



HCC Life Insurance Company
 11100 Wayzata Blvd, Suite 350, Minnetonka, Minnesota 55305
 main 877 843 5743 facsimile 763 647 5015

Policyholder	Policy #	Coverage Type	Effective Date
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For the Month of: _____ Premium must be received by: _____

Make checks payable to: HCC Life Insurance Company (Federal Tax ID # 35-1817054)

Send payment to: HCC Life Insurance Company, P.O. Box 277906, Atlanta, GA 30384-7906

Premium Analyst Contact:

Please include the premium transmittal form with each payment.

If sending payments via EFT, please email the premium transmittal form to HCRMPremiumRemit@HCCLife.com the same day as funds are transmit.

Line of Coverage	Estimated Enrollment	Rate	Current Premium	Previous Month Adjustment			Rate	Adjustment	Total
				Estimated Enrollment	Actual Enrollment	Difference			

Excess Of Loss
 Member x = (A) - = 0 x = (B) (A + B)

Enclosed Adjusted Premium

Prepared by: _____
 Title: _____

Date: _____
 Phone #: _____

*** If there are adjustments, please identify which month they belong to: _____

Premiums Must be remitted by the end of the Grace Period. Policy is subject to termination without prior notice if premiums are received past the Grace Period