



MONTHLY GROUP PREMIUM STATEMENT

INCLUDE ALL ACTIVITY NOT PREVIOUSLY REPORTED

DUE DATE:

POLICY NUMBER AND DIVISION	BASIC LIFE		EXCESS LIFE		DEP. LIFE	AD&D		STD		LTD	
	EE'S	BENEFIT	EE'S	BENEFIT	EE'S	EE'S	BENEFIT	EE'S	BENEFIT	EE'S	BENEFIT
	PRODUCT										
(1) TOTALS FROM PRIOR STATEMENTS											
(2) ADDITIONS											
(3) INCREASES											
(4) SUB-TOTAL											
(5) TERMINATIONS											
(6) DECREASES											
(7) TOTAL											

PREMIUM = TOTAL BENEFIT X RATE

	/1000	/1000	/EE	/1000	/10	/100
(8) RATE						
(9) PREMIUM						
(10) BACK CHARGES						
(11) BACK CREDITS						
(12) NET PREMIUM						
(13) ONTARIO SALES TAX						
(14) QUEBEC SALES TAX						
(15) TOTAL PREMIUM						

TOTAL ONTARIO SALES TAX	
TOTAL QUEBEC SALES TAX	

TOTAL PREMIUM DUE (ALL PRODUCTS INCL. TAX)	
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SEND THIS REPORT WITH REMITTANCE TO COVER PREMIUM DUE TO: RBC INSURANCE - GROUP CUSTOMER ACCOUNT SERVICES

IT IS CERTIFIED THAT THE ABOVE FIGURES EXHIBIT COVERAGES IN ACCORDANCE WITH THE TERMS OF THE GROUP CONTRACTS.

NAME OF POLICYHOLDER _____ DATE _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____

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