

**CM REGENT SOLUTIONS**  
**SUPPLEMENTAL LIFE INSURANCE PREMIUM STATEMENT**

<b>SEND PAYMENT TO:</b>  <b>CM Regent, LLC – Sun Life</b> <b>P.O. Box 4725</b> <b>Lancaster, PA 17604</b>
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SD I.D.# \_\_\_\_\_

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

Premium Period \_\_\_\_\_  
 month year

**SUPPLEMENTAL LIFE INSURANCE**

Age	Rate per \$1,000	Number of Lives			Volume of Insurance	Monthly Premium
		Last Month	Add or Subtract	Present in Force		
Under 35						
35 - 39						
40 – 44						
45 – 49						
50 – 54						
55 – 59						
60 – 64						
65 – 69						
70 -74						
75-79						
80 & Over						
Adjustments (Attach separate sheet with details)						
<b>Total Premium Due</b>						
<i>Accounting use only</i>						
Prepared by _____						
Date _____						
Phone # (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.