

**NATIONAL UNDERWRITING SERVICES, INC.**

**MONTHLY PREMIUM REPORT**

Group Name \_\_\_\_\_  
 For Mo. of: \_\_\_\_\_  
 Group No: \_\_\_\_\_

	<u># OF Emp.</u>	<u>VOLUME</u>	<u>RATE/ 1000</u>	<u>GROSS PREMIUM</u>	<u>LESS _____% BROKER COMM.</u>	<u>NET PREM. DUE</u>
BASIC LIFE	_____	_____	_____	_____	_____	_____
AD&D	_____	_____	_____	_____	_____	_____
DEP. LIFE	_____	_____	_____	_____	_____	_____
WEEKLY INC.	_____	_____	_____	_____	_____	_____
IND. MED.	_____	*****	_____	_____	_____	_____
FAM. MED.	_____	*****	_____	_____	_____	_____
AGGREGATE	_____	*****	_____	_____	_____	_____
TOTAL ADJ (Carry totals to page 1)	_____	_____	_____	_____	_____	_____

**This form is to be completed for any changes effecting prior month premium due to late termination/enrollment card addition.**