.84	\$36.68	\$0.00	\$0.00	\$120.15	\$0.00	\$168.26	\$0.00	\$0.00	\$168.26
	Fed. Taxable Benefit	\$0.00	\$0.00	\$36.69	\$0.00	\$0.00	\$0.00	\$0.00				\$36.69
	Prov. Taxable Benefit	\$0.00	\$0.00	\$36.69	\$0.00	\$0.00	\$0.00	\$0.00				\$36.69

Client ABC
2005 Renewal Extract

Division	EmployeeGroup	Employment Basis	Work Status	Gender	DOB	Benefit	Option	Category	Volume
0002	REGULAR	FULLTIME	A	F	12/5/1954	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	A	F	6/20/1961	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	A	F	7/8/1953	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	A	F	1/17/1976	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	A	F	11/18/1979	Basic Life	2		\$78,000.00
0002	REGULAR	FULLTIME	A	F	4/2/1961	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	A	F	8/21/1984	Basic Life	2		\$73,000.00
0002	REGULAR	FULLTIME	A	F	7/23/1978	Basic Life	2		\$75,000.00
0002	REGULAR	FULLTIME	A	F	9/20/1966	Basic Life	2		\$39,000.00
0002	REGULAR	FULLTIME	A	F	10/30/1981	Basic Life	2		\$113,000.00
0002	REGULAR	FULLTIME	A	F	2/14/1970	Basic Life	2		\$86,000.00
0002	REGULAR	FULLTIME	A	F	10/23/1968	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	A	F	3/4/1956	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	A	F	12/29/1956	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	M	F	12/15/1974	Basic Life	2		\$25,000.00
0002	REGULAR	FULLTIME	A	M	9/10/1944	Basic Life	2		\$116,000.00
0002	REGULAR	FULLTIME	A	M	3/9/1976	Basic Life	2		\$25,000.00
0002	REGULAR	FULLTIME	A	M	12/28/1943	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	A	M	2/25/1949	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	A	M	8/2/1971	Basic Life	2		\$76,000.00
0002	REGULAR	FULLTIME	A	M	12/13/1956	Basic Life	2		\$69,000.00
0002	REGULAR	FULLTIME	A	M	8/12/1971	Basic Life	2		\$136,000.00
0002	REGULAR	FULLTIME	A	M	6/20/1975	Basic Life	2		\$100,000.00
0002	REGULAR	FULLTIME	A	M	4/5/1937	Basic Life	2		\$80,000.00
0002	REGULAR	FULLTIME	A	M	6/14/1969	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	A	M	9/28/1962	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	A	M	2/1/1968	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	A	M	1/17/1960	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	A	M	12/9/1955	Basic Life	2		\$50,000.00
0002	REGULAR	FULLTIME	A	M	10/1/1965	Basic Life	2		\$115,000.00

Regular Employees, FULLTIME

Benefit / Option	Coverage Level	No. of Employees	Percentage of Total	Total volume	Total cost
Basic life insurance					
1x salary	\$50,000 to \$99,999	7	87.5%	\$371,000.00	\$756.84
	\$100,000 to \$149,999	1	12.5%	\$100,000.00	\$204.00
		<u>8</u>	<u>100.0%</u>	<u>\$471,000.00</u>	<u>\$960.84</u>
		8	100.0%	\$471,000.00	\$960.84
Basic accident insurance					
1x salary	\$50,000 to \$99,999	7	87.5%	\$371,000.00	\$178.08
	\$100,000 to \$149,999	1	12.5%	\$100,000.00	\$48.00
		<u>8</u>	<u>100.0%</u>	<u>\$471,000.00</u>	<u>\$226.08</u>
		8	100.0%	\$471,000.00	\$226.08
Short-term disability					
Covered		8	100.0%	\$8.00	\$4.90
		<u>8</u>	<u>100.0%</u>	<u>\$8.00</u>	<u>\$4.90</u>
Long-term disability					
Non-taxable	\$1,000 to \$4,999	8	100.0%	\$20,300.00	\$2,790.00
		<u>8</u>	<u>100.0%</u>	<u>\$20,300.00</u>	<u>\$2,790.00</u>
Basic critical illness insurance					
\$10,000 to \$49,999		8	100.0%	\$80,000.00	\$432.00
		<u>8</u>	<u>100.0%</u>	<u>\$80,000.00</u>	<u>\$432.00</u>
Best Doctors					
Covered		8	100.0%	\$8.00	\$116.00
		<u>8</u>	<u>100.0%</u>	<u>\$8.00</u>	<u>\$116.00</u>
Employee Assistance Program					
Covered		8	100.0%	\$8.00	\$432.00
		<u>8</u>	<u>100.0%</u>	<u>\$8.00</u>	<u>\$432.00</u>
Provincial health care					
Covered	Family	1	12.5%		\$1,368.00
No coverage	Single	7	87.5%		\$0.00
		<u>8</u>	<u>100.0%</u>		<u>\$1,368.00</u>

