



Specific & Aggregate 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
 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