



**CHRISTIAN SCHOOLS
INTERNATIONAL**

**CSI CANADA INSURANCE PLAN AND TRUST FUND
PREMIUM RATES EFFECTIVE SEPTEMBER 1, 2006**

BASIC BENEFIT PLAN

Coverage: Single includes Extended Health, Dental, Life, Accidental Death & Dismemberment, Short Term Disability and Long Term Disability.
Family includes single coverage plus dependent Extended Health, Dental, Life and Accidental Death & Dismemberment.

Province	Flex 1	Flex 2	Flex 3	Standard
ALBERTA Single: dollar amount + % of monthly salary Family: dollar amount + % of monthly salary	\$98.00 +1.572% Tax +1.518% Non \$284.45 +1.572% Tax +1.518% Non	\$85.00 +1.572% Tax +1.518% Non \$247.45 +1.572% Tax +1.518% Non	\$72.00 +1.572% Tax +1.518% Non \$211.45 +1.572% Tax +1.518% Non	\$89.50 +1.406 % Tax +1.352% Non \$253.30 +1.406% Tax +1.352% Non
BRITISH COLUMBIA Single: dollar amount + % of monthly salary Family: dollar amount + % of monthly salary	\$98.00 +1.572% Tax +1.518% Non \$284.45 +1.572% Tax +1.518% Non	\$85.00 +1.572% Tax +1.518% Non \$247.45 +1.572% Tax +1.518% Non	\$73.00 +1.572% Tax +1.518% Non \$211.45 +1.572% Tax +1.518% Non	\$89.50 +1.406 % Tax +1.352% Non \$253.30 +1.406% Tax +1.352% Non
MANITOBA Single: dollar amount + % of monthly salary Family: dollar amount + % of monthly salary	\$93.00 +1.572% Tax +1.518% Non \$268.45 +1.572% Tax +1.518% Non	\$81.00 +1.572% Tax +1.518% Non \$232.45 +1.572% Tax +1.518% Non	\$69.00 +1.572% Tax +1.518% Non \$199.45 +1.572% Tax +1.518% Non	\$85.50 +1.406% Tax +1.352% Non \$239.30 +1.406% Tax +1.352% Non
ONTARIO Single: dollar amount + % of monthly salary Family: dollar amount + % of monthly salary	\$114.00 +1.699% Tax +1.640% Non \$332.50 +1.699% Tax +1.640% Non	\$99.00 +1.699% Tax +1.640% Non \$288.50 +1.699% Tax +1.640% Non	\$85.00 +1.699% Tax +1.640% Non \$246.50 +1.699% Tax +1.640% Non	\$104.50 +1.518 % Tax +1.460% Non \$296.50 +1.518% Tax +1.460% Non
PRINCE EDWARD ISLAND Single: dollar amount + % of monthly salary Family: dollar amount + % of monthly salary	\$91.00 +1.572% Tax +1.518% Non \$263.45 +1.572% Tax +1.518% Non	\$79.00 +1.572% Tax +1.518% Non \$227.45 +1.572% Tax +1.518% Non	\$67.00 +1.572% Tax +1.518% Non \$195.45 +1.572% Tax +1.518% Non	\$83.05 +1.406% Tax +1.352% Non \$234.30 +1.406% Tax +1.352% Non

(More)

LIMITED BENEFIT PLAN

Coverage: Single includes Life, Accidental Death & Dismemberment, Short Term Disability and Long Term Disability.
Family includes single coverage plus dependent Life and Accidental Death & Dismemberment.

ONTARIO	Flex 1	Flex 2	Flex 3	Standard
Single: dollar amount + % of monthly salary	1.699% Tax 1.640% Non	1.699% Tax 1.640% Non	1.699% Tax 1.640% Non	\$3.50 + 1.518% Tax + 1.460% Non
Family: dollar amount + % of monthly salary	\$2.50 + 1.699% Tax + 1.640% Non	\$2.50 + 1.699% Tax + 1.640% Non	\$2.50 + 1.699% Tax + 1.640% Non	\$4.50 + 1.518% Tax + 1.460% Non
ALL OTHER				
Single: dollar amount + % of monthly salary	1.572% Tax 1.518% Non	1.572% Tax 1.518% Non	1.572% Tax 1.518% Non	\$2.50 + 1.406% Tax + 1.352% Non
Family: dollar amount + % of monthly salary	\$2.45 + 1.572% Tax + 1.518% Non	\$2.45 + 1.572% Tax + 1.518% Non	\$2.45 + 1.572% Tax + 1.518% Non	\$3.30 + 1.406% Tax + 1.352% Non

