

CM REGENT SOLUTIONS
SHORT 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

SHORT TERM DISABILITY INSURANCE

Classifications	Number of lives			Total Weekly Insured Payroll	Billing Rate	Monthly Premium
	Last Month	Add or Subtract	Total in force			
				\$	____ per \$10 of Benefit	\$
<u>Adjustments</u> (Attach letter)					____ per \$10 of Benefit	\$
				Total Premium Due		\$
Prepared by _____				ACCOUNTING USE ONLY Program 16555, #700- 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