

Teachers' Group Life Insurance Plan

2026-2027 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 16.56 = \$ _____ 0 (+)
teacher

B. Number of New Teachers Registered

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

_____ x 16.56 = \$ _____ 0 (+)
teacher

C. Adjustments for Separations

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

_____ x _____ x 16.56 = \$ _____ 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 16.56 = \$ _____ 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 16.56 = \$ _____ 0 (+/-)
teacher months
_____ x _____ x 16.56 = \$ _____ 0 (+/-)
teacher months
_____ x _____ x 16.56 = \$ _____ 0 (+/-)
teacher months

E. Number of Secretary-Treasurers

Last months total secretary-treasurers less any separations.

_____ x 33.12 = \$ _____ 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 33.12 = \$ _____ 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 33.12 = \$ _____ 0 (+/-)
secretary-treasurers months

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

\$ _____ (+/-)

I. Total Remittance

Total A through H

\$ _____ 0

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.**