



BILLING STATEMENT

Statement #:	17918276
Policy Number:	RBC00004569
Billing Division:	1
Date Prepared:	2025/06/18
Administrator:	RBCI GROUP CLIENT SERVICES, xX

HAIDILAO RICHMOND

ATTN: JACKY JANE
5890 NO. 3 ROAD #200
RICHMOND BC V6X 3P6

Billing Statement for July 2025

Previous Statement Items		
Opening Balance	3,036.99	
Payments / Adjustments for Prior Period	-3,036.99	
Balance Forward	0.00	\$0.00
Current Statement Items		
Total Premium for July 2025	3,382.55	
Adjustments for Current Period	-65.96	
Fees	0.00	
Current Statement Sub Total	3,316.59	
Tax		
Provincial Tax	0.00	
GST/HST (# 898664354)	0.00	
QST (# 898664354)	0.00	
Total Tax	0.00	
Current Billing Statement Total	3,316.59	\$3,316.59

Balance Due as at 2025/07/01	Please review statement in detail and remit payment with the remittance advice below.	\$3,316.59
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Paid by Pre-Authorized Debit

IMPORTANT: All member changes (i.e., new enrollments, salary updates, class changes, beneficiary/dependent updates) are to be reported in a timely manner to ensure your employees are covered correctly under your group insurance plan.

Remittance Advice

Statement #:	17918276
Policy Number:	RBC00004569
Billing Division:	1
Billing Month:	July 2025
Administrator:	RBCI GROUP CLIENT SERVICES, xX
Due Date:	2025/07/08
Balance Due:	\$3,316.59

RBC LIFE INSURANCE COMPANY
8677 ANCHOR DR
PO BOX 1600
WINDSOR ON N9A 0B3

Payment Amount:
Paid by Pre-Authorized Debit

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Billing Details for July 2025

Payments / Adjustments for Prior Period

Description	Date	Reference Number	Amount	Comment	Total
Cash Receipt	2025/06/08	FCN_4169	-3,036.99	PAPD	-3,036.99
Total Payments and Adjustments					\$-3,036.99

Premium Summary - July 2025

Benefit	S	F	C	Volume	Amount	PST	GST/HST/QST	Total
Basic Life Insurance	27			675000	\$95.31	\$0.00	\$0.00	\$95.31
Accidental Death and Dismemberment	27			675000	\$33.21	\$0.00	\$0.00	\$33.21
Health	10	15	0		\$1,860.00	\$0.00	\$0.00	\$1,860.00
Dental	10	15	0		\$1,394.03	\$0.00	\$0.00	\$1,394.03
Monthly Premium - July 2025					\$3,382.55	\$0.00	\$0.00	\$3,382.55

Total Retroactive Adjustments: **\$-65.96**

Total Fees: **\$0.00**

Total Billing **\$3,316.59**

Provincial Tax Detail for July 2025

	Total
Total Provincial Tax	\$0.00

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Change Report for July 2025

Member Changes

Plan Member Name	Certificate Number	Change Effective Date	Description of Change
CHIEN, YU-TING	18070379	2025-05-30	Terminated Plan Member
DING, CHEONG WEN	18063306	2025-05-25	Coverage Change

Changes received close to your billing date will appear on the next statement

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
HAIDILAO RICHMOND (RBC00004569)	1	17918276	2025/06/18	4 of 8

Member Premium Report for July 2025

Class: 1 - ALL ELIGIBLE MANAGEMENT EMPLOYEES											
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HU, JUN	18063367	BC	1	4	43		195.17	0.00	0.00	0.00	195.17
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	105.49	0.00	0.00	0.00	105.49
Dental						Family	84.92	0.00	0.00	0.00	84.92
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, HUI XIN	18063268	BC	1	2	34		195.17	0.00	0.00	0.00	195.17
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	105.49	0.00	0.00	0.00	105.49
Dental						Family	84.92	0.00	0.00	0.00	84.92
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, TING	18063368	BC	1	2	33		195.17	0.00	0.00	0.00	195.17
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	105.49	0.00	0.00	0.00	105.49
Dental						Family	84.92	0.00	0.00	0.00	84.92
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YUAN, YUHUA	18063267	BC	1	2	50		195.17	0.00	0.00	0.00	195.17
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	105.49	0.00	0.00	0.00	105.49
Dental						Family	84.92	0.00	0.00	0.00	84.92
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHOU, GUOHAO	18063363	BC	1	1	33		78.30	0.00	0.00	0.00	78.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	43.81	0.00	0.00	0.00	43.81
Dental						Single	29.73	0.00	0.00	0.00	29.73
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHU, YUE FAN	18063275	BC	1	1	32		78.30	0.00	0.00	0.00	78.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	43.81	0.00	0.00	0.00	43.81
Dental						Single	29.73	0.00	0.00	0.00	29.73
Class Totals							937.28	0.00	0.00	0.00	937.28

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHEN, XIA	18063290	BC	2	1	40		4.76	0.00	0.00	0.00	4.76
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health							CW	0.00	0.00	0.00	0.00
Dental							CW	0.00	0.00	0.00	0.00
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHIEN, YU-TING	18070379	BC	2		27		0.00	-72.13	0.00	0.00	-72.13
Basic Life Insurance							0.00	-3.53	0.00	0.00	-3.53
Accidental Death and Dismemberment							0.00	-1.23	0.00	0.00	-1.23
Health						Single	0.00	-41.56	0.00	0.00	-41.56
Dental						Single	0.00	-25.81	0.00	0.00	-25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
DU, JINGJING	18070349	BC	2	3	43		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
FENG, MENG YANG	18063242	BC	2	1	36		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
GONG, XIANGYU	18063315	BC	2	1	30		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
GU, JINGE	18063354	BC	2	1	29		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HUANG, SHAO	18063283	BC	2	3	50		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
JIANG, YIN	18070378	BC	2	2	50		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
JIN, YONGJIE	18063285	BC	2	2	38		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LEE, I-CHANG	18070369	BC	2	1	37		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, HONGYU	18070345	BC	2	2	45		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, LING LING	18063334	BC	2	2	31		4.76	0.00	0.00	0.00	4.76
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						CW	0.00	0.00	0.00	0.00	0.00
Dental						CW	0.00	0.00	0.00	0.00	0.00
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WANG, HUI	18063273	BC	2	4	51		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WANG, QUN	18070380	BC	2	3	38		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WEI, XUEMEI	18070331	BC	2	4	31		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
YE, ZHICHAO	18063279	BC	2	1	33		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
ZHANG, YILIN	18070363	BC	2	1	27		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
ZHENG, PAUL WEN HAO	18063256	BC	2	3	26		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
ZHENG, YUWEI	18063309	BC	2	1	33		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
ZHU, DE HONG	18070368	BC	2	3	56		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Class Totals							2,035.73	-72.13	0.00	0.00	1,963.60

Class: 3 - ALL ELIGIBLE SENIOR MANAGEMENT EMPLOYEES

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
DING, CHEONG WEN	18063306	BC	3	1	31		115.82	6.17	0.00	0.00	121.99
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	62.68	2.25	0.00	0.00	64.93
Dental						Single	48.38	3.92	0.00	0.00	52.30



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Class: 3 - ALL ELIGIBLE SENIOR MANAGEMENT EMPLOYEES

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, SENLEI	18063364	BC	3	4	33		293.72	0.00	0.00	0.00	293.72
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	150.72	0.00	0.00	0.00	150.72
Dental						Family	138.24	0.00	0.00	0.00	138.24
Class Totals							409.54	6.17	0.00	0.00	415.71
Monthly Premium - July 2025							3,382.55	-65.96	0.00	0.00	3,316.59



