

GROUP INSURANCE MONTHLY PREMIUM STATEMENT

PLEASE COMPLETE AND FORWARD TO
THE GREAT-WEST LIFE ASSURANCE COMPANY
GROUP SALES OFFICE

BCTF/BCSTA

SUITE 1500, 1177 W. HASTINGS STREET, VANCOUVER, B.C. V6E 3Y9 TELEPHONE (604) 331-2444 OR TOLL FREE 1-800-663-0245

BCTF/BCSTA

NAME OF SCHOOL DISTRICT	SCHOOL DISTRICT NO.	GROUP NUMBER 20414GL	PREMIUM FOR THE MONTH OF
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IMPORTANT Include all changes in coverage not previously reported and effective on or prior to the premium due date of this statement	NUMBER OF COVERED EMPLOYEES	TOTAL LIFE INSURANCE FOR COVERED EMPLOYEES
1. IN FORCE ON PREVIOUS STATEMENT (FROM LINE 6 PREVIOUS STATEMENT)		
2. PLUS ADDITIONS		
3. PLUS INCREASES IN INSURANCE (DUE TO CHANGES IN SALARY OR DEPENDENT STATUS)		
4. MINUS CANCELLATIONS (TERMINATIONS, DEATHS)		
5. MINUS DECREASES IN INSURANCE		
6. IN FORCE THIS MONTH		
7. COVERAGE PREMIUM RATE (APPLIED TO TOTAL INSURANCE COVERED)		
8. TOTAL PREMIUM DUE THIS MONTH		
	Our Cheque Attached	

Signing Officer

DATE