

CM REGENT SOLUTIONS
GROUP LIFE INSURANCE PREMIUM STATEMENT

MAIL PAYMENT TO:

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

SD I.D.#: _____

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				\$	_____ per \$1,000	\$
Accidental Death/Dismemberment				\$	_____ per \$1,000	\$
Adjustments (Attach letter)						
				Total Premium Due		\$
Prepared by _____						
Date _____				ACCOUNTING USE ONLY		
Phone Number (including extension) _____				Check #: _____		
				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.