BILLING STATEMENT

Statement #:	17918275
Policy Number:	RBC00004569
Billing Division:	2
Date Prepared:	2025/06/18
Administrator:	RBCI GROUP CLIENT SERVICES, xX

HAIDILAO VANCOUVER

ATTN: JACKY JANE
5890 NO. 3 ROAD #200
RICHMOND BC V6X 3P6

Billing Statement for July 2025

Previous Statement Items

Opening Balance	1,721.95	
Payments / Adjustments for Prior Period	-1,721.95	
Balance Forward	0.00	\$0.00

Current Statement Items

Total Premium for July 2025	1,874.08	
Adjustments for Current Period	304.26	
Fees	0.00	
Current Statement Sub Total	2,178.34	
Tax		
Provincial Tax	0.00	
GST/HST (# 898664354)	0.00	
QST (# 898664354)	0.00	
Total Tax	0.00	
Current Billing Statement Total	2,178.34	\$2,178.34

Balance Due as at 2025/07/01	Please review statement in detail and remit payment with the remittance advice below.	\$2,178.34
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Paid by Pre-Authorized Debit

IMPORTANT: All member changes (i.e., new enrollments, salary updates, class changes, beneficiary/dependent updates) are to be reported in a timely manner to ensure your employees are covered correctly under your group insurance plan.

Remittance Advice

Statement #:	17918275
Policy Number:	RBC00004569
Billing Division:	2
Billing Month:	July 2025
Administrator:	RBCI GROUP CLIENT SERVICES, xX
Due Date:	2025/07/08
Balance Due:	\$2,178.34

RBC LIFE INSURANCE COMPANY
8677 ANCHOR DR
PO BOX 1600
WINDSOR ON N9A 0B3

Payment Amount:

Paid by Pre-Authorized Debit

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Billing Details for July 2025

Payments / Adjustments for Prior Period

Description	Date	Reference Number	Amount	Comment	Total
Cash Receipt	2025/06/08	FCN_4169	-1,721.95	PAPD	-1,721.95
Total Payments and Adjustments					\$-1,721.95

Premium Summary - July 2025

Benefit	S	F	C	Volume	Amount	PST	GST/HST/QST	Total
Basic Life Insurance	16			400000	\$56.48	\$0.00	\$0.00	\$56.48
Accidental Death and Dismemberment	16			400000	\$19.68	\$0.00	\$0.00	\$19.68
Health	7	9	0		\$1,052.41	\$0.00	\$0.00	\$1,052.41
Dental	7	9	0		\$745.51	\$0.00	\$0.00	\$745.51
Monthly Premium - July 2025					\$1,874.08	\$0.00	\$0.00	\$1,874.08

Total Retroactive Adjustments: **\$304.26**

Total Fees: **\$0.00**

Total Billing **\$2,178.34**

Provincial Tax Detail for July 2025

	Total
Total Provincial Tax	\$0.00

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Change Report for July 2025

Member Changes

Plan Member Name	Certificate Number	Change Effective Date	Description of Change
SHI, WENQI	18063350	2025-05-01	Group Transfer

Changes received close to your billing date will appear on the next statement

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Member Premium Report for July 2025

Class: 2 - ALL ELIGIBLE FRONT LINE STAFF											
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
DAI, YUE	18063355	BC	2	1	25		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
DING, LINJIE	18063262	BC	2	3	46		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HSIEH, PO-HSIANG	18063294	BC	2	1	31		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LIN, JINE I	18063292	BC	2	3	60		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LIU, RUIHAN	18063373	BC	2	3	43		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SHENG, WANRONG	18063293	BC	2	1	28		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SHI, WENQI	18063350	BC	2	4	32		152.13	304.26	0.00	0.00	456.39
Basic Life Insurance						25000	3.53	7.06	0.00	0.00	10.59
Accidental Death and Dismemberment						25000	1.23	2.46	0.00	0.00	3.69
Health						Family	84.61	169.22	0.00	0.00	253.83
Dental						Family	62.76	125.52	0.00	0.00	188.28

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
TIAN, ZHIWEN	18063261	BC	2	2	23		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WANG, CHENFEI	18063316	BC	2	2	37		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WANG, MENG DAN	18063357	BC	2	1	32		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZENG, XIANGYU	18063295	BC	2	5	29		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, ANNUO	18063374	BC	2	1	26		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, FENG	18063260	BC	2	1	26		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, FENGHUA	18070324	BC	2	2	48		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, XIANGXUE	18063341	BC	2	2	28		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHU, XINYI	18063296	BC	2	1	29		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Class Totals							1,874.08	304.26	0.00	0.00	2,178.34
Monthly Premium - July 2025							1,874.08	304.26	0.00	0.00	2,178.34



BILLING STATEMENT

Statement #:	17918274
Policy Number:	RBC00004569
Billing Division:	3
Date Prepared:	2025/06/18
Administrator:	RBCI GROUP CLIENT SERVICES, xX

HAIDILAO MARKHAM

ATTN: JACKY JANE
5890 NO. 3 ROAD #200
RICHMOND BC V6X 3P6

Billing Statement for July 2025

Previous Statement Items		
Opening Balance	5,296.67	
Payments / Adjustments for Prior Period	-5,296.67	
Balance Forward	0.00	\$0.00
Current Statement Items		
Total Premium for July 2025	4,909.83	
Adjustments for Current Period	0.00	
Fees	0.00	
Current Statement Sub Total	4,909.83	
Tax		
Provincial Tax	386.84	
GST/HST (# 898664354)	0.00	
QST (# 898664354)	0.00	
Total Tax	386.84	
Current Billing Statement Total	5,296.67	\$5,296.67

Balance Due as at 2025/07/01	Please review statement in detail and remit payment with the remittance advice below.	\$5,296.67
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Paid by Pre-Authorized Debit

IMPORTANT: All member changes (i.e., new enrollments, salary updates, class changes, beneficiary/dependent updates) are to be reported in a timely manner to ensure your employees are covered correctly under your group insurance plan.

Remittance Advice

Statement #:	17918274
Policy Number:	RBC00004569
Billing Division:	3
Billing Month:	July 2025
Administrator:	RBCI GROUP CLIENT SERVICES, xX
Due Date:	2025/07/08
Balance Due:	\$5,296.67

RBC LIFE INSURANCE COMPANY
8677 ANCHOR DR
PO BOX 1600
WINDSOR ON N9A 0B3

Payment Amount:
Paid by Pre-Authorized Debit



Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Billing Details for July 2025

Payments / Adjustments for Prior Period

Description	Date	Reference Number	Amount	Comment	Total
Cash Receipt	2025/06/08	FCN_4169	-5,296.67	PAPD	-5,296.67
Total Payments and Adjustments					\$-5,296.67

Premium Summary - July 2025

Benefit	S	F	C	Volume	Amount	PST	GST/HST/QST	Total
Basic Life Insurance	40			1000000	\$141.20	\$10.92	\$0.00	\$152.12
Accidental Death and Dismemberment	40			1000000	\$49.20	\$3.90	\$0.00	\$53.10
Health	17	23	0		\$2,739.54	\$215.79	\$0.00	\$2,955.33
Dental	17	23	0		\$1,979.89	\$156.23	\$0.00	\$2,136.12
Monthly Premium - July 2025					\$4,909.83	\$386.84	\$0.00	\$5,296.67

