



**CHRISTIAN SCHOOLS
INTERNATIONAL**

**CSI CANADA INSURANCE PLAN AND TRUST FUND
PREMIUM RATES EFFECTIVE SEPTEMBER 1, 2007**

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 | \$98.00 +1.618% Tax +1.564% Non | \$85.00 +1.618% Tax +1.564% Non | \$72.00 +1.618% Tax +1.564% Non | \$89.60 +1.446 % Tax +1.392% Non |
| Family: dollar amount + % of monthly salary | \$284.55 +1.618% Tax +1.564% Non | \$247.55 +1.618% Tax +1.564% Non | \$211.55 +1.618% Tax +1.564% Non | \$253.45 +1.446% Tax +1.392% Non |
| BRITISH COLUMBIA | | | | |
| Single: dollar amount + % of monthly salary | \$90.00 +1.618% Tax +1.564% Non | \$78.00 +1.618% Tax +1.564% Non | \$67.00 +1.618% Tax +1.564% Non | \$82.60 +1.446 % Tax +1.392% Non |
| Family: dollar amount + % of monthly salary | \$262.55 +1.618% Tax +1.564% Non | \$228.55 +1.618% Tax +1.564% Non | \$195.55 +1.618% Tax +1.564% Non | \$234.45 +1.446% Tax +1.392% Non |
| MANITOBA | | | | |
| Single: dollar amount + % of monthly salary | \$85.00 +1.618% Tax +1.564% Non | \$74.00 +1.618% Tax +1.564% Non | \$63.00 +1.618% Tax +1.564% Non | \$77.60 +1.446% Tax +1.392% Non |
| Family: dollar amount + % of monthly salary | \$246.55 +1.618% Tax +1.564% Non | \$213.55 +1.618% Tax +1.564% Non | \$182.55 +1.618% Tax +1.564% Non | \$219.45 +1.446% Tax +1.392% Non |
| ONTARIO | | | | |
| Single: dollar amount + % of monthly salary | \$117.00 +1.747% Tax +1.689% Non | \$102.00 +1.747% Tax +1.689% Non | \$88.00 +1.747% Tax +1.689% Non | \$107.65 +1.562 % Tax +1.504% Non |
| Family: dollar amount + % of monthly salary | \$342.60 +1.747% Tax +1.689% Non | \$297.60 +1.747% Tax +1.689% Non | \$254.60 +1.747% Tax +1.689% Non | \$305.70 +1.562% Tax +1.504% Non |
| PRINCE EDWARD ISLAND | | | | |
| Single: dollar amount + % of monthly salary | \$91.00 +1.618% Tax +1.564% Non | \$79.00 +1.618% Tax +1.564% Non | \$67.00 +1.618% Tax +1.564% Non | \$83.60 +1.446 % Tax +1.392% Non |
| Family: dollar amount + % of monthly salary | \$263.55 +1.618% Tax +1.564% Non | \$227.55 +1.618% Tax +1.564% Non | \$195.55 +1.618% Tax +1.564% Non | \$234.45 +1.446% Tax +1.392% Non |
| SASKATCHEWAN | | | | |
| Single: dollar amount + % of monthly salary | \$92.00 +1.618% Tax +1.564% Non | \$80.00 +1.618% Tax +1.564% Non | \$68.00 +1.618% Tax +1.564% Non | \$84.60 +1.446% Tax +1.392% Non |
| Family: dollar amount + % of monthly salary | \$265.55 +1.618% Tax +1.564% Non | \$230.55 +1.618% Tax +1.564% Non | \$197.55 +1.618% Tax +1.564% Non | \$236.45 +1.446% Tax +1.392% 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 | 1.747% Tax 1.689% Non | 1.747% Tax 1.689% Non | 1.747% Tax 1.689% Non | \$3.65 +1.562% Tax +1.504% Non |
| Family: dollar amount + % of monthly salary | \$2.60 +1.747% Tax +1.689% Non | \$2.60 +1.747% Tax +1.689% Non | \$2.60 +1.747% Tax +1.689% Non | \$4.70 +1.562% Tax +1.504% Non |
| ALL OTHER | | | | |
| Single: dollar amount + % of monthly salary | 1.618% Tax 1.564% Non | 1.618% Tax 1.564% Non | 1.618% Tax 1.564% Non | \$2.60 +1.446% Tax +1.392% Non |
| Family: dollar amount + % of monthly salary | \$2.55 +1.618% Tax +1.564% Non | \$2.55 +1.618% Tax +1.564% Non | \$2.55 +1.618% Tax +1.564% Non | \$3.45 +1.446% Tax +1.392% 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 | .129% of Salary | \$1.25 | \$6.75 | \$5.25 Tax |
| Family: | | | \$3.50 | \$15.50 | \$5.50 Non |
| BRITISH COLUMBIA | | | | | |
| Single: | \$2.75 | .129% of Salary | \$1.25 | \$5.75 | \$5.25 Tax |
| Family: | | | \$3.50 | \$13.25 | \$5.50 Non |
| MANITOBA | | | | | |
| Single: | \$2.75 | .129% of Salary | \$1.00 | \$5.75 | \$5.25 Tax |
| Family: | | | \$3.00 | \$13.75 | \$5.50 Non |
| ONTARIO | | | | | |
| Single: | \$3.00 | .139% of Salary | \$1.50 | \$7.75 | \$5.75 Tax |
| Family: | | | \$4.25 | \$18.25 | \$6.00 Non |
| PRINCE EDWARD ISLAND | | | | | |
| Single: | \$2.75 | .129% of Salary | \$1.00 | \$6.75 | \$5.25 Tax |
| Family: | | | \$3.00 | \$16.00 | \$5.50 Non |
| SASKATCHEWAN | | | | | |
| Single: | \$2.75 | .129% of Salary | \$1.00 | \$6.75 | \$5.25 Tax |
| Family: | | | \$3.00 | \$15.50 | \$5.50 Non |

PERSONAL PREMIUM WORKSHEET

To calculate your monthly premium as of September 1, 2007, 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 from rate sheet)

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 from rate sheet)

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 from rate sheet)

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 from rate sheet)

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 | \$ 82.60 |
| Taxable Disability: (\$35,000/12) x .01446 | <u>42.17</u> |
| Total Monthly Premium: | \$124.77 |

- 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 | 342.60 |
| Life/AD&D/Disability: (\$45,000/12) x .01689 | \$ 63.34 |
| Vision Care | <u>18.25</u> |
| Total Monthly Premium: | \$424.19 |