Regular Employees, FULLTIME

Benefit / Option	Coverage Level	No. of Employees	Percentage of Total	Total volume	Total cost
Health care					
Opt in	Family	5	62.5%		\$0.00
	Two-person	2	25.0%		\$0.00
		<u>7</u>	<u>87.5%</u>		<u>\$0.00</u>
Opt out	Single	1	12.5%		\$0.00
		<u>8</u>	<u>100.0%</u>		<u>\$0.00</u>
Prescription drugs					
Level 1	Family	1	12.5%		\$408.00
	Two-person	2	25.0%		\$504.00
		<u>3</u>	<u>37.5%</u>		<u>\$912.00</u>
Level 2	Family	3	37.5%		\$1,908.00
Level 3	Family	1	12.5%		\$924.00
Opt out	Single	1	12.5%		\$0.00
		<u>8</u>	<u>100.0%</u>		<u>\$3,744.00</u>
Medical services					
Level 1	Family	3	37.5%		\$983.52
	Two-person	1	12.5%		\$200.88
		<u>4</u>	<u>50.0%</u>		<u>\$1,184.40</u>
Level 2	Two-person	1	12.5%		\$240.96
Level 3	Family	2	25.0%		\$1,345.92
Opt out	Single	1	12.5%		\$0.00
		<u>8</u>	<u>100.0%</u>		<u>\$2,771.28</u>
Vision & paramedical					
Level 1	Family	2	25.0%		\$192.00
	Two-person	1	12.5%		\$59.04
		<u>3</u>	<u>37.5%</u>		<u>\$251.04</u>
Level 2	Family	1	12.5%		\$139.80
	Two-person	1	12.5%		\$85.44
		<u>2</u>	<u>25.0%</u>		<u>\$225.24</u>
Level 3	Family	2	25.0%		\$408.00
Opt out	Single	1	12.5%		\$0.00
		<u>8</u>	<u>100.0%</u>		<u>\$884.28</u>

Regular Employees, FULLTIME

Benefit / Option	Coverage Level	No. of Employees	Percentage of Total	Total volume	Total cost
Dental care					
Level 1	Single	2	25.0%		\$744.00
	Two-person	1	12.5%		\$714.00
		<u>3</u>	<u>37.5%</u>		<u>\$1,458.00</u>
Level 2	Single	1	12.5%		\$458.40
	Two-person	3	37.5%		\$2,843.64
		<u>4</u>	<u>50.0%</u>		<u>\$3,302.04</u>
Level 3	Two-person	1	12.5%		\$1,165.68
		<u>8</u>	<u>100.0%</u>		<u>\$5,925.72</u>
Optional life - employee					
\$0 to \$9	Non smoker	2	25.0%	\$0.00	\$0.00
	Smoker	3	37.5%	\$0.00	\$0.00
		<u>5</u>	<u>62.5%</u>	<u>\$0.00</u>	<u>\$0.00</u>
\$10,000 to \$49,999	Non smoker	1	12.5%	\$30,000.00	\$19.44
\$100,000 to \$149,999	Non smoker	2	25.0%	\$200,000.00	\$86.40
		<u>8</u>	<u>100.0%</u>	<u>\$230,000.00</u>	<u>\$105.84</u>
Optional life - spouse					
\$0 to \$9	Smoker	6	75.0%	\$0.00	\$0.00
\$50,000 to \$99,999	Non smoker	2	25.0%	\$140,000.00	\$60.48
		<u>8</u>	<u>100.0%</u>	<u>\$140,000.00</u>	<u>\$60.48</u>
Optional life - children					
\$0 to \$9		8	100.0%	\$0.00	\$0.00
		<u>8</u>	<u>100.0%</u>		<u>\$0.00</u>
Optional accident - employee					
\$0 to \$9		7	87.5%	\$0.00	\$0.00
\$50,000 to \$99,999		1	12.5%	\$90,000.00	\$18.90
		<u>8</u>	<u>100.0%</u>	<u>\$90,000.00</u>	<u>\$18.90</u>
Optional accident - spouse					
\$0 to \$9		7	87.5%	\$0.00	\$0.00
\$10,000 to \$49,999		1	12.5%	\$40,000.00	\$8.40
		<u>8</u>	<u>100.0%</u>	<u>\$40,000.00</u>	<u>\$8.40</u>

