

SELF-BILLING PREMIUM REMITTANCE FORM

Group Name:

Policy Year:

Coverage:

Contact Name: _____

Month: _____

Aggregate Premium:	Total Medical Lives Covered:	<input type="text"/>
	Aggregate Rate:	<input type="text"/>
	Composite:	<input type="text"/>
	Total Aggregate Premium Due:	<input type="text"/>
Specific Premium:	Single Medical Lives Covered:	<input type="text"/>
	Single Rate:	<input type="text"/>
	Single Medical Premium Due:	<input type="text"/>
	Family Medical Lives Covered:	<input type="text"/>
	Family Rate:	<input type="text"/>
	Family Medical Premium Due:	<input type="text"/>
	TOTAL PREMIUM DUE:	<input type="text"/>

Instructions:

- (1) Make sufficient copies of self-billing form for entire policy year.
- (2) Complete form, calculating the premium due.
- (3) Premium is due by the 1st of each month. (ex. January premium is due January 1st)
- (4) Make check payable to: **Boston Mutual Life Insurance Company**
- (5) Mail check accompanied by the self-billing form to:

GreenWood International Insurance Services Inc.
77 Main Street, 3rd Floor
Hopkinton, MA 01748

- (6) Please direct premium questions to: **Melanie Levine (1-508-497-9051)**