

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

| Coverage | Number of Lives | | | Volume of Insurance | Billing Rate | Monthly Premium |
|---|-----------------|-----------------|----------------|--|-----------------|-----------------|
| | Last Month | Add or Subtract | Total in Force | | | |
| Voluntary Life Insurance | | | | \$ | ___ per \$1,000 | \$ |
| Voluntary Accidental Death/ Dismemberment | | | | \$ | ___ per \$1,000 | \$ |
| Adjustments (Attach letter or include with totals above) | | | | \$ | ___ per \$1,000 | \$ |
| | | | | \$ | ___ per \$1,000 | \$ |
| | | | | Total Premium Due | | \$ |
| Prepared by _____ Date _____ | | | | PLEASE ENTER YOUR PAYMENT INFORMATION BELOW | | |
| Email Address _____ | | | | | | |
| Phone Number (including extension) _____ | | | | | | |
| | | | | Check #: _____ | | |
| | | | | Date: _____ | | |
| | | | | Amount: _____ | | |

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