

Understanding your new billing statement

We have updated the format of your billing statement to make it easier and simpler for you!
If you have any questions, please call our Group Department at 1-888-647-LIFE (5433).

Section I – Billing Statement and Remittance Advice


Summarizes what you owe, clearly showing balance forward, payments received, new charges and total premiums.
Includes summarized accounting and tear off Remittance Advice.

Billing Month & Year

Account Adjustments
Shows summary of Payments and Adjustments since your last statement. You can review Section II for more details.

Current Month Activity Summary
Details the current Premium and Retroactive Adjustments billed for the month. You can review Section II for premium details by lines of benefit.

Remittance Advice
Tear along perforated line and return this stub with payment.



BILLING STATEMENT

TEST BILLING
ATTN: BILLING CONTACT *CONFIDENTIAL*
265 ANYWHERE STREET
ANYWHERE AB T2A 2P3

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Statement #:	886049
Client:	FKEN
Billing Division:	57000
Date Prepared:	2007/07/05
Client Administrator:	SUE LEE 1-888-647-5433

Billing Statement for July 2007

Previous Statement Items		
Opening Balance	3,518.24	
Payments / Adjustments to Prior Period	0.00	
Balance Forward	3,518.24	\$3,518.24
Current Statement Items		
Total Premium for July 2007	917.71	
Adjustments to Current Period	0.00	
Fees	0.00	
Current Statement Sub Total	917.71	
Tax		
Provincial Tax	0.00	
G.S.T. (# 102192432)	0.00	
Total Tax	0.00	
Current Billing Statement Total	917.71	\$917.71

Balance Due as at 2007/07/01	Please review statement in detail and remit payment with the remittance advice below.	\$4,435.95
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Please pay as billed

Please remit with payment.

Remittance Advice

Please contact your Client Administrator to find out about available electronic payment methods.

Statement #:	886049
Client:	FKEN
Billing Division:	57000
Billing Month:	July 2007
Client Administrator:	SUE LEE 1-888-647-5433
Due Date:	2007/07/01
Balance Due:	\$4,435.95

WESTERN LIFE ASSURANCE COMPANY
P.O. Box 3300
Winnipeg, Manitoba
R3C 5S2

Payment Amount:
Please pay as billed

If payment does not equal balance due, please provide details.

Billing Division
Help us with inquiries – have your Billing Division Number handy.

Tax Summary
Details the total tax billed for the month by PST & GST, if applicable.

Balance Due
Includes the adjusted balance for the previous month plus the current month's premium due.

Due Date
Please remit your payment on or before this date.

Payment Amount
For you to record the amount being paid. This should equal the Balance Due.

Section II – Billing Details

Explains the breakdown of total monthly billing including premium charges, payments or adjustments entered during the billing period. Details the premium charges by benefit.

Premium Summary
Shows the premium and the participant count for the current month by line of business.

Billing Details for July 2007

Balance Forward from Previous Statement:

\$3,518.24

Balance Forward
Details payments received and/or adjustments made since your last statement.

Payments / Adjustments to Prior Period

Description	Date	Reference Number	Amount	Comment	Total
Total Payments and Adjustments					\$0.00

Premium Summary - July 2007

Benefit	S	F	C	Volume	Amount	PST	GST	Total
EAP (Employee Assistance Program)	2	3	0		\$12.00	\$0.00	\$0.00	\$12.00
Travel	2	3	0		\$0.00	\$0.00	\$0.00	\$0.00
Drug	2	3	0		\$0.00	\$0.00	\$0.00	\$0.00
EHS	2	3	0		\$280.38	\$0.00	\$0.00	\$280.38
Dental	2	3	0		\$324.27	\$0.00	\$0.00	\$324.27
Critical Illness	2	3	0		\$83.70	\$0.00	\$0.00	\$83.70
Weekly Indemnity	5			2439	\$107.31	\$0.00	\$0.00	\$107.31
Long Term Disability	5			10428	\$122.02	\$0.00	\$0.00	\$122.02
Basic Life Insurance	5			95000	\$19.95	\$0.00	\$0.00	\$19.95
Accidental Death and Dismemberment	5			95000	\$4.75	\$0.00	\$0.00	\$4.75
Dependent Life Insurance	3			15000	\$3.33	\$0.00	\$0.00	\$3.33
Monthly Premium - July 2007					\$917.71	\$0.00	\$0.00	\$917.71
Total Retroactive Adjustments:					\$0.00	\$0.00	\$0.00	\$0.00
Total Miscellaneous Fees:					\$0.00	\$0.00	\$0.00	\$0.00
Total Billing - July 2007					\$917.71	\$0.00	\$0.00	\$917.71

Retroactive Adjustments
Shows total retroactive adjustments. Details can be viewed on the Member Premium Report.

PST/GST Taxes
Billed by line of business for the current month, if applicable.

Provincial Tax Detail for July 2007

Province	Total
Total Provincial Tax	\$0.00

Summary of Taxes
Shows summary of taxes by province, if applicable.

Section III – Member Premium Report

Lists all current members enrolled with associated premiums, taxes and itemized subscriber changes in the billing month.

Member Premium Report for July 2007

Member Premium Reports

Shows a listing of all active members for the current billing month with the associated premiums, changes, and taxes, if applicable.

Subscriber Name / Desc. of Change	G.S. Number / Eff. Date	No of Lives	Age	Basic Life	AD&D	Dep. Life	W.I.	L.T.D.	Crit. Illness	E.A.P.	Health	Dental	Tax	Total
Package: IX														
PLAN MEMBER, FIFTH	2410007	2	34	15000	15000	5000	413	1550	0	0	0	0		
				3.15	0.75	1.11	18.17	18.14	12.74	3.00	72.70	85.33	0.00	215.09
Coverage Change	2007-07-01			0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00
PLAN MEMBER, FIRST	2434785	1	46	15000	15000	0	413	1550	0	0	0	0		
				3.15	0.75	NE	18.17	18.14	12.74	1.50	21.14	34.14	0.00	109.73
Coverage Change	2007-07-01			0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00
PLAN MEMBER, FOURTH	2410006	1	30	15000	15000	0	413	1550	0	0	0	0		
				3.15	0.75		18.17	18.14	12.74	1.50	21.14	34.14	0.00	109.73
Coverage Change	2007-07-01			0.00	0.00		0.00	0.00	0.00	0.00			0.00	0.00
PLAN MEMBER, SECOND	2410001	5	42	25000	25000	5000	600	3000	0	0	0	0		
				5.25	1.25	1.11	26.40	35.10	12.74	3.00	72.70	85.33	0.00	242.88
Coverage Change	2007-07-01			0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00
PLAN MEMBER, THIRD	2410003	5	44	25000	25000	5000	600	2778	0	0	0	0		
				5.25	1.25	1.11	26.40	32.50	12.74	3.00	72.70	85.33	0.00	240.28
Coverage Change	2007-07-01			0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00
Package Totals				19.95	4.75	3.33	107.31	122.02	63.70	12.00	260.38	324.27	0	917.71
Monthly Premium - July 2007		0	0	19.95	4.75	3.33	107.31	122.02	63.70	12.00	260.38	324.27	0	917.71

NE Not Eligible
 CW Coverage Waived
 PW Premium Waived

Taxes
 Shows the taxes calculated per member, if applicable.

How to pay your bill:

- Pay through electronic funds transfer, or
- Pay through credit card, or
- Include a cheque with the Remittance Advice