

**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	\$
				<b>Total Premium Due</b>		\$
Prepared by _____				<b>ACCOUNTING USE ONLY</b> 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.

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