



## 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:	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
<b>TOTAL AGGREGATE PREMIUM:</b>					<input type="text"/>

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

### ADJUSTMENT EXPLANATION

TOTAL ADJUSTMENTS:

TOTAL GROSS PREMIUM:

SURPLUS LINES TAX %

TOTAL PREMIUM + TAX 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