

## GROUP INSURANCE PREMIUM REPORT

A **Group Insurance Premium Report** should be completed by all *self-administered* accounts and should be submitted with your premium payment. Premiums are due and payable in advance on the first of each insurance month. Detailed instructions for completing this form can also be found in your Group Administrative Procedures. If you need additional assistance, you may contact the Boston Mutual Group Accounting Department Toll Free at 1-800-669-2668 EXT 391 or EXT 485.

### Definition of Terms found on the Group Insurance Premium Report:

**Policyholder Name:** The legal name of your group as it appears on your policy

**Group Number/Division Number:** As shown on group policy

**Insurance Period Beginning:** The date premiums are due

**# Lives:** Total number of people insured for each of the types of coverage included in your plan.

**Volume.** Total dollar amount of insurance in force for each type of coverage

**# Units.** Number of employees who have Dependent Life Coverage (if included in your plan.)

Always complete Lines 1,4,6 and 9 of the Premium Report. Lines 2 and 3 can be used for reporting changes to your insurance plan from the prior insurance month. Lines 7 and 8 can be used to report any retroactive adjustments due. The detail for the entries to Lines 2, 3, 7 or 8 should be reported on the **Group Insurance Transaction Report**. *Please be sure to sign and date the form.*

Premiums are calculated for each type of coverage based on one of the following:

- \*The rate multiplied by the volume of insurance or
- \*The unit rate multiplied by the number of participants or
- \*The age-related rate multiplied by the volume of insurance

**Note:** To determine the premium due, divide the total volume by the unit of insurance and then multiply the result times the rate.

One unit of any form of Life or Accidental Death & Dismemberment Insurance = \$1,000

One unit of Weekly Disability Income Insurance = \$10

One unit of Long Term Disability Insurance = \$100

One unit of Dependent Life Insurance = \$1

It is necessary to complete the **Group Insurance Transaction Report** (page 2) when:

- New participants have been added to your plan since the date of your last Premium Report.
- You have added a new type of coverage for any participant since the date of your last Premium Report.
- You have increased a coverage amount for any participant since the date of your last Premium Report.
- A participant's coverage has been cancelled or decreased since the date of your last Premium Report.

- Any of the above occurred prior to the date of your last Premium Report and you did not include the information on the last Premium Report.

For prompt crediting of your premium payments, please be sure to send your remittance, accompanied by your premium report, to:

Boston Mutual Life Ins Co-G  
P O Box 55154  
Boston MA 02205-5154



• GROUP INSURANCE PREMIUM REPORT •

POLICYHOLDER NAME \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_ DIVISION NUMBER \_\_\_\_\_

INSURANCE PERIOD BEGINNING \_\_\_\_\_ PREPARED BY \_\_\_\_\_ DATE \_\_\_\_\_  
MONTH DAY YEAR

	LIFE		ACCIDENTAL DEATH AND DISMEMBERMENT		DEPENDENT LIFE	SHORT TERM DISABILITY		LONG TERM DISABILITY	
	# LIVES	VOLUME	# LIVES	VOLUME	# UNITS	# LIVES	VOLUME	# LIVES	VOLUME
1. In Force from Previous Report (Line 4 of Previous Report)	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. Additions and Increases (from Reverse Side)	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. Terminations and Decreases (from Reverse Side)	_____	_____	_____	_____	_____	_____	_____	_____	_____
4. Total In Force Volume (Line 1 + 2 - 3 = Line 4)	_____	_____	_____	_____	_____	_____	_____	_____	_____
5. Rate		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
6. Premium Due (Volume/Unit of Ins. x Rate)		_____		_____	_____		_____		_____
7. Retroactive Premium Adjustment (Vol/Unit of Ins. x Rate x # Mos) (+)		_____		_____	_____		_____		_____
8. Retroactive Premium Adjustment (Vol/Unit of Ins. x Rate x # Mos) (-)		_____		_____	_____		_____		_____
9. Adjusted Premium Due (Line 6 + 7 - 8 = Line 9)		_____		_____	_____		_____		_____

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Sub Total Premium Due  
(Total All Line 9 Entries) \$ \_\_\_\_\_

11. Plus Administrative Fee \$ \_\_\_\_\_

12. Plus Supplemental Prem. Report \$ \_\_\_\_\_

13. TOTAL PREMIUM DUE \$ \_\_\_\_\_

PLEASE MAKE CHECK PAYABLE:

BOSTON MUTUAL LIFE INSURANCE COMPANY-G  
 PO Box 55154 • Boston, MA 02205-5154  
 1-800-669-2668 ext. 700 • FAX 1-781-770-0575  
 grpadmin@bostonmutual.com

• **GROUP INSURANCE TRANSACTION REPORT** •

POLICY NO. <b>G -</b>	DIV #	POLICYHOLDER NAME	INSURANCE PERIOD BEGINNING		
			MONTH	DAY	YEAR

(+)

CERTIFICATE NUMBER	INSURED'S NAME (LAST, FIRST, M.I.)	**	SEX	DATE OF BIRTH MO DAY YR	GROUP LIFE	GROUP AD&D	DEP. LIFE	GROUP STD	CLASS	GROUP LTD	# MOS. RETRO

**LIVES ADDED:**  
**TOTAL VOLUME OF INSURANCE ADDED:**


(-)


**LIVES CANCELED:**  
**TOTAL VOLUME OF INSURANCE CANCELED:**


\*\* = N IF NAME CHANGE (LIST NEW NAME THEN OLD NAME IN PARENTHESES)  
 A IF ADDITION OF NEW OR REINSTATEMENT OF EMPLOYEE  
 I IF INCREASE OF PRESENT EMPLOYEES INSURANCE  
 C IF CANCELLATION OF EMPLOYEE  
 D IF DECREASE OF PRESENT EMPLOYEES INSURANCE