



Premium Deposit Statement

Group Name: _____

Effective Date: _____

Plan 1	Plan Selected: _____ Check # _____			
	<u>Premium Rate \$</u>	<u>Subscriber #</u>	<u>Total</u>	
Individual	_____ X	_____ =	_____	
EE/SP	_____ X	_____ =	_____	
EE/Ch(ren)	_____ X	_____ =	_____	
Family	_____ X	_____ =	_____	
	Total Deposit			\$ _____

Plan 2 <i>(if applicable)</i>	Plan Selected: _____ Check # _____			
	<u>Premium Rate \$</u>	<u>Subscriber #</u>	<u>Total</u>	
Individual	_____ X	_____ =	_____	
EE/SP	_____ X	_____ =	_____	
EE/Ch(ren)	_____ X	_____ =	_____	
Family	_____ X	_____ =	_____	
	Total Deposit			\$ _____

Employer Signature: _____ Date: _____

Title: _____

For Harvard Pilgrim Health Care Use Only
<u>Group/Division Number:</u>
Plan 1: _____/_____
Plan 2: _____/_____