AGGREGATE ONLY MEDICAL STOP LOSS
MONTHLY PREMIUM STATEMENT

Group Name

Policy Effective Date:
Policy Expiration Date:
Report for the Month of: **Policy #:**

AGGREGATE PREMIUM CALCULATION

	# OF COVERED INDIVIDUALS **		RATE		MONTHLY COST
Single Employees:		X		=	
Family Employees:		X		=	

TOTAL AGGREGATE PREMIUM:

**** Enrollment counts should include COBRA participants and retirees, if applicable ****

ADJUSTMENT EXPLANATION

TOTAL ADJUSTMENTS:

TOTAL GROSS PREMIUM DUE:

Monthly Report Produced By: **Date:**

REMITTANCE PAYABLE BY THE 1st OF EACH MONTH
ALL PREMIUM QUESTIONS SHOULD BE DIRECTED TO STAR LINE GROUP AT 1-800-500-4364
PLEASE MAIL PAYMENT TO:
StarLine Group
180 Teaticket Highway
East Falmouth, MA 02536