

Each month, you will need to complete/verify the current month's information on the billing template. Before completing your monthly calculations, write your **Group Name, Group Number, Due Date** (first day of the coverage month) and **Billing Period** (coverage month) in the space provided at the top of the worksheet.

Calculations

- **Current Coverages of Insurance Inforce** - Type of coverage or coverage class: specific and/or aggregate.
- **Prior Month Premium** - New customers should leave this blank. Renewing customers should enter the previous month's premium.
- **Inforce Lives from Last Statement** - Number of insured employees reported for the prior month. If a retroactive adjustment is necessary, calculate the required premium adjustment and enter the adjustment in the Prior Month(s) Adjustments column and explain the adjustment in the space provided.
- **Net Changes** - Difference of the number of lives reported for the prior month and the current inforce number of lives.
- **Current Inforce Lives** - Number of insured employees for the current billing period (sum of the Inforce Lives from Last Statement and the Net Changes).
- **Current Premium Rates** - Enter your current premium rate as specified in your contract
- **Unadjusted Premium** - Current Inforce Lives multiplied by the current premium rate.
- **Prior Month(s) Adjustments** - Net result of any retroactive adjustments for which you need to pay or take a credit. Enter the appropriate dollar amount and, for auditing purposes, explain the reasons for the adjustment(s) in the area provided at the bottom of the statement.
- **Adjusted Premium** - Sum of the Unadjusted Premium and the Prior Month(s) Adjustments.
- **Current Premium Due** - Sum of the Adjusted Premium column.
- **Total Premium Remitted** - Dollar amount of the check or wire transfer to be remitted.
- **Difference** - Current Premium less Total Premium Remitted.

If a premium adjustment is necessary due to an incorrect number of lives being reported in a previous month, the number of lives that were over or under stated should be multiplied by the effective premium rate at the time the discrepancy occurred. This amount should be entered as a Prior Month(s) Adjustment, and the appropriate explanation should be provided in the space allocated on the statement.

If you would like an excel template that calculates your monthly premium, please contact your Sales Representative.

Payments

Upon completing the current month's statement, **save the file** and send a copy of the statement with your payment. **Make sure to send the statement even if no premium is owed or a credit balance exists on your account.**

There are three payments options available:

1. **Payment by Check:** Mail the check and a copy of the statement to:

HM Life Insurance Company of New York
P.O. Box 382111
Pittsburgh, PA 15251-8111

Or Overnight to:

HM Life Insurance Company of New York
Mellon Global Cash Management (Attn: 382111)
500 Ross Street 154-0455
Pittsburgh, PA 15250-8111

2. **Payment by Wire Transfer:** To obtain bank information, send a request to hmigbilling@hmig.com or call Billing Services at **800-328-5433**. Once the wire transfer is complete, the billing statement and wire transfer confirmation should be faxed or emailed to:

Fax: 412-544-1160
Email: hmigbilling@hmig.com
Attention/Subject: Group Billing – Wire Transfer

3. **eBill:** HM's ebill is a web-based application with 24/7 accessibility providing invoice presentation, storage and payment solutions to improve operational efficiencies. With ebill you can:

- View invoices, enter headcounts and make payments
- Download, print and store invoice, payment and record information
- Automatically calculate monthly premium
- Set up payment due and payment status reminders
- Establish multiple user roles for your group
- Access HM Stop Loss, Davis Vision and United Concordia Dental products with single sign-on



Contact Billing Services at hmigbilling@hmig.com or **800-328-5433** to learn more.

TIRED OF COMPLETING TEMPLATES EVERY MONTH?
Speed up your billing process and eliminate potential errors with eBill.
Learn more at hmig.com/ebill | **HM** INSURANCE GROUP



Premium Payments and Correspondence to:
Checks made payable: HM Life Insurance Co of New York
P.O. Box 382111, Pittsburgh, PA 15251-8111
or Overnight Lockbox Address:
Mellon Global Cash Management (Attn: 382111)
500 Ross Street 154-0455, Pittsburgh, PA 15250-8111

Group Name: _____

Group Number: _____

Due Date: ____ / ____ / ____ **Billing Period:** ____ / ____ - ____ / ____

Current Coverages of Insurance Inforce (specific and/or aggregate)	Prior Month Premium	Inforce Lives From Last Statement	Net Changes	Current Inforce Lives	Current Premium Rates / /	Unadjusted Premium	Prior Month(s) Adjustments*	Adjusted Premium

Check Number: _____

Date: _____

Prepared By: _____

Current Premium Due:	
Total Premium Remitted:	
Difference:	

FOR HOME OFFICE USE ONLY	*Explain Prior Month(s) Adjustments:
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Billing Inquiries: 800.328.5433
Fraud Hotline: 888.842.5699
Email Inquiries: hmigbilling@hmig.com

RETURN A COPY OF THIS STATEMENT WITH PAYMENT

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