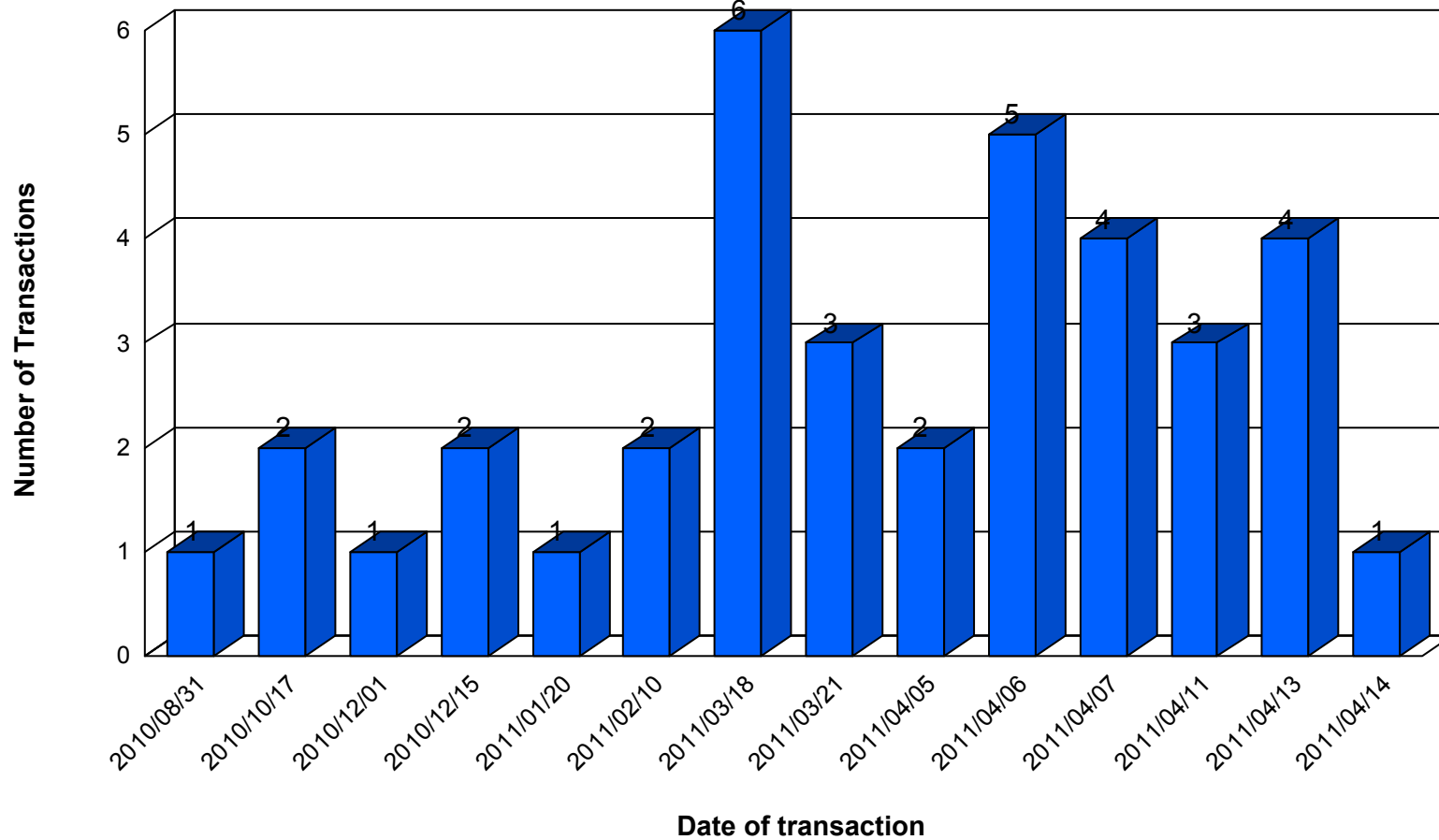
Regular Employees, FULLTIME

Benefit / Option	Coverage Level	No. of Employees	Percentage of Total	Total volume	Total cost
Optional accident - children					
\$0 to \$9		6	75.0%	\$0.00	\$0.00
\$10,000 to \$49,999		2	25.0%	\$35,000.00	\$8.40
		<u>8</u>	<u>100.0%</u>	<u>\$35,000.00</u>	<u>\$8.40</u>
Optional CI - employee					
\$0 to \$9	Non smoker	1	12.5%	\$0.00	\$0.00
	Smoker	5	62.5%	\$0.00	\$0.00
		<u>6</u>	<u>75.0%</u>	<u>\$0.00</u>	<u>\$0.00</u>
\$10,000 to \$49,999	Non smoker	1	12.5%	\$10,000.00	\$22.68
	Smoker	1	12.5%	\$10,000.00	\$43.20
		<u>2</u>	<u>25.0%</u>	<u>\$20,000.00</u>	<u>\$65.88</u>
		<u>8</u>	<u>100.0%</u>	<u>\$20,000.00</u>	<u>\$65.88</u>
Optional CI - spouse					
\$0 to \$9	Smoker	6	75.0%	\$0.00	\$0.00
\$10,000 to \$49,999	Non smoker	1	12.5%	\$10,000.00	\$22.68
\$50,000 to \$99,999	Smoker	1	12.5%	\$65,000.00	\$233.22
		<u>8</u>	<u>100.0%</u>	<u>\$75,000.00</u>	<u>\$255.90</u>
Optional CI - children					
\$0 to \$9		8	100.0%	\$0.00	\$0.00
		<u>8</u>	<u>100.0%</u>		<u>\$0.00</u>
Health Care Spending Account					
\$0 to \$9		1	12.5%	\$0.00	\$0.00
\$20 to \$29		1	12.5%	\$25.00	\$25.00
\$100 to \$199		2	25.0%	\$230.00	\$230.00
\$200 to \$499		3	37.5%	\$850.00	\$850.00
\$1,000 to \$4,999		1	12.5%	\$1,000.00	\$1,000.00
		<u>8</u>	<u>100.0%</u>	<u>\$2,105.00</u>	<u>\$2,105.00</u>
Wellness Account					
\$0 to \$9		8	100.0%	\$0.00	\$0.00
		<u>8</u>	<u>100.0%</u>		<u>\$0.00</u>

