



Montgomery Management Lockbox
 Wachovia Bank attn: Lockbox #931833
 3585 Atlanta Avenue
 Hapeville, GA 30354

Premium Submission Worksheet

Policy Holder _____
Coverage Period _____
Third Party Administrator _____
TPA Premium Contact / Phone # _____

| Coverage | Census Number | Rate | Gross Premium |
|-------------------|---------------|------|---------------|
| Single Lives | | \$ - | \$ - |
| Employee + Spouse | | \$ - | \$ - |
| Employee + Child | | \$ - | \$ - |
| Family Lives | | \$ - | \$ - |
| Total Gross | | | \$ - |
| Comission Rate | | | \$ - |
| Total (A) | | | \$ - |

| Coverage | Census Number | Rate | Gross Premium |
|-----------------------------|---------------|------|---------------|
| *Aggregate | | \$ - | \$ - |
| Conversion Coverage | | \$ - | \$ - |
| Terminal Liability Coverage | | \$ - | \$ - |
| Commission Rate | | | \$ - |
| Total (B) | | | \$ - |
| Combined Total | | | \$ - |

*** Notes:**

1. Aggregate attachment point should be calculated with the covered lives at the beginning of each month.
2. Terminated employee adjustments should be made prior to entry.
3. Prior period adjustments to premium should be made on a separate worksheet and cannot exceed three months.

If you have any questions on how to fill out the premium submission form, please contact Donna Dickinson at ddickinson@montmgnt.com or call 800-883-1500 X115.
 We will also provide ACH and Wire Transfer Routing information upon request.