



NSAHO LONG TERM DISABILITY INSURANCE PLAN Monthly Remittance

NAME OF FACILITY: _____

FACILITY CODE: _____

PAYROLL PERIOD FROM: _____ TO: _____

TOTAL INSURED PAYROLL _____

EMPLOYEE CONTRIBUTIONS _____

ADJUSTMENTS _____

EMPLOYER CONTRIBUTIONS _____

ADJUSTMENTS _____

TOTAL _____

REMITTANCE INSTRUCTIONS:

Email one completed copy to: RBC at information.management@rbc.com ; Email one copy to:
HANS at LTDcontributions@healthassociation.ns.ca. and keep one copy for your records.

ELECTRONIC FUNDS TRANSFER (EFT) REMITTANCE INSTRUCTIONS		
Note – For those members currently sending one payment for Long Term Disability contributions and NSHEPP Pension contributions combined: Please send both contribution slips to: information.management@rbc.com , one copy to the LTD plan and NSHEPP respectively, and use the instructions below with the following change: Account number: 5038096 instead of 5041454		
Financial Institution: Royal Bank of Canada	Address: 180 Wellington Street West, 12 th Floor, Toronto, ON M5J 0C2	
Bank Number: 0003	Transit Number: 09504	Account Number: 5041454

CHEQUE REMITTANCE INSTRUCTIONS	
Regular Mail RBC Investor & Treasury Services – Pensions PO Box 4106, STN A Toronto, ON M5W 0L1	Courier RBC Wholesale Lockbox Department 4 Prince Andrew Place Toronto, ON M3C 2H4 Attn: RBC Investor Services Trust - Pensions / Lockbox T04106