PUBLIC SERVICE GROUP INSURANCE FUND BI-WEEKLY CONTRIBUTION REMITTANCE REPORT

Name of Employer			Code
Insura	ance contributions made durir	ng the pay period from	
to		insuring employees for the period from	1
	t		
1.	Group Life Contributions (based on maximum insurance of \$1,000,000)		
	Employee contributions -	Classes 1-4 at 7.68¢ per \$1,000 Class 5 at 10.59¢ per \$1,000	\$
	Employer contributions -	Classes 1-4 at 2.91¢ per \$1,000	\$
2. Accidental Death and Disablement Contributions			
	Employer contributions	1.58¢ per \$1,000	\$
3.	Dependents Insurance Contributions		
	Employee contributions	\$1.60 per Unit	\$
	TOTAL CONTRIBUTIONS (A	TTACH CHEQUE)	\$
Please	e include prior period adjustm	nent contributions in the applicable catego	ory above.
contri	•	ons have been deducted from all employe vith the necessary employer contributions	•
	Cheque Number	Authorized Signing Officer	Date
Note:	This report should be forwato the "PUBLIC SERVICE G	arded directly to the Civil Service Superan ROUP INSURANCE FUND".	nuation Board with a cheque payable