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PREMIUM REPORT

Policy Number:		Group Name:	
Effective Date:		Reporting Period:	

SPECIFIC

Coverage	Census		Rate per Month		Monthly Premium	
Single Employee Count:		x		=		
Employee + Spouse Count:		x		=		
Employee + Dependent(s) Count:		x		=		
Family Count:		x		=		
Total All Specific Counts Monthly Premium:	→					Net Premium Payable
Less (-) Commissions:			%	=		=

AGGREGATE & AGGREGATE ACCOMMODATION

Total Employees (Aggregate):	Census		Rate per Month		Monthly Premium	Net Premium Payable
		x		=		
Less (-) Commission:			%	=		=
Total Employees (Accommodation):		x		=		Net Premium Payable
Less (-) Commission:			%	=		=
Terminal Liability Option:		x		=		=

Total All Coverage Net Premium Due:	=	
Less Amount Paid:	=	
Balance (Credit) Due:	=	