CHAPTER 11 — LOCAL GOVERNMENT EMPLOYERS PREMIUM BILLING AND REMITTANCE

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1100 Premium Billing and Remittance Instructions

A. MLIC mails a billing to the employer prior to the first of each calendar month. Each billing will include the following: (See Monthly Billing Example in Subchapter 1105.)

- Billing Totals Page
- Monthly Adjustments Form (Side One - Additions/Paid In Advance and Side Two - Deletes/Transfers/Name Change)
- Alphabetical Listing of Insured Employees
- Rate Table Page

Premiums are due for the coverage month indicated at the top of the Billing Totals Page. For example, a billing received by the employer about July 1 is for the coverage month of August. The due date for payment, the 20th of the month, appears at the bottom of the Billing Totals Page.

B. Prior to the due date, the employer must:

1. Review the alphabetical list of insured employees for accuracy. (See Subchapter 1101.)

2. If errors or omissions are found in the list of insured employees, complete the appropriate sections of adjustment pages to add, delete, or change information as appropriate. (See Subchapters 1102 and 1103.)

3. Complete the “Billing Totals Page”. (See Subchapter 1104.)

4. Make a copy of the "Billing Totals Page" and adjustment sheets for your records.

5. Issue a check for the amount entered in the "Pay This Amount" box on the “Billing Totals Page” made payable to "Minnesota Life Insurance Company". The total amount remitted must equal the amount due from all billed units.

6. Send the remittance, along with the "Billing Totals Page" and the monthly adjustment sheets to: Minnesota Life Insurance Company
P. O. Box 259708
Madison, WI 53725-9708

C. Adjustments

1. The adjustments that the employer makes will be processed by MLIC and any necessary credits or back charges will appear on the next month's billing. If the correct premiums have been remitted and a valid life insurance application has been processed, MLIC will add new employees from the Additions page.

2. A valid application must be on file for all employees before coverage becomes effective. If MLIC does not have a valid life insurance application for any coverage that has been added via the billing adjustment sheet, the employee's name will appear on the next billing with the following notation: "NOTE: INSURANCE APPLICATION HAS NOT YET BEEN APPROVED BY ETF - COVERAGE IS PENDING". When the valid application is received, this message will be deleted. If an application is not received after three months, the employee's name will be deleted and all premiums paid will be refunded to the employer.

3. MLIC will automatically change the employee premiums on the July 1 billing each year due to any or all of the following:

   a. Changes in the amount of coverage due to an increase in the employee's earnings as reported by the employer to the WRS.

   b. Changes in the amount of premium due to the employee moving to a higher premium rate category based on age.

   c. Changes in monthly premium rates as approved by the State Group Insurance Board. (Up-to-date premium rates can be found on the ETF Internet site etf.wi.gov.

   NOTE: Changes will be reported on the updated Annual Renewal Census that is sent to employers each spring. See Chapter 13 for more information regarding the Annual Renewal Census.

4. MLIC will automatically remove employee and premium contributions from the billing beginning with the month in which an employee reaches his or her 70th birthday.

1101 Alphabetical Listing of Insured Employees

The following is an explanation of the alphabetical listing found on page 3 of the sample billing. The letters below correspond to the circled letters on the sample listing found in Subchapter 1105 page 3.

A. The **Policy No**. of the Wisconsin Public Employers' Group Life Insurance Plan is 2832L-G.

B. The **Unit No.** identifies the employer in the MLIC system.

Larger employers may wish to divide their billings by department or payroll section. MLIC will divide any billing the employer desires provided the employer representative furnishes information to create another billing unit for this employer and the employee information for the new unit. Generally a photocopy of the alphabetical section of the billing, with those persons highlighted who will be on the new unit billing, will be sufficient.

C. The **ETF Empl Code** is the Employer Identification Number (EIN) beginning with 69-036-.

D. The **Premium Billing For**. . . is the month for which premiums remitted on this billing are due.

E. The **SS# (Social Security Number), Name, and Birth Date** are listed for each insured employee. The list includes any changes, additions, or deletions that were submitted on the previous month's billing adjustment sheets. Applications and cancellations that were received and processed by MLIC before the current monthly billing was printed are also included.

1. Employees appearing on the billing for the first time will be printed in bold.

2. Coverage for employees who were added as a result of the previous months adjustments, but for whom no application has been received will appear on the billing; however, coverage will not be in effect until the application is received and processed.

F. **Basic Prem** amount is the employee's share of the premium based on the employee's amount of coverage and age as of the preceding July 1. It does not include the employer's share of premium. The employer may pay all or part of the employee's share of premium; however, the billing is not changed to reflect this option.

G. **Suppl Prem** is the amount charged to the employee for supplemental coverage. This is an employee pay-all benefit without an employer share. The employer may elect to pay all or part if this premium; however, the bill is not changed to reflect this option.

H. **Addl Prem** is the amount charged to the employee for Additional coverage. The number in parenthesis to the right of the premium reflects the number of units the participant has chosen for the additional coverage. This increases the additional coverage by the number of units indicated. This is an employee-pay-all benefit without an employer share. The employer may elect to pay all or part of this premium; however, the billing is not changed to reflect this option.

