OSBA INSURANCE TRUST
GROUP LIFE INSURANCE PREMIUM STATEMENT

SEND PAYMENT TO:

SCS
ATTN: Employee Benefits
P.O. Box 810
New Cumberland, PA 17070

SD I.D.#_____

School District _____

Premium Period _____
month year

GROUP LIFE INSURANCE

	Number of lives					
Coverage	Last Month	Add or Subtract	Total in force	Volume of Insurance	Billing Rate	Monthly Premium
Group Life Insurance					_____ per $1,000	$
Accidental Death/ Dismemberment					_____ per $1,000	$
Adjustments (Attach letter)					_____ per $1,000	$
				Total Premium Due		$
_____ Prepared by				***ACCOUNTING USE ONLY***		
_____ Date						
_____ Phone Number (including extenstion)						

PLEASE NOTE THE FOLLOWING INSTRUCTIONS

- Statements are due no later than the **first** of the covered month.
- Make your payment payable to **School Claims Service**.
- Attach a letter of explanation for all adjustments.
- Keep a copy of the statement for your records.
- Call the PSBA Insurance Trust Accounting Dept. at (800) 932-0588 with all inquiries.