



Premium Remittance Form

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Policy # _____ Group _____

Eff Date _____ Reporting Period _____ Carrier / Treaty _____

Coverage	Census	Rate per Month	Monthly Premium	Net Premium Payable
SPECIFIC				
Employee, Single	_____	X _____	= _____	
EE + Spouse	_____	X _____	= _____	
EE + Child(ren)	_____	X _____	= _____	
EE + Family	_____	X _____	= _____	
Composite	_____	X _____	= _____	
Total Monthly Premium			_____	
Less Commissions			= _____	= _____
AGGREGATE				
Composite	_____	X _____	= _____	
Less Commissions			= _____	= _____
AGG ACCOM				
Composite	_____	X _____	= _____	
Less Commissions			= _____	= _____
AGG TLO				
Composite	_____	X _____	= _____	
Less Commissions			= _____	= _____

Amount Due _____

Prepared By _____ Date _____