

PREMIUM REMITTANCE WORKSHEET

Policyholder:

Policy Period:

Coverage Month:

**Carrier: Gerber Life Insurance
Company**

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

****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 1st of the month. It is also a requirement of the carrier
that if premium is not received by the 15th of the month following, coverage will be
terminated for non-payment of premium.

Please Make Checks Payable to: **Gerber 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: _____