

**PSBA INSURANCE TRUST**  
**LONG TERM DISABILITY INSURANCE PREMIUM STATEMENT**

**SEND PAYMENT TO:**  
  
 PSBA Insurance Trust  
 ATTN: Accounting Dept.  
 P.O. Box 2042  
 Mechanicsburg, PA 17055

SD I.D.# \_\_\_\_\_

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

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

**LTD INSURANCE**

Classifications	Number of lives			Total Monthly Insured Payroll	Billing Rate	Monthly Premium
	Last Month	Add or Subtract	Total in force			
<b><u>Administration</u></b>					_____ per \$100 of payroll	\$ _____
<b><u>Professional</u></b>					_____ per \$100 of payroll	\$ _____
<b><u>Support</u></b>					_____ per \$100 of payroll	\$ _____
<b><u>Adjustments</u></b> (Attach letter)					_____ per \$100 of payroll	\$ _____
				<b>Total Premium Due</b>		\$ _____
Prepared by _____				<b>ACCOUNTING USE ONLY</b>  _____ Premier _____ Standard _____ Flex _____ STD		
Telephone Number (including extension) _____						
Date _____						

**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.