

STOP LOSS INSURANCE PREMIUM STATEMENT

BILLED PERIOD:

PREMIUM DUE:

Attn:

COVERAGE	TIER	NUMBER OF LIVES	MONTHLY RATE PER TIER	MONHLY PREMIUM
SPECIFIC STOP LOSS		Previous:		
	SINGLE	Additions +		
		Terminations –		
		Current =		
		Previous:		
	FAMILY	Additions +		
		Terminations –		
		Current =		
AGGREGATE STOP LOSS		Previous:		
	COMPOSITE	Additions +		
		Terminations –		
		Current =		
Return the completed premium statement along with your premium payment to:				TOTAL MONTHLY PREMIUM DUE:
Amalgamated Life Insurance Company P.O. Box 5429 White Plains, NY 10602-5429				ADJUSTMENTS*:
Please retain a copy for your files.				

POLICY #:

BILLING DATE:

TOTAL MONTHLY PREMIUM REMITTED:

*Adjustment Comments:

THANK YOU FOR YOUR PAYMENT!

Premium payment is due within 30 days of premium due date.

Medical Stop Loss Manual

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