Regular Employees, FULLTIME

Benefit / Option	Coverage Level	No. of Employees	Percentage of Total	Total volume	Total cost
Group RRSP					
\$0 to \$9		8	100.0%	\$0.00	\$0.00
		<u>8</u>	<u>100.0%</u>		<u>\$0.00</u>
Spousal RRSP					
\$0 to \$9		8	100.0%	\$0.00	\$0.00
		<u>8</u>	<u>100.0%</u>		<u>\$0.00</u>
Taxable cash refund					
\$0 to \$9		3	37.5%	\$0.00	\$0.00
	\$10 to \$19	1	12.5%	\$0.00	\$0.00
	\$70 to \$79	1	12.5%	\$0.00	\$0.00
	\$100 to \$199	1	12.5%	\$0.00	\$0.00
	\$200 to \$499	2	25.0%	\$0.00	\$0.00
		<u>8</u>	<u>100.0%</u>	<u>\$0.00</u>	<u>\$0.00</u>
		<u>8</u>	<u>100.0%</u>		<u>\$0.00</u>

Enrollment Statistics by Date



Follow-up Report

Pending activities entered or processed in the last 31 days

Printed on April 19, 2011

<u>Employee</u>	<u>B.A.G.</u>	<u>Employee Group</u>	<u>Employment Basis</u>	<u>Work Status</u>	<u>Activity</u>	<u>Event</u>	<u>Event Effective Date</u>	<u>Event Expiry Date</u>	<u>Entered On</u>	<u>Updated On</u>	<u>Status</u>	<u>Details</u>
Layton, Jack (00001234)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Enrol/Change Your RRSP Contribution Rate §	03/18/2011	03/18/2011	03/18/2011	03/19/2011 11:48	Cancelled	(Accessed by: Evanson, Jeremy)
					Enrollment	Enrol/Change Your RRSP Contribution Rate §	03/19/2011	03/19/2011	03/19/2011	03/20/2011 19:06	Cancelled	(Accessed by: Evanson, Jeremy)
Harper, Steve (00001237)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Enrol/Change Your RRSP Contribution Rate §	03/18/2011	03/18/2011	03/18/2011	03/21/2011 08:24	Cancelled	(Accessed by: Fountain, Vicki)
					Enrollment	New hire * §	03/18/2011	05/17/2011	03/18/2011	03/21/2011 08:25	Cancelled - not restarted	(Accessed by: Fountain, Vicki)
Layton, Jack (00001234)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Enrol/Change Your RRSP Contribution Rate §	03/20/2011	03/20/2011	03/20/2011	03/21/2011 10:05	Cancelled	(Accessed by: Lee, Doug)
Harper, Steve (00001237)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Enrol/Change Your RRSP Contribution Rate §	03/21/2011	03/21/2011	03/21/2011	03/21/2011 12:08	Completed	(Accessed by: Fountain, Vicki)
					Forms	Enrol/Change Your RRSP Contribution Rate §	03/21/2011	03/21/2011	03/21/2011	03/21/2011 12:08	Not Started	• RRSP Form • Authorization Form (Accessed by: Fountain, Vicki)
Layton, Jack (00001234)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Enrol/Change Your RRSP Contribution Rate §	03/21/2011	03/21/2011	03/21/2011	03/28/2011 14:14	Cancelled	(Accessed by: Evanson, Jeremy)
					Enrollment	Beneficiary designation §	03/23/2011	03/23/2011	03/23/2011	03/28/2011 14:14	Cancelled	(Accessed by: Evanson, Jeremy)
					Enrollment	Enrol/Change Your RRSP Contribution Rate §	03/23/2011	03/23/2011	03/23/2011	03/28/2011 14:14	Cancelled	(Accessed by: Evanson, Jeremy)
Dehmow, Pat (3456)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Terminate a dependent §	02/01/2011	04/02/2011	02/10/2011	03/28/2011 15:50	Cancelled	(Accessed by: Bartholomew, Rob)
Layton, Jack (00001234)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Enrol/Change Your RRSP Contribution Rate §	03/28/2011	03/28/2011	03/28/2011	03/29/2011 16:54	Cancelled	(Accessed by: Evanson, Jeremy)
Test, James (123123123)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Beneficiary designation §	03/02/2011	03/02/2011	03/02/2011	04/05/2011 08:47	Cancelled	(Accessed by: Young Shing, Peter)
Public, John Q (Test 1)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Marriage §	03/30/2011	05/29/2011	03/30/2011	04/05/2011 10:43	In Progress	(Accessed by: Mulligan, Martha)

* Activities that were initiated by the administrator on the member's behalf.

