

MEMBER	CERT# START	CLASS SVF	COVERAGE					PREMIUMS							TAX: PREM INS	TOTAL	
			LIFE	AD&D (Optional Coverage)	CI	DepL	LTD STD	LIFE	AD&D	CI	DepL	LTD STD	MED DENT	HSA EAP			SL\ OOC
Dept 01		Finance															
BULSARA	1234002001	B	25,000	25,000	0	<input type="checkbox"/>	2,500	4.63	1.63	0.00	0.00	41.25	15.00	0.00	7.60	0.60	92.29
FARROKH	28-May-12	S					0					0.00	15.00	0.00		6.58	
CHOKALINGAM	1234002002	B	25,000	25,000	0	<input checked="" type="checkbox"/>	2,100	4.63	1.63	0.00	2.05	34.65	40.00	0.00	15.00	1.60	149.99
VERA MINDY	01-Jul-14	F					0					0.00	40.00	0.00		10.43	
JONES	1234002003	B	25,000	25,000	0	<input type="checkbox"/>	2,500	4.63	1.63	0.00	0.00	41.25	15.00	0.00	7.60	0.60	92.29
DAVID ROBERT	09-Apr-12	S					0					0.00	15.00	0.00		6.58	
KONIGSBERG	1234002004	B	25,000	25,000	0	<input type="checkbox"/>	1,800	4.63	1.63	0.00	0.00	29.70	15.00	0.00	7.60	0.60	79.82
ALLEN	01-Jun-14	S					0					0.00	15.00	0.00		5.66	
SZEKELY	1234002005	B	25,000	25,000	0	<input type="checkbox"/>	2,500	4.63	1.63	0.00	0.00	41.25	15.00	0.00	7.60	0.60	92.29
LOUIS	10-Mar-14	S					0					0.00	15.00	0.00		6.58	
ZIMMERMAN	1234002006	B	25,000	25,000	0	<input type="checkbox"/>	2,200	4.63	1.63	0.00	0.00	36.30	15.00	0.00	7.60	0.60	86.94
ROBERT	10-Oct-11	S					0					0.00	15.00	0.00		6.18	
Department Totals								27.78	9.78	0.00	2.05	224.40	115.00	0.00	53.00	4.60	593.62
								0.00			0.00	0.00	115.00	0.00		42.01	
Dept 02		R&D															
COHEN	1234002007	C	10,000	10,000	0	<input checked="" type="checkbox"/>	0	1.85	0.65	0.00	2.05	0.00	40.00	0.00	7.00	1.60	99.87
JACOB	07-Dec-12	F					0					0.00	40.00	0.00		6.72	
GILLIS	1234002008	B	25,000	25,000	0	<input checked="" type="checkbox"/>	2,100	4.63	1.63	0.00	2.05	34.65	40.00	0.00	15.00	1.60	149.99
JOHN ANTHONY	26-May-14	F					0					0.00	40.00	0.00		10.43	
SCHNEIDER	1234002009	B	25,000	25,000	0	<input type="checkbox"/>	2,100	4.63	1.63	0.00	0.00	34.65	15.00	0.00	7.60	0.60	85.16
LEONARD	21-Mar-13	S					0					0.00	15.00	0.00		6.05	

CLIENT 1234 UMBRELLA CORP. INC.