Total Retroactive Adjustments: **\$0.00** **\$0.00** **\$0.00** **\$0.00**

Total Fees: **\$0.00** **\$0.00** **\$0.00** **\$0.00**

Total Billing **\$4,909.83** **\$386.84** **\$0.00** **\$5,296.67**

Provincial Tax Detail for July 2025

Province	Total
Ontario	\$386.84
Total Provincial Tax	\$386.84



Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Change Report for July 2025

Changes received close to your billing date will appear on the next statement

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Member Premium Report for July 2025

Class: 1 - ALL ELIGIBLE MANAGEMENT EMPLOYEES

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YANG, HUIZI	18063286	ON	1	2	31		195.17	0.00	0.00	15.61	210.78
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	105.49	0.00	0.00	8.44	113.93
Dental						Family	84.92	0.00	0.00	6.79	91.71
Class Totals							195.17	0.00	0.00	15.61	210.78

Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHAN, CHRISTOPHER LEON	18070346	ON	2	1	28		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHEN, JIARU	18070321	ON	2	3	44		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHEN, JIE	18070333	ON	2	2	26		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHEN, XIAOMEI	18070366	ON	2	4	47		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHENG, HOK HIM	18063336	ON	2	4	37		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78

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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHIU, KA KIT	18070338	ON	2	2	28		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
DAI, XIAOXIN	18063372	ON	2	4	36		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
DUAN, YONGZHEN	18063312	ON	2	1	24		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
FANG, YONG XIAN	18070364	ON	2	1	52		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
GAO, YU HENG	18063335	ON	2	1	55		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HAO, JIALEI	18063311	ON	2	1	39		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
JIANG, XINYI	18070339	ON	2	1	24		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87

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Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LAW, CHUN WAI	18070332	ON	2	4	52		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, BINGRONG	18063313	ON	2	2	26		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, FANGFANG	18063259	ON	2	3	44		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, QIUSHI	18070313	ON	2	3	36		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, YIYI	18063314	ON	2	2	56		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, ZHANG	18063371	ON	2	2	54		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, ZHENGXI	18063251	ON	2	1	23		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LIN, XIAOYI	18070341	ON	2	1	24		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LIU, TAO	18070323	ON	2	3	49		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
NIU, LI	18063266	ON	2	2	31		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
PUN, CHUNG HANG	18070377	BC	2	1	24		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SHI, XIAOQIONG	18070317	ON	2	4	37		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SITU, JIANLING	18069719	ON	2	1	59		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SUN, HAN	18063289	ON	2	1	28		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SUN, WENQING	18070365	ON	2	2	45		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WU, HUIHUA	18070340	ON	2	4	59		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YANG, ZHIGANG	18070316	ON	2	1	48		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YAO, YUAN	18070374	ON	2	3	49		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YIN, YIFEI	18070336	ON	2	1	25		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, GUO	18063287	ON	2	4	36		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, JINXIA	18070385	ON	2	1	57		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, YANQIU	18070367	ON	2	2	39		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
ZHENG, DUANQING	18070348	ON	2	1	51		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
ZHOU, LIANG	18063310	ON	2	1	32		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
ZHU, YUNZHENG	18063370	ON	2	4	39		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
ZOU, JIN	18063338	ON	2	1	25		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Class Totals							4,420.94	0.00	0.00	347.73	4,768.67

Class: 3 - ALL ELIGIBLE SENIOR MANAGEMENT EMPLOYEES

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
BAO, XIAOYUN	18063352	ON	3	3	44		293.72	0.00	0.00	23.50	317.22
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	150.72	0.00	0.00	12.06	162.78
Dental						Family	138.24	0.00	0.00	11.06	149.30
Class Totals							293.72	0.00	0.00	23.50	317.22
Monthly Premium - July 2025							4,909.83	0.00	0.00	386.84	5,296.67

BILLING STATEMENT

Statement #:	17918273
Policy Number:	RBC00004569
Billing Division:	4
Date Prepared:	2025/06/18
Administrator:	RBCI GROUP CLIENT SERVICES, xX

HAIDILAO SCARBOROUGH

ATTN: JACKY JANE
5890 NO. 3 ROAD #200
RICHMOND BC V6X 3P6

Billing Statement for July 2025

Previous Statement Items		
Opening Balance	4,606.20	
Payments / Adjustments for Prior Period	-4,606.20	
Balance Forward	0.00	\$0.00
Current Statement Items		
Total Premium for July 2025	4,044.22	
Adjustments for Current Period	72.13	
Fees	0.00	
Current Statement Sub Total	4,116.35	
Tax		
Provincial Tax	317.03	
GST/HST (# 898664354)	0.00	
QST (# 898664354)	0.00	
Total Tax	317.03	
Current Billing Statement Total	4,433.38	\$4,433.38

Balance Due as at 2025/07/01	Please review statement in detail and remit payment with the remittance advice below.	\$4,433.38
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Paid by Pre-Authorized Debit

IMPORTANT: All member changes (i.e., new enrollments, salary updates, class changes, beneficiary/dependent updates) are to be reported in a timely manner to ensure your employees are covered correctly under your group insurance plan.

Remittance Advice

Statement #:	17918273
Policy Number:	RBC00004569
Billing Division:	4
Billing Month:	July 2025
Administrator:	RBCI GROUP CLIENT SERVICES, xX
Due Date:	2025/07/08
Balance Due:	\$4,433.38

RBC LIFE INSURANCE COMPANY
8677 ANCHOR DR
PO BOX 1600
WINDSOR ON N9A 0B3

Payment Amount:
Paid by Pre-Authorized Debit

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Billing Details for July 2025

Payments / Adjustments for Prior Period

Description	Date	Reference Number	Amount	Comment	Total
Cash Receipt	2025/06/08	FCN_4169	-4,606.20	PAPD	-4,606.20
Total Payments and Adjustments					\$-4,606.20

Premium Summary - July 2025

Benefit	S	F	C	Volume	Amount	PST	GST/HST/QST	Total
Basic Life Insurance	32			800000	\$112.96	\$8.68	\$0.00	\$121.64
Accidental Death and Dismemberment	32			800000	\$39.36	\$3.10	\$0.00	\$42.46
Health	9	21	0		\$2,240.09	\$172.42	\$0.00	\$2,412.51
Dental	9	21	0		\$1,651.81	\$127.07	\$0.00	\$1,778.88
Monthly Premium - July 2025					\$4,044.22	\$311.27	\$0.00	\$4,355.49

Total Retroactive Adjustments: **\$72.13** **\$5.76** **\$0.00** **\$77.89**

Total Fees: **\$0.00** **\$0.00** **\$0.00** **\$0.00**

Total Billing **\$4,116.35** **\$317.03** **\$0.00** **\$4,433.38**

Provincial Tax Detail for July 2025

Province	Total
Ontario	\$317.03
Total Provincial Tax	\$317.03

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Change Report for July 2025

Member Changes

Plan Member Name	Certificate Number	Change Effective Date	Description of Change
HUNG, MO KA	18241948	2025-05-01	New Plan Member
HUNG, MO KA	18241948	2025-06-01	Change in Coverage

Changes received close to your billing date will appear on the next statement

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
HAIDILAO SCARBOROUGH (RBC00004569)	4	17918273	2025/06/18	4 of 8

