



PREMIUM WORKSHEET

Please submit this form to:
 The Union Labor Life
 Insurance Company
 Stop Loss Claims Billing
 8403 Colesville Rd., 13th Floor • Silver Spring, MD 20910
 Toll free: 1-888-222-8573 • Fax: 1-202-682-6920

Billing Inquiries: Phone 1-888-222-8573 **Email:** premiumbilling@ullico.com

Client		Policy Number		Premium Due Month
Group Name:				
Attn:		email		
Address or PO box		All Payments are Due within 31 days of the Premium Due Month. Payments received after 31 days are subject to termination.		
City, State Zip				

PREMIUM CALCULATION WORKSHEET FOR THE MONTH OF _____

Coverage	Bill Class	Current Lives	Rate	Adjustment Amount	Total Class Due
STOP LOSS-		(A)	(B)	(C)	(A x B) ± C
Specific Premium			\$		
Specific Premium			\$		
Aggregate Premium			\$		
Rate Adjustment Amount. See Payments/Notes below.					
PAY THIS AMOUNT					

PRIOR MONTH(S) ADJUSTMENTS TO BE INCLUDED ON THIS WORKSHEET

Coverage	Bill Class	Month	Lives	Rate	Adjustment Amount	
STOP LOSS			(A)	(B)	(C)	
Specific Premium						Enter Adjustment Amount in column (C) above
Specific Premium						
Aggregate Premium						
			TOTAL		TOTAL	