

Summary of Benefit Costs

Run Date : 09/09/2022

For more information on your coverage, please go to the home page of the member portal to review your Benefits Booklet.

Steve Doe
123 Any Street
Milton, ON
L9L 9L9

Plan Sponsor: **ABC Group Inc**
Division: **001 - ABC Division Inc**
Class: **A - All Eligible Employees**

Certificate Number: **1000002152**
Status: **At Work**
Annual Salary: **\$ 75,000.00**
Pay Frequency : **Bi-Weekly (26)**

Your Benefits

Benefit details	Coverage	Monthly Premium	Costs		Per Pay Deduction
			Employer	Employee	
Life Insurance	\$ 10,000	\$ 3.45	\$ 0.00	\$ 3.45	\$ 1.59
Optional Life Insurance	\$ 5,000	\$ 0.80	\$ 0.00	\$ 0.80	\$ 0.37
Dependent Life Insurance	\$ 3,000	\$ 3.00	\$ 0.00	\$ 3.00	\$ 1.38
Accidental Death & Dismemberment Insurance (AD&D)	\$ 10,000	\$ 0.36	\$ 0.00	\$ 0.36	\$ 0.17
Long Term Disability Insurance	\$ 2,500	\$ 53.45	\$ 0.00	\$ 53.45	\$ 24.67
Health Care Insurance	Covered / Family	\$ 360.43	\$ 210.35	\$ 150.08	\$ 69.27
Travel insurance	Covered / Family	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Totals :		\$ 421.49	\$ 210.35	\$ 211.14	\$ 97.45
Sales Tax :		\$ 37.93	\$ 18.93	\$ 19.00	\$ 8.76
Grand Totals :		\$ 459.42	\$ 229.28	\$ 230.14	\$ 106.21

Taxable Benefits Per Pay Period (taxes included)

Benefit details	Taxable Benefit		Tax Deductible
	Federal - Box 40		Federal – Line 235
Health Care Insurance	\$ 0.00		\$ 75.50
Totals :	\$ 0.00		\$ 75.50