

STOP LOSS INSURANCE PREMIUM STATEMENT

POLICY #:

BILLED PERIOD:

BILLING DATE:

PREMIUM DUE:

Attn:

COVERAGE	TIER	NUMBER OF LIVES		MONTHLY RATE PER TIER	MONTHLY PREMIUM
SPECIFIC STOP LOSS	SINGLE	Previous:			
		Additions +			
		Terminations -			
		Current =			
	FAMILY	Previous:			
		Additions +			
		Terminations -			
		Current =			
AGGREGATE STOP LOSS	COMPOSITE	Previous:			
		Additions +			
		Terminations -			
		Current =			

Return the completed premium statement along with your premium payment to:

Amalgamated Life Insurance Company
P.O. Box 5429
White Plains, NY 10602-5429

Please retain a copy for your files.

Premium payment is due within 30 days of premium due date.
THANK YOU FOR YOUR PAYMENT!

TOTAL MONTHLY PREMIUM DUE:

ADJUSTMENTS*:

TOTAL MONTHLY PREMIUM REMITTED:

***Adjustment Comments:**