

PSBA INSURANCE TRUST
SHORT 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

SHORT TERM DISABILITY INSURANCE

Classifications	Number of lives			Total Weekly Insured Payroll	Billing Rate	Monthly Premium
	Last Month	Add or Subtract	Total in force			
<u>Administration</u>					_____per \$10 of payroll	\$ _____
<u>Professional</u>					_____per \$10 of payroll	\$ _____
<u>Support</u>					_____per \$10 of payroll	\$ _____
<u>Adjustments</u> (Attach letter)					_____per \$10 of payroll	\$ _____
				Total Premium Due		\$ _____
Prepared by _____						
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.