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Follow-up Report

Pending activities entered or processed in the last 31 days

Printed on April 19, 2011

<u>Employee</u>	<u>B.A.G.</u>	<u>Employee Group</u>	<u>Employment Basis</u>	<u>Work Status</u>	<u>Activity</u>	<u>Event</u>	<u>Event Effective Date</u>	<u>Event Expiry Date</u>	<u>Entered On</u>	<u>Updated On</u>	<u>Status</u>	<u>Details</u>
Bush, Laura (00001236)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Enrol/Change Your RRSP Contribution Rate §	04/06/2011	04/06/2011	04/06/2011	04/06/2011 11:43	Completed	(Accessed by: Fountain, Vicki)
Layton, Jack (00001234)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Marriage §	04/01/2011	05/31/2011	04/01/2011	04/06/2011 14:33	Cancelled	(Accessed by: Evanson, Jeremy)
					Enrollment	Enrol/Change Your RRSP Contribution Rate §	03/29/2011	03/29/2011	03/29/2011	04/06/2011 14:33	Cancelled	(Accessed by: Evanson, Jeremy)
Dehmow, Pat (3456)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Marriage	03/26/2011	05/25/2011	03/28/2011	04/07/2011 08:03	Cancelled	
Test, Addilla (886644)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	New hire * §	04/07/2011	06/06/2011	04/07/2011	04/07/2011 09:03	In Progress	(Accessed by: evolve@morneausobec o.com, evol)
Dehmow, Chris (2345)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Waiting Period Override §	04/07/2011	04/07/2011	04/07/2011	04/07/2011 09:10	In Progress	(Accessed by: evolve@morneausobec o.com, evol)
Demonstrate, Pat (765654)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Add a dependent	01/20/2011	03/21/2011	01/20/2011	04/07/2011 09:36	Partially processed	
					EOI	Add a dependent	01/20/2011	03/21/2011	04/07/2011	04/07/2011 09:36	In progress	Optional life - spouse: \$250,000
					EOI	Add a dependent	01/20/2011	03/21/2011	04/07/2011	04/07/2011 09:36	In progress	Optional life - employee: \$250,000
Dehmow, Pat (3456)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	New hire	04/01/2011	05/31/2011	04/07/2011	04/07/2011 10:57	Partially processed	
					Forms	New hire	04/01/2011	05/31/2011	04/07/2011	04/07/2011 10:57	Completed	• Authorization Form
Simpson, Marge (999889777)	Evolve	Regular Employees	FULLTIME	Active	EOI	New hire * §	04/01/2011	05/31/2011	04/07/2011	04/07/2011 12:33	In progress	Optional life - employee: \$20,000 (Accessed by: evolve@morneausobec o.com, evol)
					Forms	New hire * §	04/01/2011	05/31/2011	04/07/2011	04/07/2011 12:33	In Progress	• Evidence of Insurability Form (Accessed by: evolve@morneausobec o.com, evol)
Test, James (123123123)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	New hire * §	04/05/2011	06/04/2011	04/05/2011	04/11/2011 10:08	Completed	(Accessed by: Mulligan, Martha)
Layton, Jack (00001234)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Enrol/Change Your RRSP Contribution Rate §	04/06/2011	04/06/2011	04/06/2011	04/13/2011 12:04	Cancelled	(Accessed by: Evanson, Jeremy)

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Follow-up Report

Pending activities entered or processed in the last 31 days

Printed on April 19, 2011

<u>Employee</u>	<u>B.A.G.</u>	<u>Employee Group</u>	<u>Employment Basis</u>	<u>Work Status</u>	<u>Activity</u>	<u>Event</u>	<u>Event Effective Date</u>	<u>Event Expiry Date</u>	<u>Entered On</u>	<u>Updated On</u>	<u>Status</u>	<u>Details</u>
Dehmow, Pat (3456)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Benefit Changes §	04/07/2011	04/06/2012	04/07/2011	04/13/2011 17:55	Cancelled	(Accessed by: evolve@morneausobeco.com, evol)
Test, Mary (987654)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Annual re-enrollment *	04/13/2011	04/13/2011	04/13/2011	04/13/2011 18:36	Completed	
Layton, Jack (00001234)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Enrol/Change Your RRSP Contribution Rate §	04/14/2011	04/14/2011	04/14/2011	04/14/2011 10:23	Cancelled	(Accessed by: Evanson, Jeremy)
Bohay, Anna (198199)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	New hire * §	04/14/2011	06/13/2011	04/14/2011	04/14/2011 18:27	In Progress	(Accessed by: Young Shing, Peter)
Caroll, Andy (EVOL198198)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	New hire	04/01/2011	05/31/2011	04/14/2011	04/15/2011 13:42	Partially processed	
					Forms	New hire	04/01/2011	05/31/2011	04/14/2011	04/15/2011 13:42	Completed	• Authorization Form
					Enrollment	New hire * §	04/01/2011	05/31/2011	04/15/2011	04/15/2011 13:59	Partially processed	(Accessed by: Young Shing, Peter)
					Forms	New hire * §	04/01/2011	05/31/2011	04/15/2011	04/15/2011 13:59	In Progress	• Authorization Form (Accessed by: Young Shing, Peter)
Bush, Laura (00001236)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	New hire * §	03/18/2011	05/17/2011	03/18/2011	04/19/2011 12:07	Completed	(Accessed by: Fountain, Vicki)
Dehmow, Pat (3456)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	New hire *	04/13/2011	06/12/2011	n/a	n/a	Not Started	
Smith, Joe (112233)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	Spouse gains/loses benefits coverage *	01/01/2011	03/02/2011	n/a	n/a	Has not logged in	
Smith, John (00001235)	Evolve	Regular Employees	FULLTIME	Active	Enrollment	New hire *	03/18/2011	05/17/2011	n/a	n/a	Has not logged in	

