

**OSBA INSURANCE TRUST
SUPPLEMENTAL 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 _____

SUPPLEMENTAL LIFE INSURANCE

Age	Rate per \$1,000	Number of Lives			Volume of Insurance	Monthly Premium
		Last Month	Add or Subtract	Present in Force		
Under 25						
25 - 29						
30 - 34						
35 - 39						
40 - 44						
45 - 49						
50 - 54						
55 - 59						
60 - 64						
65 - 69						
70 & Over						
Adjustments (Attach separate sheet with details)						
Total Premium Due						
<i>Accounting use only</i>						
Prepared by _____						
Date _____						
Phone # (including extension) _____						

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.