



Policy Holder: _____

Pay Centre: _____

Policy N°: _____

For the Month of: _____

Province	Number of Employees	Volume of Insurance	Rate (per \$1,000)	Premium	Adjustment (+/-)	Sales Tax	Total
* Ontario							
* Quebec							
* Manitoba							
Alberta							
B.C.							
Sask.							
Nfld							
P.E.I.							
N.B.							
N.S.							
Yukon							
N.W.T.							
Nunavut							
** Ontario							
** Quebec							
** Manitoba							
U.S.A.							
Total							

* Please remit all applicable retail sales taxes with premium.

** Remit all sales taxes to applicable province.

Cheque Enclosed for: _____

Prepared by: _____

Date: _____

RBC Life Insurance Company
PO Box 1800, STN B, Mississauga, ON L4Y 3W6