Member Premium Report for July 2025

Class: 1 - ALL ELIGIBLE MANAGEMENT EMPLOYEES											
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHEN, CHEN	18063362	ON	1	3	37		195.17	0.00	0.00	15.61	210.78
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	105.49	0.00	0.00	8.44	113.93
Dental						Family	84.92	0.00	0.00	6.79	91.71
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHOU, HANGRUN	18063345	ON	1	1	28		78.30	0.00	0.00	6.26	84.56
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	43.81	0.00	0.00	3.50	47.31
Dental						Single	29.73	0.00	0.00	2.38	32.11
Class Totals							273.47	0.00	0.00	21.87	295.34
Class: 2 - ALL ELIGIBLE FRONT LINE STAFF											
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHAN, LUNGKUK	18063376	ON	2	2	48		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHEN, LIZI	18070326	ON	2	3	31		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHEN, XIU	18070382	ON	2	1	36		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CUI, SUZHEN	18063319	ON	2	2	57		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
FENG, XIANG	18063265	ON	2	1	26		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
GUAN, YIN	18063281	ON	2	1	29		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HE, XIAOHONG	18063253	BC	2	2	31		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HUANG, SHENG-YUN	18108534	ON	2	2	24		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HUNG, MO KA	18241948	ON	2	1	21		72.13	72.13	0.00	11.52	155.78
Basic Life Insurance						25000	3.53	3.53	0.00	0.56	7.62
Accidental Death and Dismemberment						25000	1.23	1.23	0.00	0.20	2.66
Health						Single	41.56	41.56	0.00	6.64	89.76
Dental						Single	25.81	25.81	0.00	4.12	55.74
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, YANYUN	18063361	ON	2	4	43		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LIN, YUN	18063344	ON	2	2	45		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
PAN, LIWEN	18063320	ON	2	1	31		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
PUN, KA CHUN PETER	18063321	ON	2	3	27		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SUN, HAOWEI	18063303	ON	2	2	30		4.76	0.00	0.00	0.38	5.14
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						CW		0.00	0.00	0.00	0.00
Dental						CW		0.00	0.00	0.00	0.00
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SUN, ZHAOFEI	18063240	ON	2	2	21		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
TANG, JINRONG	18063254	ON	2	4	51		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
TING, HIU CHING	18108917	ON	2	3	29		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WANG, MIAOMIAO	18063360	ON	2	3	33		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78

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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
XIAO, DANTING	18070352	ON	2	1	23		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YAN, WEN XIANG	18063302	ON	2	3	36		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YE, TAIJIANG	18070372	ON	2	3	36		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YU, JIAYI	18070383	ON	2	4	27		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, BIXIA	18070328	ON	2	4	34		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, JIABAO	18070327	ON	2	1	27		4.76	0.00	0.00	0.38	5.14
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						CW		0.00	0.00	0.00	0.00
Dental						CW		0.00	0.00	0.00	0.00
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHAO, HANZHEN	18108909	ON	2	5	40		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHONG, JIANFENG	18063300	ON	2	2	56		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHOU, ZIRUI	18063359	ON	2	1	28		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHU, BINBIN	18108956	ON	2	4	41		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZOU, CHUNYANG	18063252	ON	2	1	34		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Class Totals							3,477.03	72.13	0.00	271.66	3,820.82

Class: 3 - ALL ELIGIBLE SENIOR MANAGEMENT EMPLOYEES

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, JUNJUAN	18063264	ON	3	3	36		293.72	0.00	0.00	23.50	317.22
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	150.72	0.00	0.00	12.06	162.78
Dental						Family	138.24	0.00	0.00	11.06	149.30
Class Totals							293.72	0.00	0.00	23.50	317.22
Monthly Premium - July 2025							4,044.22	72.13	0.00	317.03	4,433.38



BILLING STATEMENT

Statement #:	17918272
Policy Number:	RBC00004569
Billing Division:	5
Date Prepared:	2025/06/18
Administrator:	RBCI GROUP CLIENT SERVICES, xX

HAIDILAO TORONTO

ATTN: JACKY JANE
5890 NO. 3 ROAD #200
RICHMOND BC V6X 3P6

Billing Statement for July 2025

Previous Statement Items		
Opening Balance	6,080.86	
Payments / Adjustments for Prior Period	-6,080.86	
Balance Forward	0.00	\$0.00
Current Statement Items		
Total Premium for July 2025	5,668.09	
Adjustments for Current Period	144.26	
Fees	0.00	
Current Statement Sub Total	5,812.35	
Tax		
Provincial Tax	452.52	
GST/HST (# 898664354)	0.00	
QST (# 898664354)	0.00	
Total Tax	452.52	
Current Billing Statement Total	6,264.87	\$6,264.87

Balance Due as at 2025/07/01	Please review statement in detail and remit payment with the remittance advice below.	\$6,264.87
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Paid by Pre-Authorized Debit

IMPORTANT: All member changes (i.e., new enrollments, salary updates, class changes, beneficiary/dependent updates) are to be reported in a timely manner to ensure your employees are covered correctly under your group insurance plan.

Remittance Advice

Statement #:	17918272
Policy Number:	RBC00004569
Billing Division:	5
Billing Month:	July 2025
Administrator:	RBCI GROUP CLIENT SERVICES, xX
Due Date:	2025/07/08
Balance Due:	\$6,264.87

RBC LIFE INSURANCE COMPANY
8677 ANCHOR DR
PO BOX 1600
WINDSOR ON N9A 0B3

Payment Amount:
Paid by Pre-Authorized Debit

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Billing Details for July 2025

Payments / Adjustments for Prior Period

Description	Date	Reference Number	Amount	Comment	Total
Cash Receipt	2025/06/08	FCN_4169	-6,080.86	PAPD	-6,080.86
Total Payments and Adjustments					\$-6,080.86

Premium Summary - July 2025

Benefit	S	F	C	Volume	Amount	PST	GST/HST/QST	Total
Basic Life Insurance	50			1250000	\$176.50	\$13.72	\$0.00	\$190.22
Accidental Death and Dismemberment	50			1250000	\$61.50	\$4.90	\$0.00	\$66.40
Health	26	24	0		\$3,177.31	\$247.32	\$0.00	\$3,424.63
Dental	26	24	0		\$2,252.78	\$175.06	\$0.00	\$2,427.84
Monthly Premium - July 2025					\$5,668.09	\$441.00	\$0.00	\$6,109.09

Total Retroactive Adjustments: **\$144.26 \$11.52 \$0.00 \$155.78**

Total Fees: **\$0.00 \$0.00 \$0.00 \$0.00**

Total Billing **\$5,812.35 \$452.52 \$0.00 \$6,264.87**

Provincial Tax Detail for July 2025

Province	Total
Ontario	\$452.52
Total Provincial Tax	\$452.52

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Change Report for July 2025

Member Changes

Plan Member Name	Certificate Number	Change Effective Date	Description of Change
ZHAO, ZHENZHEN	18070371	2025-05-01	Group Transfer

Changes received close to your billing date will appear on the next statement

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
HAIDILAO TORONTO (RBC00004569)	5	17918272	2025/06/18	4 of 11

Member Premium Report for July 2025

Class: 2 - ALL ELIGIBLE FRONT LINE STAFF											
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
BAO, YUEHONG	18063346	ON	2	1	42		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
BU, YANLING	18070347	ON	2	2	47		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHEN, HE	18063337	ON	2	2	28		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHEN, SU MEI	18070318	ON	2	1	54		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHEN, XUDONG	18070388	ON	2	2	30		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CUI, XU	18070361	ON	2	2	40		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
FANG, WENYAN	18070358	ON	2	2	61		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
FU, RUI	18063326	ON	2	2	41		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
GALLEGOS, SADIRI NUFF	18070353	ON	2	2	31		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
GONG, YONGLI	18070357	ON	2	4	35		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
GUAN, XIUHUA	18070330	ON	2	5	38		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HAN, PEIZHUO	18070314	ON	2	1	27		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HE, TONGWEN	18070355	ON	2	3	55		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HUANG, SHUAI	18063245	ON	2	3	36		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78

