



NSAHO LONG TERM DISABILITY INSURANCE PLAN Monthly Remittance

ORGANIZATION NAME: _____

HANS DIVISION NUMBER: _____

PAYROLL PERIOD FROM: _____ TO: _____

TOTAL INSURED PAYROLL \$ _____

EMPLOYEE CONTRIBUTIONS (50%) \$ _____

EMPLOYEE ADJUSTMENTS \$ _____
(Retro salary increases, waiver of premiums, admin error adjustments)

EMPLOYER CONTRIBUTIONS (50%) \$ _____

EMPLOYER ADJUSTMENTS \$ _____
(Retro salary increases, waiver of premiums, admin error adjustments)

TOTAL \$ _____

CHEQUE NUMBER (if applicable): _____

If remittance is being sent via cheque, please provide the cheque number.

REMITTANCE FORM INSTRUCTIONS:

Email one completed copy to RBC at information.management@rbc.com ; Email one completed copy with contribution details to HANS at LTDcontributions@healthassociation.ns.ca ; and keep one completed copy for your records.

ELECTRONIC FUNDS TRANSFER (EFT) REMITTANCE INSTRUCTIONS		
Financial Institution: Royal Bank of Canada	Address: 180 Wellington Street West, 12 th Floor, Toronto, ON M5J 0C2	
Bank Number: 0003	Transit Number: 09504	Account Number: 5041454

CHEQUE REMITTANCE INSTRUCTIONS	
Regular Mail RBC Investor & Treasury Services – Pensions PO Box 4106, STN A Toronto, ON M5W 0L1	Courier RBC Wholesale Lockbox Department 4 Prince Andrew Place Toronto, ON M3C 2H4 Attn: RBC Investor Services Trust - Pensions / Lockbox T04106