Amalgamated Life
Life • Accident • Disability

333 Westchester Avenue
White Plains, NY 10604

STOP LOSS INSURANCE PREMIUM STATEMENT

POLICY #: **BILLED PERIOD:**

BILLING DATE: **PREMIUM DUE:**

Attn:

COVERAGE	TIER	NUMBER OF LIVES		MONTHLY RATE PER TIER	MONHLY PREMIUM
SPECIFIC STOP LOSS	**SINGLE**	Previous:			
		Additions +			
		Terminations –			
		Current =			
	FAMILY	Previous:			
		Additions +			
		Terminations –			
		Current =			
AGGREGATE STOP LOSS	**COMPOSITE**	Previous:			
		Additions +			
		Terminations –			
		Current =			

Return the completed premium statement along with your premium payment to:

Amalgamated Life Insurance Company
P.O. Box 5429
White Plains, NY 10602-5429

Please retain a copy for your files.

Premium payment is due within 30 days of premium due date.
THANK YOU FOR YOUR PAYMENT!

TOTAL MONTHLY PREMIUM DUE:	
ADJUSTMENTS*:	
TOTAL MONTHLY PREMIUM REMITTED:	

***Adjustment Comments:**