BENEFIT UPGRADES

Province	Upgrades available with both Standard and Flex Plans		Upgrades available with Flex Plans		
	Employee Assistance Plan	Non-Tax Disability Benefit Upgrade	6 Month Dental	Vision	LTD 3% COLA
ALBERTA					
Single:	\$2.75	.127% of Salary	\$1.25	\$6.75	\$5.00 Tax
Family:			\$3.50	\$15.50	\$5.25 Non
BRITISH COLUMBIA					
Single:	\$2.75	.127% of Salary	\$1.25	\$6.75	\$5.00 Tax
Family:			\$3.50	\$15.50	\$5.25 Non
MANITOBA					
Single:	\$2.75	.127% of Salary	\$1.00	\$6.75	\$5.00 Tax
Family:			\$3.00	\$16.00	\$5.25 Non
ONTARIO					
Single:	\$3.00	.137% of Salary	\$1.50	\$7.75	\$5.50 Tax
Family:			\$4.25	\$18.25	\$5.75 Non
PRINCE EDWARD ISLAND					
Single:	\$2.75	.127% of Salary	\$1.00	\$6.75	\$5.00 Tax
Family:			\$3.00	\$16.00	\$5.25 Non

OPTIONAL LIFE INSURANCE COVERAGE

Age	ONTARIO		ALL OTHER PROVINCES	
	Monthly rate per \$10,000 of benefit		Monthly rate per \$10,000 of benefit	
	Non-Smoker	Smoker	Non-Smoker	Smoker
Under 35	\$.40	\$.80	\$.40	\$.70
35-39	\$.50	\$ 1.00	\$.50	\$.90
40-44	\$.90	\$ 1.60	\$.80	\$ 1.50
45-49	\$ 1.50	\$ 2.80	\$ 1.40	\$ 2.60
50-54	\$ 2.50	\$ 4.20	\$ 2.30	\$ 3.90
55-59	\$ 4.10	\$ 6.90	\$ 3.80	\$ 6.40
60-64	\$ 5.90	\$ 9.80	\$ 5.50	\$ 9.10
65-69	\$ 7.70	\$ 13.80	\$ 7.20	\$ 12.80

RETIREE COVERAGE

ALBERTA	Premium
Single	\$97
Family	\$193
BRITISH COLUMBIA	
Single	\$97
Family	\$193
MANITOBA	
Single	\$97
Family	\$193
ONTARIO	
Single	\$113
Family	\$223
PRINCE EDWARD ISLAND	
Single	\$97
Family	\$193

CO-OP STUDENT INSURANCE

Annual Premium per Student \$25.00

OCCUPATIONAL COVERAGE

Ontario	.27% of Salary
All Other Provinces	.25% of Salary

CALCULATION OF MONTHLY PREMIUM

To the flat dollar premium add the required percent of monthly salary.	
For example: An employee has single coverage under Flex Option 1 of the Basic Benefit Plan and the disability coverage is non-taxable. This employee lives in Ontario and has an annual salary of \$42,000.	
The monthly premium will be:	\$114.00 plus $((\$42,000/12) \times .01640)$
	\$114.00 + \$57.40 = \$171.40
Note: Ontario rates include the 8% Retail Sales Tax.	

PERSONAL PREMIUM WORKSHEET

To calculate your monthly premium as of September 1, 2006, complete this worksheet using the rates on the Monthly Premium Rate Comparison:

1. Basic Benefit Plan (Includes the Limited Benefit Plan)

a. Flat Dollar Premium = _____(a)

b. _____/12 x _____% = _____(b)
(annual salary) (percent of salary)

c. Optional Benefit Upgrades (as chosen by your school)

• LTD 3% Cost of Living (with Flex plans only) = _____

• Vision Care (with Flex plans only) = _____

• 6 Month Dental Recall (with Flex plans only) = _____

• Non-Tax Disability Upgrade (with Standard or Flex plans)

_____/12 x _____% = _____
(annual salary) (percent of salary)

Sub Total Optional Upgrades = _____(c)

Total Monthly Premium (a + b + c) = _____

2. Limited Benefit Plan

a. Flat Dollar Premium = _____(a)

b. _____/12 x _____% = _____(b)
(annual salary) (percent of salary)

c. Optional Benefit Upgrades (as chosen by your school)

• LTD 3% Cost of Living (with Flex plans only) = _____

• Non-Tax Disability Upgrade (with Standard or Flex plans)

_____/12 x _____% = _____
(annual salary) (percent of salary)

Sub Total Optional Upgrades = _____(c)

Total Monthly Premium (a + b + c) = _____

EXAMPLES

- Employee has single coverage in the Standard Plan with the taxable disability benefit. Employee lives in British Columbia and has an annual salary of \$35,000.

Standard Plan Health/Dental/Life/AD&D	\$ 89.50
Taxable Disability: (\$35,000/12) x .01406	<u>41.01</u>
Total Monthly Premium:	\$130.51

- Employee has family coverage in Flex Option 1, non-tax disability, and vision care. Employee B lives in Ontario and has an annual salary of \$45,000.

Flex Option 1 Health/Dental	332.50
Life/AD&D/Disability: (\$45,000/12) x .01640	\$ 61.50
Vision Care	<u>18.25</u>
Total Monthly Premium:	\$412.25