

CM REGENT SOLUTIONS LONG TERM DISABILITY 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

LONG TERM DISABILITY INSURANCE

| Classifications | Number of lives | | | Total Insured Payroll | Billing Rate | Monthly Premium |
|--|-----------------|-----------------|----------------|--|--------------------------|-----------------|
| | Last Month | Add or Subtract | Total in force | | | |
| | | | | \$ | ___ per \$100 of Benefit | \$ |
| | | | | | | |
| <u>Adjustments</u> (Attach letter) | | | | | ___ per \$100 of Benefit | \$ |
| | | | | Total Premium Due | | \$ |
| Prepared by _____ | | | | ACCOUNTING USE ONLY Program 16555, # _____ Check #: _____ Date: _____ Amount: _____ | | |
| Telephone Number (including extension) _____ | | | | | | |
| Date _____ | | | | | | |

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 Department at (800) 932-0588 with all inquiries.

CM Regent Solutions is a registered trademark of CM Regent Insurance Company