



Specific Only 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:	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Family Employees:	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
TOTAL SPECIFIC PREMIUM:					<input type="text"/>

** 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
CONTACT STAR LINE GROUP AT ABOVE NUMBER FOR OVERNIGHT ADDRESS

PLEASE MAIL TO OUR LOCKBOX ADDRESS AT:

Star Line USA, LLC
c/o PNC Bank
2027 Solution Center
Chicago, IL 60677-2000