

CORE DENTAL PLANMONTHLY CONTRIBUTION REPORT

For remittance after April 1, 2024

							•
T0:	Employee Benefit Program 3sHealth 600-1919 Saskatchewan Drive Regina, SK S4P 4H2 ebp@3sHealth.ca		ORGANIZATION NAME:				
			ORGANIZATION NUMBER:				
etails of premiun	n remittance for th	e month of	, 20	_			
AFFII	AFFILIATION NUMBER OF F.T.E.			COST PER F.T.E.			PREMIUMS
			Х	77.75		=	
			Х	77.75 77.75		=	
			Х			=	
			Х	77.75		=	
			Х	77.75		=	
					Total		
alculation of num	nber of full-time ed	quivalents (F.T.E.):					
F.T.E. =	1	TOTAL PAID HOURS FOR ALL EMPLOYEES IN THE GROUP FOR THE MONTH 1 F.T.E. PER MONTH (HOURS)					
				Authorized Signature:			
EXAMPL	E (00S Group F.T.E. = 4000/162.40 = 24.63 F.T.E. Premium = 24.63 X 77.75 = \$1914.98		C,	Date: ontact Name:		
270 UVII 2				Phone:			
LEASE DO NOT	STAPLE CHEOL	IE TO REMITTANCE FORM			Fmail·		



CORE DENTAL PLANMONTHLY CONTRIBUTION REPORT

For remittance prior to April 1, 2024

Γ0:	Employee Benefit Program 3sHealth 600-1919 Saskatchewan Drive Regina, SK S4P 4H2 ebp@3sHealth.ca		ORGANIZATION NAME: ORGANIZATION NUMBER:				
etails of premiu	um remittance for	the month of	, 20				
AFF	AFFILIATION NUMBER OF F			COST PER F	F.T.E.		PREMIUMS
			Х	70.75		=	
			Х	70.75		=	
			Х	70.75		=	
			Х	70.75		=	
			Х	70.75		=	
					Total		
lculation of nu	ımber of full-time	equivalents (F.T.E.):					
F.T.E. =	=	TOTAL PAID HOURS FOR ALL EMPLOYEES IN THE GROUP FOR THE MONTH					
		1 F.T.E. PER MONTH (HOURS)	Authorized Signature:				
EXAMP	DI F	00S Group F.T.E. = 4000/162.40 = 24.63		0	Date:		
LAMIVIF		T.E. Premium = 24.63 X 70.75 = \$1742.57	,	Contact Name: Phone:			
FASE DO NO	OT STAPLE CHEC	DUE TO REMITTANCE FORM			Fmail:		