HEALTH ASSOCIATION NOVA SCOTIA

NSAHO LONG TERM DISABILITY INSURANCE PLAN
Monthly Remittance

NAME OF FACILITY:

FACILITY CODE:

PAYROLL PERIOD:
START DATE: **END DATE**:

TOTAL INSURED PAYROLL	
EMPLOYEE CONTRIBUTIONS AT 1.67% =	
ADJUSTMENTS	
EMPLOYER CONTRIBUTIONS AT 1.67% =	
ADJUSTMENTS	
TOTAL	0.00

PLEASE PRINT 3 COPIES OF THE COMPLETED FORM:

Remitted by cheque payable to :

RBC Investors Services

Cheque Number

* Mail *one copy* and covering cheque to :
RBC Investors Services
Central Payment Management
P.O. Box 7500, Station A
Toronto, ON M5W 1P9

* Mail o*ne copy* to :
Health Association Nova Scotia
Financial Services
2 Dartmouth Road
Bedford, NS B4A 2K7

* Keep o*ne copy* for your files.