## CM REGENT SOLUTIONS GROUP LIFE INSURANCE PREMIUM STATEMENT

MAIL PAYMENT TO:				
CM Regent, LLC P.O. Box 4725 Lancaster, PA 17604	School District	SD I.D.#:		
	Premium Period:			
	month	vea		

## **GROUP LIFE INSURANCE**

	Number of Lives					
Coverage	Last Month	Add or Subtract	Total in force	Volume of Insurance	Billing Rate	Monthly Premium
Group Life Insurance				\$	per \$1,000	\$
Accidental Death/ Dismemberment				\$	per \$1,000	\$
Adjustments (Attach letter)						
				Total Premium Due		\$
Prepared by						
				ACCOUNTING	USE ONLY	
Date						
				Check #:		
Phone Number (including extension)		itension)		Date: Amount:		

## 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 the CM Regent Solutions Accounting Dept. at (800) 932-0588 with all inquiries.

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