

SelectFlex Premium Calculation Worksheet

Mandatory Benefits

Extended Health Care Premiums

	Monthly rate	x	# Employees	=	Monthly Premiums
Single	\$ 66.37	x	_____	=	\$ _____
Family	\$ 151.39	x	_____	=	\$ _____
A: Total Extended Health Care Premiums				A	\$ _____

Optional Benefits

Pooled Benefits Premiums (Minimum 3 lives for EACH benefit)

	Monthly rate	x	# Employees	=	Monthly Premiums
Life Insurance	\$12.25	x	_____	=	\$ _____
Accidental Death & Dismemberment	\$1.25	x	_____	=	\$ _____
Critical Illness	\$28.25	x	_____	=	\$ _____
Dependant Life	\$3.80	x	_____	=	\$ _____
B: Total Pooled Premiums				B	\$ _____

Dental Care Premiums

	Monthly rate	x	# Employees	=	Monthly Premiums
Single	\$ 45.09	x	_____	=	\$ _____
Family	\$ 121.74	x	_____	=	\$ _____
C: Total Dental Care Premiums				C	\$ _____

Health Care Spending Account Premiums

Amount as determined by the plan sponsor.

	Annual amount / 12 =	Monthly amount	x	# Employees	=	Monthly Premiums
Class A	_____ / 12 =	_____	x	_____	=	\$ _____
Class B	_____ / 12 =	_____	x	_____	=	\$ _____
Class C	_____ / 12 =	_____	x	_____	=	\$ _____
				Total HCSA per Month		\$ _____

Administration Fee	15% of HCSA Premiums	Total HCSA per Month x 15%		\$ _____
D: Total HCSA & Admin per Month			D	\$ _____

Calculating the Deposit

Step 1	Total Extended Health Care per month	A	Mandatory	\$ _____
Step 2	Total Pooled per Month	B		\$ _____
Step 3	Total Dental Care per month	C		\$ _____
Step 4	Total HCSA & Admin per Month	D		\$ _____
Step 5	Overall Total	(A+B+C+D)	Deposit	\$ _____

* Applicable provincial and federal sales taxes will apply to monthly invoices

Applications received by the 10th of the month will take effect on the 1st of the following month