



USBenefits
Insurance Services, LLC

Premium Remittance

Date:

Contract Holder:

Report Month:

Prepared By:

Report Year:

Commission:

Remittance:

REPORT MONTH

ADJUSTMENTS

Coverage:		SPECIFIC					
Tier	Count	Rate	Premium	Count	Rate	Premium	
1			\$			\$	
2			\$			\$	
3			\$			\$	
4			\$			\$	
Subtotal:			\$			\$	

Coverage:		AGGREGATE					
Tier	Count	Rate	Premium	Count	Rate	Premium	
1			\$			\$	
2			\$			\$	
3			\$			\$	
4			\$			\$	
Subtotal:			\$			\$	

Report Month Premium: \$

Adjusted Premium: \$

TOTAL GROSS PREMIUM: \$

Commission: \$

Premium Remitted: \$

877.877.4USB (4872)

USBenefits Insurance Services, LLC
dba Employer Stop Loss Insurance Services, LLC (CA only)



info@usbstoploss.com | www.usbstoploss.com

43 Corporate Park, Suite 101, Irvine, CA 92606

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