

Self Administered Premium Statement

Policyholder Name:

Policy #:

Premium Report for the month of:

February

Please remit by the 1st of:

February

Please complete this statement and calculate the premium due.

1. SPECIFIC STOP LOSS

_____ X _____ = _____
Number of Single Employees Single Rate

_____ X _____ = _____
Number of Family Employees Family Rate

Total Specific Stop Loss Premium Due = * _____

1. AGGREGATE STOP LOSS

_____ X _____ = _____
Number of Total Employees Composite Rate

Total Specific & Aggregate Stop Loss Premium Due = * _____

Remarks / Adjustment Explanation:

*Premium adjustments cannot be backdated for more than 90 days

Prepared by: _____

Date: _____

Make Check Payable to: TRU Services, LLC

Mail to: TRU Services, LLC
152 Conant Street, 2ND Floor
Beverly, MA 01915
Attn: Kathy Shindledecker

Self Administered Premium Statement

Policyholder Name:

Policy #:

Premium Report for the month of:

March

Please remit by the 1st of:

March

Please complete this statement and calculate the premium due.

1. SPECIFIC STOP LOSS

_____ X _____ = _____
Number of Single Employees Single Rate

_____ X _____ = _____
Number of Family Employees Family Rate

Total Specific Stop Loss Premium Due = * _____

1. AGGREGATE STOP LOSS

_____ X _____ = _____
Number of Total Employees Composite Rate

Total Specific & Aggregate Stop Loss Premium Due = * _____

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Premium Report for the month of:

April

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April

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1. SPECIFIC STOP LOSS

_____ X _____ = _____
Number of Single Employees Single Rate

_____ X _____ = _____
Number of Family Employees Family Rate

Total Specific Stop Loss Premium Due = * _____

1. AGGREGATE STOP LOSS

_____ X _____ = _____
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Premium Report for the month of:

May

Please remit by the 1st of:

May

Please complete this statement and calculate the premium due.

1. SPECIFIC STOP LOSS

_____ X _____ = _____
Number of Single Employees Single Rate

_____ X _____ = _____
Number of Family Employees Family Rate

Total Specific Stop Loss Premium Due = * _____

1. AGGREGATE STOP LOSS

_____ X _____ = _____
Number of Total Employees Composite Rate

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Premium Report for the month of:

June

Please remit by the 1st of:

June

Please complete this statement and calculate the premium due.

1. SPECIFIC STOP LOSS

_____ X _____ = _____
Number of Single Employees Single Rate

_____ X _____ = _____
Number of Family Employees Family Rate

Total Specific Stop Loss Premium Due = * _____

1. AGGREGATE STOP LOSS

_____ X _____ = _____
Number of Total Employees Composite Rate

Total Specific & Aggregate Stop Loss Premium Due = * _____

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Premium Report for the month of:

July

Please remit by the 1st of:

July

Please complete this statement and calculate the premium due.

1. SPECIFIC STOP LOSS

_____ X _____ = _____
Number of Single Employees Single Rate

_____ X _____ = _____
Number of Family Employees Family Rate

Total Specific Stop Loss Premium Due = * _____

1. AGGREGATE STOP LOSS

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Premium Report for the month of:

August

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August

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1. SPECIFIC STOP LOSS

_____ X _____ = _____
Number of Single Employees Single Rate

_____ X _____ = _____
Number of Family Employees Family Rate

Total Specific Stop Loss Premium Due = * _____

1. AGGREGATE STOP LOSS

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Premium Report for the month of:

September

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September

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1. SPECIFIC STOP LOSS

_____ X _____ = _____
Number of Single Employees Single Rate

_____ X _____ = _____
Number of Family Employees Family Rate

Total Specific Stop Loss Premium Due = * _____

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October

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1. SPECIFIC STOP LOSS

_____ X _____ = _____
Number of Single Employees Single Rate

_____ X _____ = _____
Number of Family Employees Family Rate

Total Specific Stop Loss Premium Due = * _____

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November

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1. SPECIFIC STOP LOSS

_____ X _____ = _____
Number of Single Employees Single Rate

_____ X _____ = _____
Number of Family Employees Family Rate

Total Specific Stop Loss Premium Due = * _____

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December

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December

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_____ X _____ = _____
Number of Single Employees Single Rate

_____ X _____ = _____
Number of Family Employees Family Rate

Total Specific Stop Loss Premium Due = * _____

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