

# AIG Employee Choice Dental

## EXPLANATION OF YOUR PREMIUM STATEMENT

1. Month that your firm is being billed.
2. Firm account number.
3. Date premium is due.
4. Firm name and billing address.
5. Amount billed/received prior month.
6. Four digit employee identification number.
7. The name section shows the name of the insured employee and any activity that might occur in the current month's statement.
8. Coverage codes:
  - E = Employee
  - C = Employee + 1 Dependent Child
  - S = Employee + 1 Dependent Spouse
  - F = Employee + 2 or more Dependents
9. This section shows premium due for any of the specified plans.
10. Total premium for all coverage(s) on each employee and dependent, if applicable.
11. This message reflects addition of employee with effective date and retroactive adjustment.
12. Employee terminated with effective date and retroactive adjustment.
13. Coverage code change with retroactive adjustment.
14. Shows number of employees and the premium per employee for optional fiduciary responsibility errors and omissions coverage required under Title I of ERISA.
15. Total amount of premium for all the coverage your employees have.
16. Address where premium payment and statement should be remitted.
17. Balance from previous bill.
18. Credits/debits for added or terminated employees.
19. Any type of credit or debit that have been manually added to your statement.
20. Over/under premium received over or under the amount billed.
21. Administration/firm fees: charges for administering account.
22. Install fees - fee to add new employees. Does not apply to ChoicePlus, TripleChoice or AIG Employee Choice Dental.
23. Total current premium firm owes including any charges/credits that may have occurred in items 17-22.
24. This section should be used for any changes or deletion of employee coverage:
  - A. Check the appropriate box for change or delete.
  - B. Print social security number.
  - C. Print last name.
  - D. Check boxes of plan affected.
  - E. Check if changing dependent status.
  - F. List effective date of change.
  - G. List new name, salary or life volume.

**PREMIUM STATEMENT**

KELSEY NATIONAL CORPORATION  
 3030 SOUTH BUNDY DRIVE  
 LOS ANGELES, CA. 90066  
 (310) 390-1000 • (800) 366-5656 • FAX (310) 391-6534

**AIG Employee  
 Choice Dental**

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1	COVERAGE MONTH 05/01/1999	ACCOUNT NUMBER 920001	2
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3 DUE DATE: 15<sup>th</sup> OF MONTH PRIOR TO COVERAGE MONTH.

5 1. AMOUNT BILLED LAST PERIOD

2. AMOUNT RECEIVED, THANK YOU

COVERAGE CODES  
 E = EMPLOYEE  
 C = EMPLOYEE/CHILD  
 S = EMPLOYEE/SPOUSE  
 F = FAMILY

PLEASE RETURN THE ENTIRE REMITTANCE COPY WITH YOUR CHECK

CERT. NO.	NAME	COV CODE	DENTAL VISION	LTD PREMIUM VOLUME	STD PREMIUM	BENEFIT	COV CODE	LIFE PREMIUM	AD&D PREMIUM	TOTAL PREMIUM
6	7	8	9							10
0000	DAVIS, HENRIETTA	C	16.50							14.50
1234	ADDITION EFFECTIVE 04/01/1999		16.50							14.50
7298	JOHNSON, SHARON	E	26.93							26.93
8797	JONES, SHEILA		26.93-							26.93-
12	TERMINATED EFFECTIVE 04/01/1999		51.17							51.17
6653	LEWIS, CHARLES	5	51.17							51.17
5582	MCCOY, LOUIS	5	25.59-							25.59-
13	COVERAGE CODE CHANGE 04/01/1999		28.29							28.29
0903	THOMAS, MAIYA									
	PRODUCT EFFECTIVE 04/01/1999									

SAMPLE

14 FIDUCIARY COVERAGE ( 0 @ \$2.15 )

15 TOTAL CURRENT PERIOD PREMIUM 145.77

17 BALANCE FORWARD 7.73-

18 ADJUSTMENTS 7.73-

19 MANUAL ADJUSTMENTS 0

20 OVER/UNDER 0

21 FIRM/ADMIN. FEES 22.00

22 INSTALL FEES 22.00

23 TOTAL DUE 160.04

PLEASE MAKE CHECK PAYABLE TO:  
 AIG EMPLOYEE CHOICE DENTAL  
 REMITTANCE ADDRESS:  
 DEPARTMENT LA 22073  
 PASADENA CA 91185-2073

REPORT EMPLOYEE CHANGES HERE

CHANGE DELETE	SS#	LAST NAME	ALL PLANS	DENTAL	VISION	LTD	STD	LIFE	AD&D	COV CODE CHANGES FROM TO	EFFECTIVE DATE OF CHANGE	NEW NAME, SALARY, OR LIFE VOLUME

PLEASE SEE BACK OF STATEMENT FOR IMPORTANT INSTRUCTIONS

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