

XYZ CORPORATION

Policy Nbr: 0012345
 Contract Id: 999999000000

Bill Cntl-ID: 11111111-00
 Bill From: 2016-07-01
 Bill Thru: 2016-07-31

ID NO.	NAME	BASIC LIFE AMT	BASIC PREM	BASIC AD&D PREM	SUPP LIFE AMT	SUPP LIFE/AD&D PREM	DEP PREM	TOTAL SUPP LIFE PREM	BKC CRED	TOTAL DUE
***-**-1234	DOE, JANE	-	0.00	0.00	-	0.00	0.00	0.00	0.00	0.00
***-**-5678	DOE, JOHN	-	0.00	0.00	-	0.00	0.00	0.00	0.00	0.00

TOTALS: #LIVES: 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

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*****IMPORTANT - THIS PAGE WILL BE USED TO CREDIT YOUR ACCOUNT, PLEASE RETURN THIS NOTICE WITH YOUR PAYMENT*****

IDENTIFICATION NUMBER	NAME	EFFECTIVE DATE OF CHANGE	SALARY/COVERAGE	TERM, REINSTATEMENT, OTHER	PREMIUM ADJUSTMENT	COMMENTS

TOTAL PREMIUM BILLED \$ 0.00
TOTAL PREMIUM ADJUSTED \$ _____
TOTAL AMOUNT PAID \$ _____

Date signed	Authorized signature X
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