STAR·LINE GROUP

Aggregate Only Medical Stop Loss
Monthly Premium Statement

Group Name

Policy Effective Date:
Policy Expiration Date:
Report for the Month of:

Policy #:

AGGREGATE PREMIUM CALCULATION

	# OF COVERED INDIVIDUALS **		RATE		MONTHLY COST
Total Employees:		X		=	

TOTAL AGGREGATE PREMIUM:

**** Enrollment counts should include COBRA participants and retirees, if applicable ****

ADJUSTMENT EXPLANATION

TOTAL ADJUSTMENTS:

TOTAL GROSS PREMIUM DUE:

Monthly Report Produced By: **Date:**

REMITTANCE PAYABLE BY THE 1st OF EACH MONTH
ALL PREMIUM QUESTIONS SHOULD BE DIRECTED TO STAR LINE GROUP AT 1-800-500-4364
CONTACT STAR LINE GROUP AT ABOVE NUMBER FOR OVERNIGHT ADDRESS
PLEASE MAIL TO OUR LOCKBOX ADDRESS AT:
Star Line USA, LLC
c/o PNC Bank
2027 Solution Center
Chicago, IL 60677-2000