

**CM REGENT SOLUTIONS®**  
**GROUP LIFE INSURANCE PREMIUM STATEMENT**

**MAIL PAYMENT TO:**

**CM Regent, LLC**  
**P.O. Box 4725**  
**Lancaster, PA 17604**

Policy #: \_\_\_\_\_

School District: \_\_\_\_\_

Premium Period: \_\_\_\_\_  
Month Year

**GROUP LIFE INSURANCE**

Coverage	Number of Lives			Volume of Insurance	Billing Rate	Monthly Premium
	Last Month	Add or Subtract	Total in Force			
Group Life Insurance				\$	.09 per \$1,000	\$
Accidental Death/Dismemberment				\$	.02 per \$1,000	\$
Adjustments (Attach letter or include with totals above)				\$	_____per \$1,000	\$
				\$	_____per \$1,000	\$
				<b>Total Premium Due</b>		<b>\$</b>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Prepared by _____   Email Address _____   Phone Number (including extension) _____ </div> <div style="width: 45%; text-align: center;"> <b>PLEASE ENTER YOUR PAYMENT INFORMATION BELOW</b>   Check #: _____   Date: _____   Amount: _____ </div> </div>						

**PLEASE NOTE THE FOLLOWING INSTRUCTIONS:**

- Statements are due no later than the **first** of the covered month.
- Make your payment payable to **CM Regent, LLC.**
- Attach a letter of explanation for all adjustments.
- Keep a copy of the statement for your records.
- Call Tyffanie Kirkpatrick at 1-866-403-7700 extension 2318 or email us at [ebss@cmregent.com](mailto:ebss@cmregent.com)