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Summary Premium Statement US

Company Logo

AN	
Insurer:	Insurer A
Report month:	August, 2006

Benefit	Category	Volume	No. of Lives	Current Premium	Retroactive Premium	Total
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AN

Non-Union

Medical - Policy # 074586						
\$250 Deductible PlanEmp + Spouse			1	\$26.00	\$0.00	\$26.00
			<u>1</u>	<u>\$26.00</u>	<u>\$0.00</u>	<u>\$26.00</u>
Total:			1	\$26.00	\$0.00	\$26.00

Non-Union

Group	Group	Premium Report Month	Premium for Current Period	Retroactive Adjustments			Total Amount Due
AN	Non-Union	08/01/2006	\$26.00	\$0.00			\$26.00

AN

Insurer	Group	Premium Report Month	Premium for Current Period	Retroactive Adjustments			Total Amount Due
Insurer A	AN	08/01/2006	\$26.00	\$0.00			\$26.00

Summary Premium Statement US

Company Logo

MN	
Insurer:	Insurer A
Report month:	August, 2006

Benefit	Category	Volume	No. of Lives	Current Premium	Retroactive Premium	Total
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MN

Mine Retiree Plan A

Medical - Policy # 074583						
EPO	Emp Only		2	\$330.00	\$0.00	\$330.00
	Emp + Spouse		2	\$330.00	\$0.00	\$330.00
			<u>4</u>	<u>\$660.00</u>	<u>\$0.00</u>	<u>\$660.00</u>
POS	Emp + Spouse		2	\$442.00	\$0.00	\$442.00
			<u>2</u>	<u>\$442.00</u>	<u>\$0.00</u>	<u>\$442.00</u>
\$100 Deductible Plan	Emp + Spouse		1	\$299.00	\$0.00	\$299.00
			<u>1</u>	<u>\$299.00</u>	<u>\$0.00</u>	<u>\$299.00</u>
\$250 Deductible Plan	Emp + Spouse		3	\$798.00	\$0.00	\$798.00
			<u>3</u>	<u>\$798.00</u>	<u>\$0.00</u>	<u>\$798.00</u>
Total:			<u>10</u>	<u>\$2,199.00</u>	<u>\$0.00</u>	<u>\$2,199.00</u>

Mine Retiree Plan A

Group	Group	Premium Report Month	Premium for Current Period	Retroactive Adjustments			Total Amount Due
MN	Mine Retiree Plan A	08/01/2006	\$2,199.00	\$0.00			\$2,199.00

Summary Premium Statement US

Company Logo

MN	
Insurer:	Insurer A
Report month:	August, 2006

Benefit	Category	Volume	No. of Lives	Current Premium	Retroactive Premium	Total
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MN

Non-Union

Medical - Policy # 074581						
EPO	Emp Only		2	\$8.00	\$0.00	\$8.00
	Emp + Spouse		9	\$117.00	\$0.00	\$117.00
	Family		17	\$374.00	\$22.00	\$396.00
			<u>28</u>	<u>\$499.00</u>	<u>\$22.00</u>	<u>\$521.00</u>
POS	Emp Only		6	\$72.00	\$0.00	\$72.00
	Emp + Spouse		12	\$288.00	\$0.00	\$288.00
	Emp + Child(ren)		2	\$42.00	\$0.00	\$42.00
	Family		15	\$540.00	\$0.00	\$540.00
			<u>35</u>	<u>\$942.00</u>	<u>\$0.00</u>	<u>\$942.00</u>
\$100 Deductible Plan	Emp Only		1	\$27.00	\$0.00	\$27.00
	Emp + Spouse		4	\$216.00	\$0.00	\$216.00
	Family		7	\$504.00	\$0.00	\$504.00
			<u>12</u>	<u>\$747.00</u>	<u>\$0.00</u>	<u>\$747.00</u>
\$250 Deductible Plan	Emp + Spouse		6	\$156.00	\$0.00	\$156.00
	Emp + Child(ren)		1	\$23.00	\$0.00	\$23.00
	Family		7	\$273.00	\$0.00	\$273.00
			<u>14</u>	<u>\$452.00</u>	<u>\$0.00</u>	<u>\$452.00</u>
Total:			<u>89</u>	<u>\$2,640.00</u>	<u>\$22.00</u>	<u>\$2,662.00</u>

Non-Union

Group	Group	Premium Report Month	Premium for Current Period	Retroactive Adjustments			Total Amount Due
MN	Non-Union	08/01/2006	\$2,640.00	\$22.00			\$2,662.00

Summary Premium Statement US

Company Logo

TU	
Insurer:	Insurer A
Report month:	August, 2006

Benefit	Category	Volume	No. of Lives	Current Premium	Retroactive Premium	Total
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Regence BC/BS

