JT Earnings & Contributions Reporting

Coverage Reporting Form
For Group Life, AD&D, Dependent Life, LTD, EHC and Dental

HEALTHCARE BENEFIT TRUST
HBT
BENEFIT FROM EXPERIENCE

Organization Name: _____

Employer Contact Name: _____

Employer Contact Number/Email: _____

Division Number	Subdivision Number	Joint Trust	Class Code	Coverage Reporting for Month of (yyyymm)	Pay Period End (yyyy-mm-dd)	Count of LTD Covered Lives	Regular Straight-Time Pay	Rate	Contributions
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Total									**-**

Remit Total Contributions Payable by EFT to:

Bank Account:	Healthcare Benefit Trust
Banking Institution:	Royal Bank of Canada (003)
Transit Number:	00010
Account Number:	1125236

Joint Trust - CBA	JCBT	$ -
Joint Trust - FBA	JFBT	$ -
Joint Trust - HSPBA	JHSBT	$ -
Total Contributions Payable*		$ -

*Must balance to contributions in "Total" column.

Remit Total Contributions Payable by Cheque to:
Healthcare Benefit Trust
1180 - 1333 West Broadway
Vancouver, BC V6H 4C1