Mennonite Church Eastern Canada
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MONTHLY BENEFIT REMITTANCE REPORT

Related Agency: _____

Month: _____ 20_____

IMPORTANT: Premiums are due the 15th of the month, e.g. Sep premiums are due Sep 15th

Employee Name	Total Premium
Total Supplementary Health & Dental Premium	
EAP (includes employees who have waived H & D coverage) ____ **X $**_____	
Administrative Fee – 3%	
TOTAL REMITTANCE	

Ontario Rates

Status	Health	Dental	Total
Single	63.26	38.56	**101.82**
Couple	127.72	77.21	**204.93**
Family	170.63	112.53	**283.16**
EAP	**---**	**---**	**4.14**

Quebec Rates

Status	Health	Dental	Total
Single	63.85	38.92	**102.77**
Couple	128.91	77.93	**206.84**
Family	172.21	113.57	**285.78**
EAP	**---**	**---**	**4.18**

New Brunswick Rates

Status	Health	Dental	Total
Single	58.57	35.70	**94.27**
Couple	118.26	71.49	**189.75**
Family	157.99	104.19	**262.18**
EAP	---	---	**3.85**

- Premiums are effective September 1, 2010
- **EAP rate is mandatory for ALL employees** of participating congregations/agencies, included those who have waived the MCEC Supplementary H&D benefits
- The breakdown above is for your information but is not required on your remittance