Client	Insurer	Premium Report Month	Premium for Current Period	Retroactive Adjustments		Total Amount Due
Test Co	Insurer A	08/01/2006	\$28,869.00	\$112.00		\$28,981.00

Summary Premium Statement US

Company Logo

MN	
Insurer:	Insurer B
Report month:	August, 2006

Benefit	Category	Volume	No. of Lives	Current Premium	Retroactive Premium	Total
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MN

Union

Dental Care - Policy # 9130-00310						
\$50 Deductible Plan	Emp Only		11	\$11.00	\$0.00	\$11.00
	Emp + Spouse		16	\$48.00	\$0.00	\$48.00
	Emp + Child(ren)		6	\$18.00	\$0.00	\$18.00
	Family		14	\$56.00	\$0.00	\$56.00
Total:			<u>47</u>	<u>\$133.00</u>	<u>\$0.00</u>	<u>\$133.00</u>

Dental Care - Policy # 9130-00320						
\$25 Deductible Plan	Emp Only		68	\$272.00	(\$4.00)	\$268.00
	Emp + Spouse		170	\$1,360.00	\$0.00	\$1,360.00
	Emp + Child(ren)		37	\$296.00	(\$4.00)	\$292.00
	Family		213	\$2,556.00	\$8.00	\$2,564.00
Total:			<u>488</u>	<u>\$4,484.00</u>	<u>\$0.00</u>	<u>\$4,484.00</u>

Union

Group	Group	Premium Report Month	Premium for Current Period	Retroactive Adjustments			Total Amount Due
MN	Union	08/01/2006	\$4,617.00	\$0.00			\$4,617.00

MN

Insurer	Group	Premium Report Month	Premium for Current Period	Retroactive Adjustments			Total Amount Due
Insurer B	MN	08/01/2006	\$7,941.00	\$32.00			\$7,973.00

Summary Premium Statement US

Company Logo

PL	
Insurer:	Insurer B
Report month:	August, 2006

Benefit	Category	Volume	No. of Lives	Current Premium	Retroactive Premium	Total
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PL

Non-Union

Dental Care - Policy # 9130-00410						
\$50 Deductible Plan	Emp + Spouse		1	\$10.00	\$0.00	\$10.00
			<u>1</u>	<u>\$10.00</u>	<u>\$0.00</u>	<u>\$10.00</u>
Total:			1	\$10.00	\$0.00	\$10.00

Dental Care - Policy # 9130-00610						
\$50 Deductible Plan	Emp Only		1	\$6.00	\$0.00	\$6.00
	Emp + Spouse		12	\$120.00	\$0.00	\$120.00
	Emp + Child(ren)		1	\$10.00	\$0.00	\$10.00
	Family		4	\$64.00	\$0.00	\$64.00
			<u>18</u>	<u>\$200.00</u>	<u>\$0.00</u>	<u>\$200.00</u>
Total:			18	\$200.00	\$0.00	\$200.00

Dental Care - Policy # 9130-00620						
\$25 Deductible Plan	Emp Only		7	\$77.00	(\$9.00)	\$68.00
	Emp + Spouse		15	\$315.00	\$0.00	\$315.00
	Emp + Child(ren)		4	\$80.00	\$0.00	\$80.00
	Family		30	\$960.00	\$0.00	\$960.00
			<u>56</u>	<u>\$1,432.00</u>	<u>(\$9.00)</u>	<u>\$1,423.00</u>
Total:			56	\$1,432.00	(\$9.00)	\$1,423.00

Non-Union

Group	Group	Premium Report Month	Premium for Current Period	Retroactive Adjustments			Total Amount Due
PL	Non-Union	08/01/2006	\$1,642.00	(\$9.00)			\$1,633.00

Summary Premium Statement US

Company Logo

TU	
Insurer:	Insurer B
Report month:	August, 2006

Benefit	Category	Volume	No. of Lives	Current Premium	Retroactive Premium	Total
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TU

Non-Union

Dental Care - Policy # 9130-00710						
\$50 Deductible Plan	Family		1	\$16.00	\$0.00	\$16.00
			<u>1</u>	<u>\$16.00</u>	<u>\$0.00</u>	<u>\$16.00</u>
Total:			1	\$16.00	\$0.00	\$16.00

Dental Care - Policy # 9130-00720						
\$25 Deductible Plan	Emp + Spouse		1	\$21.00	\$0.00	\$21.00
			1	\$20.00	\$0.00	\$20.00
			<u>2</u>	<u>\$41.00</u>	<u>\$0.00</u>	<u>\$41.00</u>
Total:			2	\$41.00	\$0.00	\$41.00

Non-Union

Group	Group	Premium Report Month	Premium for Current Period	Retroactive Adjustments			Total Amount Due
TU	Non-Union	08/01/2006	\$57.00	\$0.00			\$57.00

TU

Insurer	Group	Premium Report Month	Premium for Current Period	Retroactive Adjustments			Total Amount Due
Insurer B	TU	08/01/2006	\$57.00	\$0.00			\$57.00

