



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: _____

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