



P.O. Box 5044, 5420 North Service Road,
Burlington, Ontario L7R 4C1 – 905.319.9501

ONTARIO RETAIL SALES TAX REMITTANCE AUTHORIZATION FORM

Attached to and forming part of the application for insurance

Name of the Policyholder: _____

Policyholder Address: _____

Persuant to Regulation 1013 made under the ONTARIO RETAIL SALES TAX ACT, we hereby elect:

SECTION I

If you are a registered vendor under the RETAIL SALES TAX ACT, please check (✓) the appropriate box below:

I hereby authorize Unum to collect and remit on our behalf the Ontario Retail Sales Tax (RST) with respect to employee contributions made under the above-mentioned policy(ies) to the ONTARIO MINISTRY OF FINANCE. This arrangement will remain in force for the duration of our policy with Unum.

I hereby do not authorize Unum to collect and remit on our behalf the Ontario Retail Sales Tax (RST) with respect to employee contributions made under the above-mentioned policy(ies). I acknowledge and understand that it will be our responsibility to remit the applicable taxes to the ONTARIO MINISTRY OF FINANCE, and to advise Unum of such amount and the corresponding premium each month.

SECTION II

If you are NOT a registered vendor under the RETAIL SALES TAX ACT, please check (✓) the appropriate box below:

I am not a registered vendor therefore, I will submit the Ontario Retail Sales Tax (RST) payable on employee benefit contributions directly to Unum.

My group benefit plan is 100% employer paid therefore, I will submit the Ontario Retail Sales Tax (RST) payable on employee benefit contributions directly to Unum. If my status changes, I understand it is my responsibility to notify Unum and elect an option under Section I above.

Name and Title of person authorized to sign from the Applicant
(i.e. Plan Administrator) (PLEASE PRINT)

Authorized Person's Signature

Date Signed