Summary Premium Statement US

Company Logo

Test Co	
Insurer:	Insurer B
Report month:	August, 2006

Benefit	Category	Volume	No. of Lives	Current Premium	Retroactive Premium	Total
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Washington Dental Services

Client	Insurer	Premium Report Month	Premium for Current Period	Retroactive Adjustments			Total Amount Due
Test Co	Insurer B	08/01/2006	\$14,325.00	\$50.00			\$14,375.00



Summary Premium Statement

ABC Company	
Insurer:	Insurer A
Report month:	December, 2002

Benefit	Category	Volume	No. of Lives	Current Premium	Retroactive Premium	Sales Tax		Total
						ON	PQ	

ABC Company

Medical Selections								
Flex								
Selection 1	Single + 1		1	\$0.00	-\$3.67	-\$0.29	\$0.00	-\$3.96
	Family		1	\$0.00	-\$2.75	-\$0.22	\$0.00	-\$2.97
				2	\$0.00	-\$6.42	-\$0.51	\$0.00
Selection 3	Single		168	\$309.12	\$15.60	\$15.98	\$4.32	\$345.02
	Single + 1		115	\$402.50	\$8.33	\$22.10	\$3.03	\$435.96
	Family		256	\$1,623.04	\$11.25	\$98.36	\$13.34	\$1,745.99
				539	\$2,334.66	\$35.18	\$136.44	\$20.69
Selection 4	Single		182	\$3,596.30	\$43.88	\$205.11	\$53.40	\$3,898.69
	Single + 1		216	\$8,208.00	\$62.96	\$485.36	\$88.92	\$8,845.24
	Family		417	\$28,706.24	\$599.76	\$1,555.69	\$495.15	\$31,356.84
				815	\$40,510.54	\$706.60	\$2,246.16	\$637.47
Total:			<u>1356</u>	<u>\$42,845.20</u>	<u>\$735.36</u>	<u>\$2,382.09</u>	<u>\$658.16</u>	<u>\$46,620.81</u>

Business Travel Accident Insurance								
Flex								
Automatic		536,765,242	1731	\$1,288.92	\$3.56	\$75.55	\$15.02	\$1,383.05

Basic Life Insurance								
Flex								
Automatic		55,044,000	1738	\$5,771.00	\$19.69	\$347.63	\$55.44	\$6,193.76
Premium Waived		650,000	26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:			<u>1764</u>	<u>\$5,771.00</u>	<u>\$19.69</u>	<u>\$347.63</u>	<u>\$55.44</u>	<u>\$6,193.76</u>

Optional Life Insurance								
Flex								
	Smoker	10,910,000	77	\$2,446.62	\$0.00	\$151.18	\$17.22	\$2,615.02
	Non-Smoker	153,760,000	920	\$16,819.92	-\$149.08	\$956.66	\$133.58	\$17,761.08
Total:			<u>997</u>	<u>\$19,266.54</u>	<u>-\$149.08</u>	<u>\$1,107.84</u>	<u>\$150.80</u>	<u>\$20,376.10</u>

Optional Spousal Life Insurance								
Flex								
	Smoker	4,850,000	37	\$1,233.24	\$0.00	\$84.90	\$4.68	\$1,322.82
	Non-Smoker	29,080,000	228	\$3,019.18	-\$22.72	\$184.79	\$20.56	\$3,201.81
Total:			<u>265</u>	<u>\$4,252.42</u>	<u>-\$22.72</u>	<u>\$269.69</u>	<u>\$25.24</u>	<u>\$4,524.63</u>



Summary Premium Statement

ABC Company	
Insurer:	Insurer A
Report month:	December, 2002

Benefit	Category	Volume	No. of Lives	Current Premium	Retroactive Premium	Sales Tax		Total
						ON	PQ	

ABC Company

Optional Accidental Death & Dismemberment								
Flex								
Optional Accidental Death & Di	Single	33,790,000	189	\$1,172.68	\$0.00	\$68.70	\$14.94	\$1,256.32
	Family	59,340,000	317	\$3,256.80	-\$85.76	\$197.36	\$25.22	\$3,393.62
Total:		93,130,000	506	\$4,429.48	-\$85.76	\$266.06	\$40.16	\$4,649.94

Long-Term Disability								
Flex								
Automatic		6,063,807	1727	\$64,715.02	\$212.43	\$3,755.39	\$770.92	\$69,453.76

Medical Selections								
Flex								
Selection 2	Single		27	\$483.84	-\$44.58	\$28.12	\$6.48	\$473.86
	Single + 1		41	\$1,414.50	\$16.33	\$78.59	\$21.70	\$1,531.12
	Family		83	\$5,187.50	\$455.00	\$295.00	\$130.87	\$6,068.37
Total:			151	\$7,085.84	\$426.75	\$401.71	\$159.05	\$8,073.35

ABC Company

Insurer	Group	Premium Report Month	Premium for Current Period	Retroactive Adjustments	Sales Tax		Total Amount Due
					ON	PQ	
Insurer A	ABC Company	12/01/2002	\$149,654.42	\$1,140.23	\$8,605.96	\$1,874.79	\$161,275.40