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Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
JIANG, SHENG	18070311	ON	2	1	29		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LAU, PUIYING	18070322	ON	2	1	56		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, LI	18063246	ON	2	1	29		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, XINHONG	18070320	BC	2	4	56		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, YUFANG	18070329	ON	2	1	62		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LIN, XIULIN	18070342	ON	2	4	52		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LIU, CHENGHAO	18070359	ON	2	2	32		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78

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Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LIU, OLIVIA	18070375	ON	2	1	60		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LIU, YONGQING	18063349	ON	2	1	33		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LU, MARY MEILIN	18070360	ON	2	1	25		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
QIAO, FUYING	18063255	ON	2	1	32		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
QIN, YANYE	18070335	ON	2	1	27		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SATISH PAWAR, SUJITH	18070344	ON	2	1	26		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SHI, WENQI	18070310	ON	2	1	29		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87

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SHI, YUNLONG	18070343	ON	2	1	25		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SONG, XIANGYU	18070337	ON	2	1	31		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
TANG, HUAXIN	18070312	ON	2	2	60		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
TANG, MAIZHI	18063339	ON	2	1	45		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WANG, HONGQIANG	18109849	ON	2	2	35		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WANG, LINLIN	18063325	ON	2	1	29		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WANG, SHIHANG	18063269	ON	2	1	28		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87

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Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WANG, YANXIAO	18070376	ON	2	1	53		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WONG, YUET	18063288	ON	2	1	27		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
XIN, FENGMING	18070319	ON	2	1	54		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
XU, WENJING	18063324	ON	2	3	29		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YANG, JUNYAN	18070384	ON	2	2	38		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YANG, LIKUN	18070356	ON	2	2	61		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YANG, QIAOGUI	18063244	ON	2	1	29		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87

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Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YU, JINHUA	18070391	ON	2	4	45		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YU, LIAN XIN	18070392	ON	2	1	25		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, KONG HUAI	18070334	ON	2	2	54		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, SHIYU	18070386	ON	2	1	35		72.13	0.00	0.00	5.76	77.89
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Single	41.56	0.00	0.00	3.32	44.88
Dental						Single	25.81	0.00	0.00	2.06	27.87
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHAO, ZHENZHEN	18070371	ON	2	1	32		72.13	144.26	0.00	17.28	233.67
Basic Life Insurance						25000	3.53	7.06	0.00	0.84	11.43
Accidental Death and Dismemberment						25000	1.23	2.46	0.00	0.30	3.99
Health						Single	41.56	83.12	0.00	9.96	134.64
Dental						Single	25.81	51.62	0.00	6.18	83.61
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHENG, QIONG ZHEN	18070387	ON	2	2	60		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHONG, YUCHANG	18133920	ON	2	4	44		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Class Totals							5,374.37	144.26	0.00	429.02	5,947.65



Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
HAIDILAO TORONTO (RBC00004569)	5	17918272	2025/06/18	11 of 11

Class: 3 - ALL ELIGIBLE SENIOR MANAGEMENT EMPLOYEES

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHEN, HAO	18063278	ON	3	4	36		293.72	0.00	0.00	23.50	317.22
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	150.72	0.00	0.00	12.06	162.78
Dental						Family	138.24	0.00	0.00	11.06	149.30
Class Totals							293.72	0.00	0.00	23.50	317.22
Monthly Premium - July 2025							5,668.09	144.26	0.00	452.52	6,264.87



BILLING STATEMENT

Statement #:	17918271
Policy Number:	RBC00004569
Billing Division:	6
Date Prepared:	2025/06/18
Administrator:	RBCI GROUP CLIENT SERVICES, xX

HAIDILAO MONTREAL

ATTN: JACKY JANE
5890 NO. 3 ROAD #200
RICHMOND BC V6X 3P6

Billing Statement for July 2025

Previous Statement Items		
Opening Balance	2,271.70	
Payments / Adjustments for Prior Period	-2,271.70	
Balance Forward	0.00	\$0.00
Current Statement Items		
Total Premium for July 2025	2,015.54	
Adjustments for Current Period	-29.09	
Fees	0.00	
Current Statement Sub Total	1,986.45	
Tax		
Provincial Tax	178.75	
GST/HST (# 898664354)	0.00	
QST (# 898664354)	0.00	
Total Tax	178.75	
Current Billing Statement Total	2,165.20	\$2,165.20

Balance Due as at 2025/07/01	Please review statement in detail and remit payment with the remittance advice below.	\$2,165.20
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Paid by Pre-Authorized Debit

IMPORTANT: All member changes (i.e., new enrollments, salary updates, class changes, beneficiary/dependent updates) are to be reported in a timely manner to ensure your employees are covered correctly under your group insurance plan.

Remittance Advice

Statement #:	17918271
Policy Number:	RBC00004569
Billing Division:	6
Billing Month:	July 2025
Administrator:	RBCI GROUP CLIENT SERVICES, xX
Due Date:	2025/07/08
Balance Due:	\$2,165.20

RBC LIFE INSURANCE COMPANY
8677 ANCHOR DR
PO BOX 1600
WINDSOR ON N9A 0B3

Payment Amount:
Paid by Pre-Authorized Debit

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
HAIDILAO MONTREAL (RBC00004569)	6	17918271	2025/06/18	2 of 6

Billing Details for July 2025

Payments / Adjustments for Prior Period

Description	Date	Reference Number	Amount	Comment	Total
Cash Receipt	2025/06/08	FCN_4169	-2,271.70	PAPD	-2,271.70
Total Payments and Adjustments					\$-2,271.70

Premium Summary - July 2025

Benefit	S	F	C	Volume	Amount	PST	GST/HST/QST	Total
Basic Life Insurance	16			400000	\$56.48	\$5.12	\$0.00	\$61.60
Accidental Death and Dismemberment	16			400000	\$19.68	\$1.76	\$0.00	\$21.44
Health	7	9	0		\$1,119.55	\$100.71	\$0.00	\$1,220.26
Dental	7	9	0		\$819.83	\$73.78	\$0.00	\$893.61
Monthly Premium - July 2025					\$2,015.54	\$181.37	\$0.00	\$2,196.91

Total Retroactive Adjustments: **\$-29.09** **\$-2.62** **\$0.00** **\$-31.71**

Total Fees: **\$0.00** **\$0.00** **\$0.00** **\$0.00**

Total Billing **\$1,986.45** **\$178.75** **\$0.00** **\$2,165.20**

Provincial Tax Detail for July 2025

Province	Total
Quebec	\$178.75
Total Provincial Tax	\$178.75

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
HAIDILAO MONTREAL (RBC00004569)	6	17918271	2025/06/18	3 of 6

Change Report for July 2025

Member Changes

Plan Member Name	Certificate Number	Change Effective Date	Description of Change
BERUBE, OLIVER	18160217	2025-05-01	New Plan Member
BERUBE, OLIVER	18160217	2025-05-26	Change in Coverage
ZENG, CONGRUI	18063358	2025-06-01	Coverage Change
ZHAO, ZHENZHEN	18070371	2025-05-01	Group Transfer

Changes received close to your billing date will appear on the next statement

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
HAIDILAO MONTREAL (RBC00004569)	6	17918271	2025/06/18	4 of 6

