

**PREMIUM REMITTANCE WORKSHEET**

**Policyholder:**

**Policy Period:**

**Coverage Month:**

**Carrier: Companion Life Insurance  
Company**

| Coverage Units                         | Rate | Premium  |
|--|------|----------|
| Single _____ X _____                   | =    | _____    |
| Family _____ X _____                   | =    | _____    |
| Aggregate _____ X _____                | =    | _____    |
| Accom. _____ X _____                   | =    | _____    |
| <b>Total</b> _____                     |      | \$ _____ |
| <b>Commission</b> _____                |      | = _____  |
| <b>Total Net Premium:</b>              |      | \$ _____ |
| <b>Less/Add prior month adjustment</b> |      |          |
| Single _____ X _____                   | =    | _____    |
| Family _____ X _____                   | =    | _____    |
| Aggregate _____ X _____                | =    | _____    |
| <b>Total Premium Remittance</b>        |      | _____    |

**\*\*Retroactive Adjustments to enrollments will only be considered for a maximum of 3 months\*\***  
**It is a requirement of the carrier that premium is received within the month due. The actual due date is the 1<sup>st</sup> of the month. It is also a requirement of the carrier that if premium is not received by the 15<sup>th</sup> of the month following, coverage will be terminated for non-payment of premium.**

Please Make Checks Payable to: **Companion Life Insurance Company and mail to;**

International Specialty Underwriters, Inc.  
 6621 Southpoint Dr. North, Ste. 325  
 Jacksonville, FL 32216  
 904-281-2151 / 904-281-0384 fax

Remitted By: \_\_\_\_\_  
 Position: \_\_\_\_\_ Date: \_\_\_\_\_