

PREMIUM SUBMISSION WORKSHEET

If you have any questions on how to fill out the premium submission form, please contact Donna Yaun at dyaun@umexperts.com or call (855) 315-5088. We will also provide ACH and Wire Transfer Routing information upon request.



Policy Holder _____

Coverage _____

Third Party Administrator _____

TPA Premium Contact/Phone No. _____

Coverage	Census Number	Rate	Gross Premium
Single Lives		\$ -	\$ -
Employee and Spouse		\$ -	\$ -
Employee and Child		\$ -	\$ -
Family Lives		\$ -	\$ -
Total Gross:			\$ -
Commission Rate:			\$ -
Total (A):			\$ -

Coverage	Census Number	Rate	Gross Premium
*Aggregate		\$ -	\$ -
Conversion Coverage		\$ -	\$ -
Terminal Liability Coverage		\$ -	\$ -
Commission Rate:			\$ -
Total (B):			\$ -
Combined Total:			\$ -

- *NOTES**
- 1 Aggregate attachment point should be calculated with the coverage lives at the beginning of each month.
 - 2 Terminated employee adjustments should be made prior to entry.
 - 3 Prior period adjustments to premium should be made on a separate worksheet and cannot exceed three months.