

## Group Medical Service

# Group Benefit Invoice

**Date**

March 25 2020

**GMS Group Number**

326611

## Invoice Number

5517849

## Period Covered

March 01 2020 - March 31 2020

Ideal Meats  
Box 127  
Osler , SK  
Canada, S0K3A0

### Summary:

Total by Benefits	No. of Lives	Volume Billed	Totals
Health	2		\$328.80
Dental	2		\$299.40
Basic Life	0		\$0.00
ADD	0		\$0.00
Dependent Life	0		\$0.00
Optional Dependent Life	0		\$0.00
Optionala Life	0		\$0.00
W.I	0		\$0.00
L.T.D	0		\$0.00
Critical Illness	0		\$0.00
Optional ADD	0		\$0.00
Stop Loss	0		\$0.00

## Group Medical Service

**Group Name:** Ideal Meats  
**GMS Group Number:**326611

**Date Issued:** March 25 2020

**Invoice Number:5517849**[illegible]

Monthly Premium : \$628.20

This statement indicates the new amount of your monthly pre-authorized payments for coverage, based on your current-year rates.

This is not an invoice for payment.

**Thank you for choosing Group Medical Services!**

**Please retain for your record**

Terms and Conditions

- We accept the following payment methods:
  - Cheque
  - Visa
  - Mastercard
  - Pre-Authorized payments
- To be eligible for pre-authorized payments we require the first month's payment (including PAP Admin fee), a void cheque and a completed PAP Authorization form. If your banking information changes please notify our office so our system can be updated.
- Invoices are due upon receipt as claims are not paid until the invoice is fully paid.
- In the event that your invoice is overpaid an adjustment will be made to your account and the overpaid amount will be deducted from your next invoice.
- If your invoice is underpaid your account will be in arrears and the amount owing will be added to your next invoice.
- In the event that a payment is NSF you will receive a written notification. If your payment was made through PAP, two months premium plus an NSF charge will be credited from your bank the next month. If your payment was made by cheque, we require immediate repayment of premium including NSF charge.
- GST is calculated as Number of Lives for EFAP multiplied by \$0.20.

Complete this portion if removing any employees/employee's dependents from coverage:

Contract No.	Name	Option Description	Remarks	Effective Date	Termination Date	Account of Decrease
			Total Decrease:			

\* To add employee(s)/employee's dependant, please complete an Enrolment/Change Form and submit to Group Medical Services. Group Medical Services is the operating name for GMS Insurance.

Dep. Code	No. of Lives	Health	Dental	Life	ADD	Dep. Life	Optional Dep. Life	Optional Life	W.I	L.T. D	Critical Illness	Stop Loss	Total of Benefits
299569	1	52.93	42.76	0.0	52.93	42.76	0.0	52.93	42.76	0.0	52.93	42.76	0.0
326626	5	111.47	106.94	0.0	111.47	106.94	0.0	111.47	106.94	0.0	111.47	106.94	0.0