



**TOKIOMARINE
HCC**

Tokio Marine HCC – A&H Group
225 TownPark Drive NW, Suite 350
Kennesaw, GA 30144 USA
Tel: 800-447-0460

Policyholder _____ Effective Date _____
 Policy Number _____
 Administrator _____ Reporting Month _____

Coverage	Current Census	Prior Census *	Total Census	Gross Rate	Gross Premium
Specific	_____	_____	_____	X _____	_____
	_____	_____	_____	X _____	_____
	_____	_____	_____	X _____	_____
	_____	_____	_____	X _____	_____
Aggregate	_____	_____	_____	X _____	_____
Terminal Liability	_____	_____	_____	X _____	_____
MDAR	_____	_____	_____	X _____	_____

Total Gross Premium Due: _____

Please make checks payable to: **HCC Life Insurance Company**
 Mailing Address: **P.O. Box 402032**
Atlanta GA 30384-2032
 Federal Tax ID Number: 35-1817054

Supporting documentation is required with each payment.
 * Prior month adjustments are limited to the preceding 3 months.
 Premiums must be received by the last day of the Reporting Month

Policy is subject to termination without prior notice if premium is not received prior to the end of the month due.

In the event we have questions regarding the payment please provide Contact Information below:

Contact Person: _____
 Telephone Number: _____
 Email Address: _____