

**PSBA INSURANCE TRUST  
GROUP LIFE INSURANCE PREMIUM STATEMENT**

<p><b>SEND PAYMENT TO:</b></p> <p>PSBA Insurance Trust ATTN: Accounting Dept. P.O. Box 2042 Mechanicsburg, PA 17055</p>
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SD I.D.# \_\_\_\_\_

School District \_\_\_\_\_

Premium Period \_\_\_\_\_  
month year

**GROUP LIFE INSURANCE**

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

**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.