

Check Number:

State of Nevada Public Employees' Benefits Program 3427 Goni Road, Suite 109 Carson City, NV 89706

Date:

Remittance Advice Fiscal Year 2026

Please indicate	the amounts paid for each	group for which you are paying.	
State agencies	hoards and commissions	please indicate amounts paid toward	AFGIS and RFGI assessments

			Actual Total									
Group	Group		Payroll	Premium	Employee	ARRA COBRA	AEGIS *	REGI **				
Number	Group Name	Employees	Amount	Month	Premium	Subsidy	Assessment	Assessment		Total		
									\$			
									\$			
									\$			
									\$			
				T-4-1	Φ.	Φ.	•	•	\$			
				Total	\$	\$	\$	\$	\$	_		
Total amount of check ———•												
The AEGIS	S and REGI assessments are fo	or State agenci	es, boards ar	nd commissio	ns only (groups	100-199). Thes	e assessments	should be paid r	nonthly	by the 25 th . To		
	yment arrives by the 25 th of eac											
	licate the month for which you a				s. II paying esti	illiated allioulits,	picase crisure a	a reconciliation	is comp	neted quarterly.		
riease illu	ilicate the month for which you a	re paying your	assessinents).								
		F	Past AEGIS a	and REGI Rat	es (groups 100-	-199 only)						
					AEGIS *		REGI **					
	Period Start Date		Period End Date		(per employee per month)		(percent of actual payroll)					
	1-Jul-13		30-Jun-13		\$688.37		2.406%					
	1-Jul-14	30	30-Jun-15		\$695.35		2.663%					
	1-Jul-15	30	30-Jun-16		\$701.73		2.126%					
	1-Jul-16		30-Jun-17		\$699.25		2.357%					
	1-Jul-17		30-Jun-18		\$743.00		2.347%					
	1-Jul-18	30	30-Jun-19		\$740.92		2.340%					
	1-Jul-19	30	30-Jun-20		\$760.79		2.340%					
	1-Jul-20	30	30-Jun-21		\$783.30		2.360%					
	1-Jul-21		30-Jun-22		\$727.00		2.170%					
	1-Jul-22		30-Jun-23		\$755.00		2.180%					
	1-Jul-23		30-Jun-24		\$730.00		3.110%					
	1-Jul-24		30-Jun-25		\$759.00		3.180%					
	1-Jul-25		30-Jun-26		\$991.00		2.590%					
	•											
Includ	le in your AEGIS employee cou	nt all emplovee	s. even those	e in their initia	al hire period (fir	st month).						
	r employee count, exclude vac				. ,	,	fite and those na	articinante who				
,	declined coverage.	ant positions, te	emporary or p	bart time posi	tions not eligible	e ioi riealtii belle	iits and those pa	articiparits writ				
liave	decililed coverage.											
To cal	culate your REGI assessment -	include salarie	s sick leave	annual leave	e and other leav	e paid out (GL C	odes 51xx and	56xx)				
	payroll does not include termin					(
Includ	le a copy of the monthly payre	all records/ren	orts with vo	ur REGI Ass	essment Paym	ent This docum	nentation is RE	OUIREDI				
iliciad	de a copy of the monthly payre	on records/rep	orts with yo	ui iteoi Ass	essinent i ayın	ent. This docum	ientation is it.	QUINED:				
staff only												
Doc Number: Date of deposit:						Initials:						