

# Teachers' Group Life Insurance Plan 2022-2023 Premium Remittance Summary

School Division Name: \_\_\_\_\_

School Division Number: \_\_\_\_\_

Remittance for Month of: \_\_\_\_\_

WRS Batch #: \_\_\_\_\_

**A. Number of Teachers Beginning of Month**

Last months total number of teachers less any separations.

\_\_\_\_\_ x 16.02 = \$ \_\_\_\_\_ 0 (+)  
teacher

**B. Number of New Teachers Registered**

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

\_\_\_\_\_ x 16.02 = \$ \_\_\_\_\_ 0 (+)  
teacher

**C. Adjustments for Separations**

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

\_\_\_\_\_ x \_\_\_\_\_ x 16.02 = \$ \_\_\_\_\_ 0 (+)  
teacher months

**Adjustments for Deregistration**

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

\_\_\_\_\_ x \_\_\_\_\_ x 16.02 = \$ \_\_\_\_\_ 0 (-)  
teacher months

**Death**

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

\_\_\_\_\_ (-)  
teacher

**D. Retroactive Adjustments**

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

\_\_\_\_\_ x \_\_\_\_\_ x 16.02 = \$ \_\_\_\_\_ 0 (+/-)  
teacher months  
 \_\_\_\_\_ x \_\_\_\_\_ x 16.02 = \$ \_\_\_\_\_ 0 (+/-)  
teacher months  
 \_\_\_\_\_ x \_\_\_\_\_ x 16.02 = \$ \_\_\_\_\_ 0 (+/-)  
teacher months

**E. Number of Secretary-Treasurers**

Last months total secretary-treasurers less any separations.

\_\_\_\_\_ x 32.04 = \$ \_\_\_\_\_ 0 (+)  
secretary-treasurers

**F. Adjustments for Separations**

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

\_\_\_\_\_ x \_\_\_\_\_ x 32.04 = \$ \_\_\_\_\_ 0 (+/-)  
secretary-treasurers months

**G. Retroactive Adjustments**

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

\_\_\_\_\_ x \_\_\_\_\_ x 32.04 = \$ \_\_\_\_\_ 0 (+/-)  
secretary-treasurers months

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

\$ \_\_\_\_\_ (+/-)

**I. Total Remittance**

Total A through H

\$ \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 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.**