Member Premium Report for July 2025

Class: 1 - ALL ELIGIBLE MANAGEMENT EMPLOYEES											
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
JIANG, CHAO	18063342	QC	1	1	34		78.30	0.00	0.00	7.05	85.35
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Single	43.81	0.00	0.00	3.94	47.75
Dental						Single	29.73	0.00	0.00	2.68	32.41
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LIU, ZI AO	18063343	QC	1	2	31		195.17	0.00	0.00	17.56	212.73
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Family	105.49	0.00	0.00	9.49	114.98
Dental						Family	84.92	0.00	0.00	7.64	92.56
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YANG, AJUAN	18063340	QC	1	1	33		78.30	0.00	0.00	7.05	85.35
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Single	43.81	0.00	0.00	3.94	47.75
Dental						Single	29.73	0.00	0.00	2.68	32.41
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YAO, HONGYU	18063263	QC	1	2	30		195.17	0.00	0.00	17.56	212.73
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Family	105.49	0.00	0.00	9.49	114.98
Dental						Family	84.92	0.00	0.00	7.64	92.56
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZENG, CONGRUI	18063358	QC	1	2	26		195.17	43.04	0.00	21.43	259.64
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Family	105.49	20.88	0.00	11.37	137.74
Dental						Family	84.92	22.16	0.00	9.63	116.71
Class Totals							742.11	43.04	0.00	70.65	855.80
Class: 2 - ALL ELIGIBLE FRONT LINE STAFF											
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
BERUBE, OLIVER	18160217	QC	2	1	22		72.13	72.13	0.00	12.98	157.24
Basic Life Insurance						25000	3.53	3.53	0.00	0.64	7.70
Accidental Death and Dismemberment						25000	1.23	1.23	0.00	0.22	2.68
Health						Single	41.56	41.56	0.00	7.48	90.60
Dental						Single	25.81	25.81	0.00	4.64	56.26

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
DUSZYCA, MALGORZATA	18070350	QC	2	1	35		72.13	0.00	0.00	6.49	78.62
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Single	41.56	0.00	0.00	3.74	45.30
Dental						Single	25.81	0.00	0.00	2.32	28.13
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HUANG, ZHONGHUA	18063317	QC	2	1	26		72.13	0.00	0.00	6.49	78.62
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Single	41.56	0.00	0.00	3.74	45.30
Dental						Single	25.81	0.00	0.00	2.32	28.13
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
MAKHLOUFI, ADAM	18070390	QC	2	1	20		72.13	0.00	0.00	6.49	78.62
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Single	41.56	0.00	0.00	3.74	45.30
Dental						Single	25.81	0.00	0.00	2.32	28.13
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SHU, XIN	18063298	QC	2	2	36		152.13	0.00	0.00	13.69	165.82
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Family	84.61	0.00	0.00	7.61	92.22
Dental						Family	62.76	0.00	0.00	5.65	68.41
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SU, BOWEI	18063318	QC	2	2	22		152.13	0.00	0.00	13.69	165.82
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Family	84.61	0.00	0.00	7.61	92.22
Dental						Family	62.76	0.00	0.00	5.65	68.41
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WANG, JUAN	18070325	QC	2	4	46		152.13	0.00	0.00	13.69	165.82
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Family	84.61	0.00	0.00	7.61	92.22
Dental						Family	62.76	0.00	0.00	5.65	68.41
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
XU, ZHONG	18070381	QC	2	3	57		152.13	0.00	0.00	13.69	165.82
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Family	84.61	0.00	0.00	7.61	92.22
Dental						Family	62.76	0.00	0.00	5.65	68.41

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, TIANLE	18063280	QC	2	2	25		152.13	0.00	0.00	13.69	165.82
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Family	84.61	0.00	0.00	7.61	92.22
Dental						Family	62.76	0.00	0.00	5.65	68.41
ZHANG, ZETONG	18063375	QC	2	1	24		72.13	0.00	0.00	6.49	78.62
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Single	41.56	0.00	0.00	3.74	45.30
Dental						Single	25.81	0.00	0.00	2.32	28.13
ZHANG, ZHUOQUN	18063299	QC	2	2	30		152.13	0.00	0.00	13.69	165.82
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Family	84.61	0.00	0.00	7.61	92.22
Dental						Family	62.76	0.00	0.00	5.65	68.41
ZHAO, ZHENZHEN	18070371	ON	2	1	32		0.00	-144.26	0.00	-12.98	-157.24
Basic Life Insurance							0.00	-7.06	0.00	-0.64	-7.70
Accidental Death and Dismemberment							0.00	-2.46	0.00	-0.22	-2.68
Health						Single	0.00	-83.12	0.00	-7.48	-90.60
Dental						Single	0.00	-51.62	0.00	-4.64	-56.26
Class Totals							1,273.43	-72.13	0.00	108.10	1,309.40
Monthly Premium - July 2025							2,015.54	-29.09	0.00	178.75	2,165.20



BILLING STATEMENT

Statement #:	17918270
Policy Number:	RBC00004569
Billing Division:	7
Date Prepared:	2025/06/18
Administrator:	RBCI GROUP CLIENT SERVICES, xX

HAIDILAO BURNABY

ATTN: JACKY JANE
5890 NO. 3 ROAD #200
RICHMOND BC V6X 3P6

Billing Statement for July 2025

Previous Statement Items

Opening Balance	3,999.34	
Payments / Adjustments for Prior Period	-3,999.34	
Balance Forward	0.00	\$0.00

Current Statement Items

Total Premium for July 2025	3,093.71	
Adjustments for Current Period	-599.00	
Fees	0.00	
Current Statement Sub Total	2,494.71	
Tax		
Provincial Tax	0.00	
GST/HST (# 898664354)	0.00	
QST (# 898664354)	0.00	
Total Tax	0.00	
Current Billing Statement Total	2,494.71	\$2,494.71

Balance Due as at 2025/07/01	Please review statement in detail and remit payment with the remittance advice below.	\$2,494.71
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Paid by Pre-Authorized Debit

IMPORTANT: All member changes (i.e., new enrollments, salary updates, class changes, beneficiary/dependent updates) are to be reported in a timely manner to ensure your employees are covered correctly under your group insurance plan.

Remittance Advice

Statement #:	17918270
Policy Number:	RBC00004569
Billing Division:	7
Billing Month:	July 2025
Administrator:	RBCI GROUP CLIENT SERVICES, xX
Due Date:	2025/07/08
Balance Due:	\$2,494.71

RBC LIFE INSURANCE COMPANY
8677 ANCHOR DR
PO BOX 1600
WINDSOR ON N9A 0B3

Payment Amount:

Paid by Pre-Authorized Debit

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
HAIDILAO BURNABY (RBC00004569)	7	17918270	2025/06/18	2 of 8

Billing Details for July 2025

Payments / Adjustments for Prior Period

Description	Date	Reference Number	Amount	Comment	Total
Cash Receipt	2025/06/08	FCN_4169	-3,999.34	PAPD	-3,999.34
Total Payments and Adjustments					\$-3,999.34

Premium Summary - July 2025

Benefit	S	F	C	Volume	Amount	PST	GST/HST/QST	Total
Basic Life Insurance	29			712500	\$100.60	\$0.00	\$0.00	\$100.60
Accidental Death and Dismemberment	29			712500	\$35.05	\$0.00	\$0.00	\$35.05
Health	14	13	0		\$1,728.27	\$0.00	\$0.00	\$1,728.27
Dental	14	13	0		\$1,229.79	\$0.00	\$0.00	\$1,229.79
Monthly Premium - July 2025					\$3,093.71	\$0.00	\$0.00	\$3,093.71

Total Retroactive Adjustments:					\$-599.00	\$0.00	\$0.00	\$-599.00
Total Fees:					\$0.00	\$0.00	\$0.00	\$0.00
Total Billing					\$2,494.71	\$0.00	\$0.00	\$2,494.71

