

June 15, 2016

To: Participating Employers
From: Bud Anderson
Director, Employee Benefits
RE: Dependent Life Insurance Premium Rate Change Effective July 1, 2016

Recently, we introduced a number of benefit enhancements to the 3sHealth Employee Benefit Plans that will become effective on July 1, 2016.

We would like to bring your attention to the Dependent Life Insurance premium rate change. Effective July 1, 2016, the premium rate for Dependent Life Insurance will reduce from \$4.26 to \$3.48. This rate change will impact your payroll deductions for any employees who have elected Dependent Life Insurance. You are required to make your monthly premium remittance to Great-West Life using the new premium rate beginning July 1, 2016. A new version of the Great-West Life Premium Remittance form will be available on the 3sHealth website www.3shealth.ca on July 1, 2016. A copy of the new remittance form is also enclosed for your reference.

If you have any questions about the new premium rate please call a 3sHealth Benefit Services Officer at 1.866.278.2301 or by email at ebp@3shealth.ca.

**GROUP INSURANCE
MONTHLY PREMIUM STATEMENT**

PLEASE COMPLETE IN DUPLICATE AND FORWARD ORIGINAL TO:
THE GREAT-WEST LIFE ASSURANCE COMPANY
ATTN: GROUP INSURANCE PAYMENT ADMIN
PO BOX 1053
WINNIPEG MB R3C 2X4

NAME OF MEMBER ORGANIZATION	GROUP NUMBER 20484GLA	DIVISION NO. S.H.A. CODE NO.	FOR THE MONTH OF
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	BASIC LIFE INSURANCE		BASIC ACCIDENTAL DEATH AND DISMEMBERMENT		DEPENDENT LIFE 10,000	VOLUNTARY AD&D	
	NO. OF EMPLOYEES	AMOUNT OF INSURANCE	NO. OF EMPLOYEES	AMOUNT OF INSURANCE	NO. OF EMPLOYEES	SINGLE COVERAGE	FAMILY COVERAGE
						AMOUNT OF INSURANCE	AMOUNT OF INSURANCE
1. IN FORCE COVERAGE THIS STATEMENT							
2. COVERAGE PREMIUM RATE		0.180 PER \$1,000		.020 PER \$1,000	3.48 PER UNIT	.020 PER \$1,000	.040 PER \$1,000
3. PREMIUM DUE THIS STATEMENT (MULTIPLY ITEM 1 X ITEM 2)							
4. PLUS OR MINUS BACK PREMIUM ADJUSTMENTS							
5. TOTAL PREMIUM DUE THIS STATEMENT							

\$

OUR CHEQUE PAYABLE TO THE GREAT-WEST LIFE ASSURANCE COMPANY IS ATTACHED.

DATE

SIGNING OFFICER

PHONE NUMBER FAX NUMBER