MEMBER	CERT# TYPE	CLASS START SVF	COVERAGE					PREMIUMS							TAX: PREM INS	MONTHS TOTAL		
			LIFE	AD&D	CI	DepL	LTD STD	LIFE	AD&D	CI	DepL	LTD STD	MED DENT	HSA EAP			SL\ OOC	
Dept: 02																		
COHEN	1234002007	B	0	0	0	<input type="checkbox"/>	400	0.00	0.00	0.00	0.00	6.60	0.00	0.00	0.00	0.00	0.00	2
JACOB	3	01-Mar-15	F				0					0.00	0.00	0.00			0.53	7.13
SCHNEIDER	1234002009	B	50,000	50,000	0	<input type="checkbox"/>	5,000	9.25	3.25	0.00	0.00	82.50	30.00	0.00	15.20	1.20		2
LEONARD	6	01-Mar-15	S				0					0.00	30.00	0.00		13.16	184.56	
Department Totals								9.25	3.25	0.00	0.00	89.10	30.00	0.00	15.20	1.20		
												0.00	30.00	0.00		13.69	191.69	
Dept: 03																		
HYMA	12340020010	B	50,000	50,000	0	<input type="checkbox"/>	4,500	9.25	3.25	0.00	0.00	74.25	30.00	0.00	15.20	1.20		2
JEFFREY ROSS	6	01-Mar-15	S				0					0.00	30.00	0.00		12.50	175.65	
Department Totals								9.25	3.25	0.00	0.00	74.25	30.00	0.00	15.20	1.20		
												0.00	30.00	0.00		12.50	175.65	
Dept: 06																		
GARFIELD	1234002011	B	0	0	0	<input type="checkbox"/>	500	0.00	0.00	0.00	0.00	8.25	0.00	0.00	0.00	0.00		2
HENRY	3	01-Mar-15	S				0					0.00	0.00	0.00		0.66	8.91	
LEIBER	5890-800-055	B	0	0	0	<input type="checkbox"/>	125	0.00	0.00	0.00	0.00	2.06	0.00	0.00	0.00	0.00		1
STANLEY	3	01-Apr-15	S				0					0.00	0.00	0.00		0.16	2.22	
Department Totals								0.00	0.00	0.00	0.00	10.31	0.00	0.00	0.00	0.00		
												0.00	0.00	0.00		0.82	11.13	
Dept: 07																		
ELIOT	5890-800-064	B	0	0	0	<input type="checkbox"/>	150	0.00	0.00	0.00	0.00	2.47	0.00	0.00	0.00	0.00		1
GEORGE	3	01-Apr-15	S				0					0.00	0.00	0.00		0.20	2.67	
SMITH	5890-800-155	B	-25,000	-25,000	0	<input type="checkbox"/>	-2,100	-4.63	-1.63	0.00	0.00	-34.65	-15.00	0.00	-7.60	-0.60		-1
STEVEN PAUL	5	01-Apr-15	S				0					0.00	-15.00	0.00		-6.05	-85.16	



Summary Contribution Statement
Umbrella Corporation Inc.

01-May-15

		Premium	PST	Prem Tax	Total
01	Finance	547.01	42.01	4.60	593.62
02	R&D	1,131.50	86.26	11.20	1,228.96

Division Totals	1,678.51	128.27	15.80	1,822.58
Total	1,678.51	128.27	15.80	1,822.58



Monthly Contribution Statement

01-May-15

CLIENT: **1234**
UMBRELLA CORP. INC.

15 EAST FAKE STREET
 TORONTO
 ONTARIO

M1M1M1

ROBERTA JOAN ANDERSON
 MANAGER ACCOUNTING

ACTIVE MEMBERS **65**

	LIFE	AD&D	OPT LIFE	CI	DEP LIFE	LTD	STD	MED	DENT	HSA	EAP	SL/ OOC	PREM TAX	INS TAX	TOTAL
Coverage Totals	3,020,000	3,020,000	0	0		193,075	0								
Property Totals	559.06	196.66	0.00	0.00	145.55	3185.66	0.00	3845.00	3725.00	166.67	0.00	1,193.00	156.81	987.89	14,161.29
Current Totals	901.27					3185.66	0.00	3845.00	3725.00	166.67		1193.00	156.81	987.89	14,161.29
Adjustments Totals	13.86	4.86		0.00	2.05	128.28	0.00	70.00	70.00	0.00	0.00	30.20	2.80	24.47	346.53
Final Totals	922.04					3,313.94		3,915.00		166.67		1223.20		1,012.36	
							0.00	3,795.00			0.00		159.61		14,507.81
Program Operating Cost															15.83
Insurance Tax															0.00
Premium Tax															0.32
HST															118.06
HST No. 895499630R															
Total Amount Payable															\$14,642.02

PLEASE MAKE NOTE OF THE FOLLOWING:

1. Please make cheques payable to "THE BENEFITS TRUST" and remit by the first of the month.
2. If an employee terminates or status changes, please return a "NOTICE OF TERMINATION" Or "CHANGE OF RECORD" form as soon as possible.
3. For each new employee to be enrolled in the plan, please return a completed "EMPLOYEE BENEFITS ENROLLMENT" form.
4. Please inform "The Benefits Trust" of any changes in earnings for covered employees.
5. If an employee wishes to change his/her beneficiary, please return a "CHANGE OF RECORD" form.
6. Please return an "OVERAGE DEPENDENT" form for each eligible dependent age 21 or older who is a student.