



MONTHLY PREMIUM REPORT (4-TIER)

FOR THE MONTH OF _____

INSURANCE COVERAGE		1 Total from Column 4 on Previous Report	2 Additions Since Last Report	3 Terminations Since Last Report	4 Total In Force On Premium Due Date	5 Rate	6 Current Premium Due	7 Back Adjustments*	8 Premium Due
Life	#EE					Per \$ 1,000			
	Volume								
AD&D	#EE					Per \$ 1,000			
	Volume								
Dependent Life	#Dep Units					Dep Unit			
Specific Excess Loss	#EE Only					EE Only			
	#EE + Sp					EE + Sp			
	#EE + Ch					EE + Ch			
	#Family					Family			
Aggregate Excess Loss	#EE					Per EE			
Aggregate Accommodation	#EE					Per EE			
Terminal Extension	#EE					Per EE			

*Please show month(s) to which back adjustments apply (attach separate sheet if necessary).

GROSS PREMIUM DUE \$

Policyholder:	Policy Number(s):
Division (if applicable):	Administrator:
Prepared By (Please Print):	Date: Phone:

LESS COMMISSION \$

NET AMOUNT DUE \$

Please make checks payable to Perico

Note: If an added employee's effective date is prior to the 15th of the month, premium is due for the entire month; otherwise, premium is due the first of the following month.

Via Overnight Delivery only: Bank of America Lockbox Services, PLIC, Lockbox 504288 800 Market St. 4th Floor, St. Louis, MO 63101

