



2016-2017

129 3085 Albert Street
Regina, SK S4S 0B1

Teachers' Group Life Insurance Plan Premium Remittance Summary

REMITTANCE FOR MONTH OF: _____

WRS Batch #: _____

A. Number of Teachers Beginning of Month

_____ x 15.66 = \$ _____ 0 (+)
teacher

Last months total number of teachers less any separations.

B. Number of New Teachers Registered

_____ x 15.66 = \$ _____ 0 (+)
teacher

Complete when a teacher registers. Provide details on the Teacher Change Reporting Form.

C. Adjustments for Separations

_____ x _____ x 15.66 = \$ _____ 0 (+)
teacher months

Complete when a teacher separates or terminates service. Provide details on the Teacher Change Reporting Form.

Adjustments for Deregistration

_____ x _____ x 15.66 = \$ _____ 0 (-)
teacher months

Complete when a teacher has been registered but was not eligible. Provide details on the Teacher Change Reporting Form.

Death

_____ (-)
teacher

Complete when a teacher deceases, final premium remitted. Provide details on the Teacher Change Reporting Form.

D. Retroactive Adjustments

_____ x _____ x 15.66 = \$ _____ 0 (+/-)
teacher months
_____ x _____ x 15.66 = \$ _____ 0 (+/-)
teacher months
_____ x _____ x 15.66 = \$ _____ 0 (+/-)
teacher months

Complete when a teacher registers and requires retroactive premiums. Provide details on the Teacher Change Reporting Form.

E. Number of Secretary-Treasurers

_____ x 31.32 = \$ _____ 0 (+)
secretary-treasurers

Last months total secretary-treasurers less any separations.

F. Adjustments for Separations

_____ x _____ x 31.32 = \$ _____ 0 (+/-)
secretary-treasurers months

Complete when a secretary-treasurer separates or terminates service. Provide details on the Teacher Change Reporting Form.

G. Retroactive Adjustments

_____ x _____ x 31.32 = \$ _____ 0 (+/-)
secretary-treasurers months

Complete when a secretary-treasurer registers or deregisters requiring retroactive premiums. Provide details on the Teacher Change Reporting Form.

H. Adjustments: Any Amount Owing (+)/Overpayment (-) from Last Month

\$ _____ (+/-)

I. Total Remittance

\$ _____ 0

Total A through H

Signature of School Secretary or Authorized Official

**PLEASE COMPLETE THE TEACHER CHANGE REPORTING FORM TO PROVIDE INFORMATION REGARDING
NEW REGISTRATIONS, SEPARATIONS, DEREGISTRATIONS AND RETROACTIVE ADJUSTMENTS.**