

CM REGENT SOLUTIONS®
VOLUNTARY LIFE INSURANCE PREMIUM STATEMENT

MAIL PAYMENT TO:

CM Regent, LLC
P.O. Box 4725
Lancaster, PA 17604

Policy # _____

School District: _____

Premium Period _____
Month Year

VOLUNTARY 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						
AD&D						
Adjustments (Attach separate sheet with details)						
Prepared by _____					Total Premium Due	
Date _____					PLEASE ENTER YOUR PAYMENT INFORMATION BELOW Check #: _____ Date: _____ Amount: _____	
Email Address _____						
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 Tyffanie Kirkpatrick at 1-866-403-7700 extension 2318 or email us at ebss@cmregent.com