



SLG Benefits & Insurance, LLC

MONTHLY STOP LOSS PREMIUM AND ENROLLMENT STATEMENT

POLICYHOLDER:	POLICY NUMBER:	EFFECTIVE DATE:
TPA:	REPORT PERIOD & DATE:	

PREMIUM REMITTED: <input type="checkbox"/> NET or <input type="checkbox"/> GROSS	REPORT COMPLETED BY:
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SPECIFIC COVERAGE	Covered Units	Adjustments	Final Units		Rate	Monthly Cost
Single				X		=
Family				X		=

Total Monthly Specific Premium = _____

AGGREGATE COVERAGE	Covered Units	Adjustments	Final Units		Rate	Monthly Cost
Composite				X		=
Accommodation				X		=
Terminal Liability				X		=

Total Monthly Aggregate Premium = _____

TOTAL PREMIUM \$ _____

Please make checks payable to **American Fidelity Assurance Company**. Send checks to: SLG Benefits and Insurance, LLC, 9 Atlantic Avenue, Marblehead, MA 01945. Premiums must be remitted by the last day shown in the Report Period (end of month). Policy is subject to termination without prior notice if premiums are received past the end of the month due.

Prior month adjustments are limited to the preceding three months. Please attach explanation to receive consideration for any other prior months. Enrollment counts should include COBRA participants and retirees, if applicable. All premium and enrollment questions should be directed to SLG Benefits and Insurance, LLC at 1.800.742.9279.