## 19. Collecting Employee Premium Arrears (Revised) (Employee Remittance Listings)

If an employee is in arrears for any period prior to starting coverage on your group and has failed to contact Alberta Health and Wellness to arrange to pay the arrears, a Remittance Listing Notice for Employee Premium Arrears is sent to your group in accordance with Section 13 of the *Health Insurance Premiums Act*.

Employers are required to deduct and remit employees' premium arrears using one of the following guidelines:

- 1. deduct and remit the full amount outstanding as shown on the listing, or
- each month deduct and remit a minimum of two months' premiums, or 10% of the balance due, whichever is greater, or
- deduct and remit the amount on the Payment Calculation Worksheet (see page 19.4).

To determine deductions for premium arrears other than the methods indicated above, employers from within the Edmonton area may contact the Revenue Collections Unit at (780) 427-1413. From all other areas within Alberta, employers can call toll-free by dialing 310-0000 then (780) 427-1413 when prompted.

You will receive two copies of the *Remittance Listing Notice for Employee Premium Arrears* (see page 19.2). Indicate the payment amount for each employee on the top copy and submit along with your payment. The second copy is for your files. A new listing will be sent each month showing current arrears and notifying you of any new employees who have premium arrears. New employees are identified with an asterisk.

- A sample letter that you may wish to use to notify the employee of premium arrears is included on page 19.3
- A copy of the Payment Calculation Worksheet in accordance with the Employment Earnings Exemption is included on page 19.4.

Do not include premium arrears Remittance Listing payments with your regular payment for group premiums.



## REMITTANCE LISTING NOTICE FOR EMPLOYEE PREMIUM ARREARS

Alberta Health and Wellness
PO Box 2401 Station M
Calgary AB T2P 5B3
For Remittance Liating enquiries call:
(780) 427-1413 Edmonton
Toll free in Alberta at 310-0000
then dial (780) 427-1413
Fax: (780) 427-1643 Edmonton

ABC Company 12301 100 St Anytown AB TOT 0T0

GROUP NUMBER

21

DATE

November 24, 2004

EMPLOYEE NAME	EMPLOYEE NUMBER	TOTAL ARREARS	PERSONAL HEALTH NUMBER	ENTER AMOU	
Roberts, Rob		136.00	10203-0405		
r initial Notice of Employee Pren ates an account is under review.	nium Arrears.	Please Enter Total Payment Amount			

Employee Name	e:	Personal Health Number				
Employee Addre	ess					
RE: Alberta He	alth premium account balance of \$	(Total Arrears)				
	advised by the Alberta Health Care Instance. The premiums are for a period b	urance Plan that your account has an efore your coverage started on our group				
	e <i>Health Insurance Premiums Act</i> state um arrears to the Alberta Health Care	es that the employer is required to deduct Insurance Plan.				
Section 13 (1)		signated group or a member of an up shall, when notified by the Minister to the regulations, cause to be deducted				
(2)	Any employee, employer or employee guilty of an offence.	group who contravenes subsection (1) is				
If you have any questions about your account, please write to the following address						
	Alberta Health and Wellness PO Box 1360 Stn M Edmonton, Alberta T5J 2N3					
Wellness. Unle	ate receiving copies of any corresponders you provide information indicating wour account, deductions will begin on	rhy you do not owe the premiums				
Group Administi	rator					

## **Payment Calculation Worksheet**

This worksheet may be used to calculate the amount of the payroll deduction.

Employee Name				Personal Health Number						
1.	Calculation of pay period days.									
From _					to					
	D	ay	Month	Year		Day	Month		Year	
Number of calendar days in pay period, including non-working days.  A									A	
2.	2. Employees NET PAY (take home)						В	\$		
3. Calculation of Minimum and Maximum Exemptions										
Number	of e	employe	e's dependa	ants	x S	\$200/depei	ndant =			
(including spouse or partner) Plus:			Employee's exemption				800.00			
				Total	l			C		
Employee's minimum exemptions for this pay period.  (C) divided by 30 days multiplied by (A) =  Employee's Minimum Exemption										
4. Calculation of Amount Payable										
	<ol> <li>If (B) is less than or equal to (D), the amount payable is Nil</li> <li>If (B) is greater than (D), the maximum amount payable is:         minus divided by 2</li> </ol>									
	(B) (D) Maximum Payable								um Payable	