

**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

SUPPLEMENTAL LIFE INSURANCE

Coverage	Number of lives			Volume of Insurance	Billing Rate	Monthly Premium
	Last Month	Add or Subtract	Total in force			
Supplemental Life Insurance				\$.215 per \$1,000	\$
				\$	_____ per \$1,000	\$
Adjustments (Attach letter)					_____ per \$1,000	\$
				Total Premium Due		\$
Prepared by _____				ACCOUNTING USE ONLY 16555, # _____ Check #: _____ Date: _____ Amount: _____		
Date _____						
Phone Number (including extension) _____						

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 PSBA Insurance Trust Accounting Dept. at (800) 932-0588 with all inquiries.