



# Plan Administration LTD.

PERIOD COVERED: FROM \_\_\_/\_\_\_/\_\_\_/ TO \_\_\_/\_\_\_/\_\_\_

POLICY NUMBER \_\_\_\_\_ NAME OF  
POLICYHOLDER \_\_\_\_\_

BENEFIT		1	(+)	2	(-)	3	=	4	x	5	=	6
		Total Insured From Col. 4 On Previous Statement		Additions and Increases (List on reverse)		Terminations and Decreases (List on reverse)		Total insured this report		Rate		Premium
Basic Life	Volume											
	Number of Lives									Rate Per \$1000		
AD&D	Volume											
	Number of Lives									Rate Per \$1000		
Supp Life (Flat Rate)	Volume											
	Number of Lives									Rate Per \$1000		
Supp Life (Step Rate)												
Under 30	Volume											
	Number of Lives									Rate Per \$1000		
30-34	Volume											
	Number of Lives									Rate Per \$1000		
35-39	Volume											
	Number of Lives									Rate Per \$1000		
40-44	Volume											
	Number of Lives									Rate Per \$1000		
45-49	Volume											
	Number of Lives									Rate Per \$1000		
50-54	Volume											
	Number of Lives									Rate Per \$1000		
55-59	Volume											
	Number of Lives									Rate Per \$1000		
60-64	Volume											
	Number of Lives									Rate Per \$1000		
65-69	Volume											
	Number of Lives									Rate Per \$1000		
70-74	Volume											
	Number of Lives									Rate Per \$1000		
75 +	Volume											
	Number of Lives									Rate Per \$1000		

I CERTIFY THAT THE INFORMATION REPORTED  
HEREIN IS TRUE AND IS IN ACCORDANCE WITH  
THE PROVISIONS OF THE GROUP POLICY.

\_\_\_\_\_  
Date Statement Prepared      Signature and Title of Authorized Representative

TOTAL CURRENT PREMIUM DUE \_\_\_\_\_ (A)  
(TOTAL ALL PREMIUM DUE)

BACK CHARGES \_\_\_\_\_ (B)  
(List on reverse) +

BACK CREDITS \_\_\_\_\_ (C)  
(List on reverse) -

PREVIOUS AMOUNT DUE \_\_\_\_\_ (D)

TOTAL PREMIUM DUE \_\_\_\_\_  
(A+B-C+D)

Please forward this statement by the Premium Due Date with your  
check for the total Premium Amount Due Directly to :  
Plan Administration  
580 Hazard Ave  
Enfield, CT 06082