



**TOKIO MARINE  
HCC**

Tokio Marine HCC – Stop Loss Group  
225 TownPark Drive NW, Suite 350  
Kennesaw, GA 30144 USA  
Tel: 800-447-0460

Policyholder \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Administrator \_\_\_\_\_ Reporting Month \_\_\_\_\_

Coverage	Current Census	Prior Census *	Total Census	Gross Rate	Gross Premium
Specific	_____	_____	_____	X	_____
	_____	_____	_____	X	_____
	_____	_____	_____	X	_____
	_____	_____	_____	X	_____
Aggregate	_____	_____	_____	X	_____
Terminal Liability	_____	_____	_____	X	_____
MDAR	_____	_____	_____	X	_____

**Total Gross Premium Due:** \_\_\_\_\_

Please make checks payable to: **HCC Life Insurance Company**  
 Mailing Address: **P.O. Box 402032**  
**Atlanta GA 30384-2032**  
 Federal Tax ID Number: 35-1817054

Supporting documentation is required with each payment.  
 \* Prior month adjustments are limited to the preceding 3 months.  
 Premiums must be received by the last day of the Reporting Month

**Policy is subject to termination without prior notice if premium is not received prior to the end of the month due.**

In the event we have questions regarding the payment please provide Contact Information below:

Contact Person: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_