



CENTRAL RESERVE LIFE INSURANCE COMPANY

17800 Royalton Road • Cleveland, OH 44136-5197 • 440-572-2400
 www.centralreserve.com • www.ceresgp.com

**LIST BILL STATEMENT
 CALCULATION SHEET**

A List Bill Statement is available only to Employees of a common employer who has agreed to:

1. Receive premium billing statements directly from CRL.
2. Collect the premiums through payroll deduction.
3. Submit the collected premium directly to CRL

(In the State of South Carolina, premium payment must be made payable to the ECA)

List Bills are not permitted in: North Carolina, Tennessee, and Wisconsin. List Bills are also not permitted for self-employed individuals in the state of Mississippi.

TO CRL:

Please send List Bill Statements to the employer/company at the following address:

EMPLOYER/COMPANY NAME:		NATURE OF BUSINESS		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
EMPLOYER CONTACT PERSON		TELEPHONE ()		

To The Employer:

If the premium is paid through payroll deduction, I as the employer certify that I am not paying any portion of the premium.

Date: _____ Signature of Authorized Employer Representative: _____

Requested Effective Date: _____

APPLICANT'S NAME	TYPE OF PLAN	PREMIUM (1)	LIST BILL FEE (2)	TOTAL PREMIUM
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

IMPORTANT NOTICE TO EMPLOYER CONCERNING FEES:

1. Include Monthly Administration Charge, Association Dues, and Care Coordination Fee.
2. The List Bill Fee does not apply to the Supplemental Products

NOTE: Fees are billed on a monthly basis, and are non-refundable.

Total Premium & Dues \$	
Administrative Charges \$	
Total Due \$	