Provincial Tax Detail for July 2025

	Total
Total Provincial Tax	\$0.00

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
HAIDILAO BURNABY (RBC00004569)	7	17918270	2025/06/18	3 of 8

Change Report for July 2025

Member Changes

Plan Member Name	Certificate Number	Change Effective Date	Description of Change
HAN, DAYONG	18142167	2025-05-01	New Plan Member
HAN, DAYONG	18142167	2025-05-16	Change in Coverage
HU, YING	18063369	2025-05-01	Change in Coverage
LI, MU GE	18070309	2025-05-29	Terminated Plan Member
LI, ZHIJIAN	18070441	2025-05-25	Terminated Plan Member
SHI, WENQI	18063350	2025-05-01	Group Transfer
YANG, HANYI	18203706	2025-05-01	New Plan Member
YANG, HANYI	18203706	2025-06-01	Change in Coverage

Changes received close to your billing date will appear on the next statement

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
HAIDILAO BURNABY (RBC00004569)	7	17918270	2025/06/18	4 of 8

Member Premium Report for July 2025

Class: 1 - ALL ELIGIBLE MANAGEMENT EMPLOYEES

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HUANG, YUNGYUN	18063366	BC	1	1	33		78.30	0.00	0.00	0.00	78.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	43.81	0.00	0.00	0.00	43.81
Dental						Single	29.73	0.00	0.00	0.00	29.73
LI, MEIQI	18063365	BC	1	1	33		78.30	0.00	0.00	0.00	78.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	43.81	0.00	0.00	0.00	43.81
Dental						Single	29.73	0.00	0.00	0.00	29.73
YIN, MOJIAO	18063257	BC	1	1	35		4.76	0.00	0.00	0.00	4.76
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						CW	0.00	0.00	0.00	0.00	0.00
Dental						CW	0.00	0.00	0.00	0.00	0.00
ZHANG, JIE	18063270	BC	1	2	37		195.17	0.00	0.00	0.00	195.17
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	105.49	0.00	0.00	0.00	105.49
Dental						Family	84.92	0.00	0.00	0.00	84.92
Class Totals							356.53	0.00	0.00	0.00	356.53

Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHANG, QING	18063329	BC	2	1	38		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
CHEN, HSIN CHUN	18063276	BC	2	2	27		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
HAIDILAO BURNABY (RBC00004569)	7	17918270	2025/06/18	5 of 8

Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHIU, CHIEN-LUN	18063258	BC	2	4	43		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
FU, KAIEN	18063304	BC	2	1	22		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HAN, DAYONG	18142167	BC	2	3	52		152.13	152.13	0.00	0.00	304.26
Basic Life Insurance						25000	3.53	3.53	0.00	0.00	7.06
Accidental Death and Dismemberment						25000	1.23	1.23	0.00	0.00	2.46
Health						Family	84.61	84.61	0.00	0.00	169.22
Dental						Family	62.76	62.76	0.00	0.00	125.52
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HU, YING	18063369	BC	2	3	50		4.76	-294.74	0.00	0.00	-289.98
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						CW		-169.22	0.00	0.00	-169.22
Dental						CW		-125.52	0.00	0.00	-125.52
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HU, ZHONGKANG	18063328	BC	2	1	27		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HUANG, SHIN-YI	18063327	BC	2	1	32		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
JUAN, HSIAO-CHUN	18063271	BC	2	1	41		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
KANG, YANG	18063284	BC	2	1	26		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, LIANGCHAO	18063272	BC	2	1	28		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, MU GE	18070309	BC	2		30		0.00	-72.13	0.00	0.00	-72.13
Basic Life Insurance							0.00	-3.53	0.00	0.00	-3.53
Accidental Death and Dismemberment							0.00	-1.23	0.00	0.00	-1.23
Health						Single	0.00	-41.56	0.00	0.00	-41.56
Dental						Single	0.00	-25.81	0.00	0.00	-25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, XIAOMEI	18133738	BC	2	2	55		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, ZHIJIAN	18070441	BC	2		30		0.00	-152.13	0.00	0.00	-152.13
Basic Life Insurance							0.00	-3.53	0.00	0.00	-3.53
Accidental Death and Dismemberment							0.00	-1.23	0.00	0.00	-1.23
Health						Family	0.00	-84.61	0.00	0.00	-84.61
Dental						Family	0.00	-62.76	0.00	0.00	-62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, ZUOLING	18063305	BC	2	1	55		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LKHAASUREN, BAYARTSOGT	18063332	BC	2	2	60		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SHENG, LIN	18063274	BC	2	3	37		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
SHI, WENQI	18063350	BC	2	4	32		0.00	-304.26	0.00	0.00	-304.26
Basic Life Insurance							0.00	-7.06	0.00	0.00	-7.06
Accidental Death and Dismemberment							0.00	-2.46	0.00	0.00	-2.46
Health						Family	0.00	-169.22	0.00	0.00	-169.22
Dental						Family	0.00	-125.52	0.00	0.00	-125.52
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
TENG, SIFAN	18109918	BC	2	2	31		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WU, JINYING	18070362	BC	2	2	28		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YANG, BO	18063333	BC	2	3	57		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YANG, HANYI	18203706	BC	2	1	32		72.13	72.13	0.00	0.00	144.26
Basic Life Insurance						25000	3.53	3.53	0.00	0.00	7.06
Accidental Death and Dismemberment						25000	1.23	1.23	0.00	0.00	2.46
Health						Single	41.56	41.56	0.00	0.00	83.12
Dental						Single	25.81	25.81	0.00	0.00	51.62
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YU, YUE LIANG	18063248	BC	2	2	66		149.74	0.00	0.00	0.00	149.74
Basic Life Insurance						12500	1.76	0.00	0.00	0.00	1.76
Accidental Death and Dismemberment						12500	0.61	0.00	0.00	0.00	0.61
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, SHUANGQIN	18063331	BC	2	4	47		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, SHUO	18109911	BC	2	3	42		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHANG, YU	18063308	BC	2	1	29		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
ZHOU, WANWEN	18070315	BC	2	1	25		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Class Totals							2,621.36	-599.00	0.00	0.00	2,022.36

Class: 3 - ALL ELIGIBLE SENIOR MANAGEMENT EMPLOYEES

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
PAN, XINGYUAN	18063247	BC	3	1	36		115.82	0.00	0.00	0.00	115.82
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	62.68	0.00	0.00	0.00	62.68
Dental						Single	48.38	0.00	0.00	0.00	48.38
Class Totals							115.82	0.00	0.00	0.00	115.82
Monthly Premium - July 2025							3,093.71	-599.00	0.00	0.00	2,494.71



BILLING STATEMENT

Statement #:	17918269
Policy Number:	RBC00004569
Billing Division:	8
Date Prepared:	2025/06/18
Administrator:	RBCI GROUP CLIENT SERVICES, xX

HAIDILAO CANADA

ATTN: JACKY JANE
5890 NO. 3 ROAD #200
RICHMOND BC V6X 3P6

Billing Statement for July 2025

Previous Statement Items

Opening Balance	3,231.08	
Payments / Adjustments for Prior Period	-3,231.08	
Balance Forward	0.00	\$0.00

Current Statement Items

Total Premium for July 2025	3,306.48	
Adjustments for Current Period	152.13	
Fees	0.00	
Current Statement Sub Total	3,458.61	
Tax		
Provincial Tax	101.07	
GST/HST (# 898664354)	0.00	
QST (# 898664354)	0.00	
Total Tax	101.07	
Current Billing Statement Total	3,559.68	\$3,559.68

Balance Due as at 2025/07/01	Please review statement in detail and remit payment with the remittance advice below.	\$3,559.68
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Paid by Pre-Authorized Debit

IMPORTANT: All member changes (i.e., new enrollments, salary updates, class changes, beneficiary/dependent updates) are to be reported in a timely manner to ensure your employees are covered correctly under your group insurance plan.

