

Premium Split

Les services à l'enfance Grandir ensemble Group Insurance Program – Great West Life

Effective date _____

Indicate the portion of the premium paid by the employer and the portion paid by the employee for each benefit:

	Employee %	Employer %
Life Insurance		
Dependent Life Insurance		
Accidental Death and Dismemberment		
Long Term Disability		
Health Care – Single		
Health Care – Family		
Dental Care - Single		
Dental Care - Family		

INVOICE

Indicate the language for the monthly invoice:

French English

Division # _____

Daycare Centre: _____

Name of the Director: _____

Signature of the Director: _____

Date: _____

Forward the signed document to Dianne Stables by fax at 613 789-3022 or by email to dianne.stables@grandirensemble.ca. Thanks you for your cooperation.