



**SPEC & AGG MEDICAL STOP LOSS
MONTHLY PREMIUM STATEMENT**

Group Name

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

Policy #:

SPECIFIC PREMIUM CALCULATION

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

AGGREGATE PREMIUM CALCULATION

Total Employees:		X		=	
TOTAL AGGREGATE PREMIUM:					

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

ADJUSTMENT EXPLANATION

TOTAL ADJUSTMENTS:	
TOTAL GROSS PREMIUM:	
SURPLUS LINES TAX % 	
TOTAL PREMIUM + TAX 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