

Premium/Fee Report

Current Date _____
 Client Name _____
 Client Street Address _____
 Client Address—City, State and ZIP Code _____
 Premium/Fee Due Date _____
 Paying To Date _____

Policy Number _____
 Division Number _____
 Division Name _____

<u>Coverage Description</u>	<u>Class Code</u>	<u>Number Insured</u>	<u>Premium/Fee Rate</u>	<u>Calculated Premium/Fee Due</u>
Aggregate Stop Loss				
Employee Only	_____	_____	_____	_____
Aggregate Only	_____	_____	_____	_____
Specific Stop Loss				
Employee Only	_____	_____	_____	_____
Employee With Family	_____	_____	_____	_____

(A) Premium/Fee Due _____
 (B) Premium/Fee Adjustments _____
 (C) Total Amount Due (A+/-B) _____
 (D) _____% Commissions Deducted _____
 (E) Net Amount Due (C-D) _____
 (F) Total Remitted _____
 (G) Balance Due (E-F) _____

Please pay premium as billed and indicate policy number(s) on your check. Complete the Premium/Fee Report and adjustment (if applicable) and submit.

Group Premium and Enrollment Services
Mutual of Omaha
P.O. Box 802251
Kansas City, MO 64180-2251

Premium/Fee Adjustments

Current Date _____

Client Name _____

Premium/Fee Due Date _____

Client Street Address _____

Paying To Date _____

Client Address—City, State and ZIP Code _____

Policy Number _____

Division Number _____

Division Name _____

Coverage Description	Class Code	Number Insured	Premium/Fee Rate	Calculated Premium/Fee Due
Aggregate Stop Loss				
Employee Only	_____	_____	_____	_____
Aggregate Only	_____	_____	_____	_____
Specific Stop Loss				
Employee Only	_____	_____	_____	_____
Employee With Family	_____	_____	_____	_____

Total Premium/Fee Adjustments _____