

# M-D UNDERWRITING SERVICES, INC.

1880 General George Patton Drive, Suite 102  
Franklin, Tennessee 37067  
Phone: 615-662-3535 Fax: 615-662-3544

## MONTHLY PREMIUM AND ENROLLMENT FORM

MONTH OF \_\_\_\_\_

**Premiums are due at the above address on the 1st of each month being paid and must be received by the 30th of the month. Please make check payable to M-D Underwriting Services, Inc.**

Date: \_\_\_\_\_ **CONTRACTHOLDER:** \_\_\_\_\_  
Prepared by: \_\_\_\_\_ Contract No: \_\_\_\_\_  
\_\_\_\_\_ Contract Effective Date: \_\_\_\_\_

<u>SPECIFIC</u>	In Force Last Month	+	Adds	-	Terms	=	Current In Force	+/-	Backcharges Backcredits	=	Adjusted Enrollment	<b>Gross</b> Rate	<b>x</b>	=	<b>Gross</b> Premium
Single	_____	+	_____	-	_____	=	_____	+/-	_____	=	_____	<b>x</b>	_____	=	_____
Family	_____	+	_____	-	_____	=	_____	+/-	_____	=	_____	<b>x</b>	_____	=	_____
<b>Specific Sub-Total</b>														=	_____

AGGREGATE

Per Employee \_\_\_\_\_ + \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_ +/- \_\_\_\_\_ = \_\_\_\_\_ **x** \_\_\_\_\_ = \_\_\_\_\_  
Less commission of 0%: \_\_\_\_\_  
Total Specific + Aggregate Medical Premium (**NET**) = \_\_\_\_\_

Please list any covered individuals who are currently on **COBRA EXTENSION**. All individuals should remain listed until no longer on Extension.

Name	Relationship to Employee	Date Extension Began	Date Extension Terminated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____