Remittance Advice

Statement #:	17918269
Policy Number:	RBC00004569
Billing Division:	8
Billing Month:	July 2025
Administrator:	RBCI GROUP CLIENT SERVICES, xX
Due Date:	2025/07/08
Balance Due:	\$3,559.68

RBC LIFE INSURANCE COMPANY
8677 ANCHOR DR
PO BOX 1600
WINDSOR ON N9A 0B3

Payment Amount:

Paid by Pre-Authorized Debit

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Billing Details for July 2025

Payments / Adjustments for Prior Period

Description	Date	Reference Number	Amount	Comment	Total
Cash Receipt	2025/06/08	FCN_4169	-3,231.08	PAPD	-3,231.08
Total Payments and Adjustments					\$-3,231.08

Premium Summary - July 2025

Benefit	S	F	C	Volume	Amount	PST	GST/HST/QST	Total
Basic Life Insurance	18			450000	\$63.54	\$1.44	\$0.00	\$64.98
Accidental Death and Dismemberment	18			450000	\$22.14	\$0.51	\$0.00	\$22.65
Health	5	13	0		\$1,764.28	\$47.15	\$0.00	\$1,811.43
Dental	5	13	0		\$1,456.52	\$39.80	\$0.00	\$1,496.32
Monthly Premium - July 2025					\$3,306.48	\$88.90	\$0.00	\$3,395.38

Total Retroactive Adjustments: **\$152.13** **\$12.17** **\$0.00** **\$164.30**

Total Fees: **\$0.00** **\$0.00** **\$0.00** **\$0.00**

Total Billing **\$3,458.61** **\$101.07** **\$0.00** **\$3,559.68**

Provincial Tax Detail for July 2025

Province	Total
Ontario	\$83.51
Quebec	\$17.56
Total Provincial Tax	\$101.07

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Change Report for July 2025

Member Changes

Plan Member Name	Certificate Number	Change Effective Date	Description of Change
LI, XING	18109854	2025-07-01	Coverage Change

Changes received close to your billing date will appear on the next statement

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
HAIDILAO CANADA (RBC00004569)	8	17918269	2025/06/18	4 of 6

Member Premium Report for July 2025

Class: 1 - ALL ELIGIBLE MANAGEMENT EMPLOYEES											
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHEN, JUN	18070373	BC	1	4	51		195.17	0.00	0.00	0.00	195.17
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	105.49	0.00	0.00	0.00	105.49
Dental						Family	84.92	0.00	0.00	0.00	84.92
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LIANG, JUNJIE	18063351	BC	1	2	27		195.17	0.00	0.00	0.00	195.17
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	105.49	0.00	0.00	0.00	105.49
Dental						Family	84.92	0.00	0.00	0.00	84.92
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LIU, YANG	18063323	QC	1	3	33		195.17	0.00	0.00	17.56	212.73
Basic Life Insurance						25000	3.53	0.00	0.00	0.32	3.85
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.11	1.34
Health						Family	105.49	0.00	0.00	9.49	114.98
Dental						Family	84.92	0.00	0.00	7.64	92.56
Class Totals							585.51	0.00	0.00	17.56	603.07
Class: 2 - ALL ELIGIBLE FRONT LINE STAFF											
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHEN, XIAODAN	18063243	BC	2	1	33		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
DONG, SHENGNAN	18070354	BC	2	2	40		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
HE, SIJIAN	18063347	BC	2	2	29		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76

Plan Sponsor	Billing Division	Statement Number	Date Prepared	Page
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Class: 2 - ALL ELIGIBLE FRONT LINE STAFF

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, MOZI	18063353	ON	2	3	32		152.13	0.00	0.00	12.17	164.30
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	84.61	0.00	0.00	6.77	91.38
Dental						Family	62.76	0.00	0.00	5.02	67.78
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, XIANG	18063348	BC	2	2	31		152.13	0.00	0.00	0.00	152.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	84.61	0.00	0.00	0.00	84.61
Dental						Family	62.76	0.00	0.00	0.00	62.76
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LI, XING	18109854	ON	2	4	46		152.13	152.13	0.00	24.34	328.60
Basic Life Insurance						25000	3.53	3.53	0.00	0.56	7.62
Accidental Death and Dismemberment						25000	1.23	1.23	0.00	0.20	2.66
Health						Family	84.61	84.61	0.00	13.54	182.76
Dental						Family	62.76	62.76	0.00	10.04	135.56
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
WANG, ZIBO	18063322	BC	2	1	29		72.13	0.00	0.00	0.00	72.13
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	41.56	0.00	0.00	0.00	41.56
Dental						Single	25.81	0.00	0.00	0.00	25.81
Class Totals							904.91	152.13	0.00	36.51	1,093.55

Class: 3 - ALL ELIGIBLE SENIOR MANAGEMENT EMPLOYEES

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
CHU, JANE	18063277	ON	3	2	37		293.72	0.00	0.00	23.50	317.22
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	150.72	0.00	0.00	12.06	162.78
Dental						Family	138.24	0.00	0.00	11.06	149.30
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
DONG, WENTING	18063250	BC	3	3	31		293.72	0.00	0.00	0.00	293.72
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	150.72	0.00	0.00	0.00	150.72
Dental						Family	138.24	0.00	0.00	0.00	138.24
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
GAO, XINJU	18063330	BC	3	3	43		293.72	0.00	0.00	0.00	293.72
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	150.72	0.00	0.00	0.00	150.72
Dental						Family	138.24	0.00	0.00	0.00	138.24

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Class: 3 - ALL ELIGIBLE SENIOR MANAGEMENT EMPLOYEES

Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
JANE, JACK	18063241	BC	3	1	36		115.82	0.00	0.00	0.00	115.82
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	62.68	0.00	0.00	0.00	62.68
Dental						Single	48.38	0.00	0.00	0.00	48.38
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
JIANG, BINGYU	18063249	BC	3	4	38		293.72	0.00	0.00	0.00	293.72
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Family	150.72	0.00	0.00	0.00	150.72
Dental						Family	138.24	0.00	0.00	0.00	138.24
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
LIU, MIN	18063301	ON	3	3	30		293.72	0.00	0.00	23.50	317.22
Basic Life Insurance						25000	3.53	0.00	0.00	0.28	3.81
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.10	1.33
Health						Family	150.72	0.00	0.00	12.06	162.78
Dental						Family	138.24	0.00	0.00	11.06	149.30
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
XIE, YU TING	18063282	BC	3	1	30		115.82	0.00	0.00	0.00	115.82
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	62.68	0.00	0.00	0.00	62.68
Dental						Single	48.38	0.00	0.00	0.00	48.38
Plan Member Name	Cert. Number	PST	Class #	# of Fam	Age	Coverage	Premium	Premium Adjustment	Fees/ Expenses	Tax	Total
YANG, YANG	18063307	BC	3	1	31		115.82	0.00	0.00	0.00	115.82
Basic Life Insurance						25000	3.53	0.00	0.00	0.00	3.53
Accidental Death and Dismemberment						25000	1.23	0.00	0.00	0.00	1.23
Health						Single	62.68	0.00	0.00	0.00	62.68
Dental						Single	48.38	0.00	0.00	0.00	48.38
Class Totals							1,816.06	0.00	0.00	47.00	1,863.06
Monthly Premium - July 2025							3,306.48	152.13	0.00	101.07	3,559.68