I. **Sp/Dep Prem** is the amount charged to the employee for Spouse and Dependent coverage. This is an employee-pay-all benefit without an employer share. The employer may elect to pay all or part of this premium; however, the billing is not changed to reflect this option. Employees may elect either one or two units of coverage.

J. **Total Prem** is the total premium for Basic, Supplemental, Additional, and Spouse/Dependent that is attributable to each covered employee.

K. **Pd Adv Date** indicates the employee is still insured but is not being charged a premium because the premiums were paid in advance on a previous billing. When the billing statement for the month to which advance contributions are paid is printed, the monthly premiums will reappear in the proper columns.

EXAMPLE: On the August billing, the employee pays premium for the months of August through November. The billing for the months of September, October and November will reflect no premium due from the employee. This column will indicate that premiums are paid in advance to December 1. On the December billing, the employee will again be billed.

L. **Remarks** column is used to alert employers to information about the employee that may affect their premium or coverage.

EXAMPLES: "AGE 66," in the remarks column indicates that the individual is over age 65, still employed, and paying premiums.

"NO PREMS AGE 70" indicates that the employee is age 70 and will cease to pay premium. The employee's Spouse/Dependent, Supplemental, and/or Additional coverage will cease and Basic coverage will reduce to the final reduction amount.

M. The **Note:** at the bottom identifies the due date for premium payment. The due date is always the 20th of the month in which the billing is received. For example, the employer will receive the billing for August 2001 on or around July 1. The remittance must be received by MLIC by July 20.

N. *****Back Charges, Credits and Messages***** are listed under the names of employees who owe additional premiums or have refunds due.

EXAMPLE: The employer receives the application for Spouse and Dependent coverage on December 29. Coverage is effective January 1. MLIC receives the application on January 20, too late to be added to the February billing. A message is added under the employee's name on the March billing with a brief explanation such as: "Adjustment; S/D coverage effective 01/01/2001; Prems due for 1/01 & 2/01; Evidence on file".

NOTE: A minus (-) to the left of the number indicates a credit.

1102 Instructions for Monthly Adjustments - Additions/Paid In Advance

The Additions/Paid in Advance page of the Monthly Adjustments form is used to report employees who should be added to the billing. Normally upon receipt of an enrollment application or approved evidence of insurability form, MLIC will add the employee to the billing. If MLIC has not received the application in time for the monthly billing, the employer should add the employee information and include premium in their remittance. This commonly occurs when a new employee is immediately eligible for life insurance coverage or when an employee who continued to pay premium while on leave of absence returns to work. If there is a specific billing question call MLIC at (608) 277-8690. If there is a question on an employee's coverage, call ETF's Employer Communication Center at (608) 264-7900.

The following is an explanation of the "Additions/Paid in Advance" form, found on page 2, side one of the billing sample. (The letters below correspond with the letters on the sample form in Subchapter 1105.)

A. The **coverage month** and **year,** the employer's **unit name** and **unit number** appear on the top of the report.

B. Enter the employee's **Social Security number, name** and **date of birth**.

C. Enter the **code** that corresponds to the appropriate **reason for addition**. Refer to the "Codes for Reason for Addition/Pd in Advance" printed on the lower right corner of the form to determine the correct code to use. When using "O-Other Specify", attach a separate detailed explanation.

D. Enter the **effective date of addition** (MM/DD/CCYY). Refer to Subchapter 605 J., to determine the correct date. If this is new coverage, the date should be identical to the effective date entered on the *Life Insurance Application/Cancellation/Refusal* (ET-2304) or evidence of insurability approval *Notification of Underwriting Decision* (ET-2351). Do not use the date the form is completed.

E. Enter the **annual earnings amount.** If this is new coverage, the amount should be identical to the annual earnings entered on the *Life Insurance Application/Cancellation/Refusal* (ET-2304) or evidence of insurability approval *Notification of Underwriting Decision* (ET-2351). Place a check mark in either the "Estimate" or "Actual" **annual earnings box.** Refer to Subchapter 605 K., for details about determining the annual earnings.

F. In the **# of months owed** column, enter the number of months for which premiums are owed, including current month.

EXAMPLE: The employee's effective date is July 1 and the current billing month is August. Premiums are due for July and August. If the premiums did not appear on the July or August bill, record a "2" in this column.

G. **Premium Amount Owed**

1. Review the coverage types the employee has elected by referring to Section I of the *Life Insurance Application/Cancellation/Refusal* (ET-2304). Make sure the employee has elected only those coverages the employee is eligible for and the employer offers.

2. Determine the correct coverage amount for each elected coverage. (See Chapter 8 for more information on determining the coverage amount.)

3. Determine the premium amount for each elected coverage:

   a. Based on the age of each new employee as of the preceding July 1

   AND

   b. Multiply the premium rate by the coverage amount. (A rate table of the most current rates is printed on the last page of the bill.)

4. Multiply the monthly premium contributions(s) for each coverage type by the "# of Months Owed" and record the total(s) amount for each coverage type in the appropriate section.

   EXAMPLE: Employee has Basic Coverage Only
   Age = 21 years on previous July 1
   Monthly Premium Rate = $.05 per thousand
   Coverage Amount = $21,000
   Monthly Premium Contribution = $1.05
   2 Months Owed = $2.10

H. **Total Debit** section add the premium amounts in each column and enter the grand total in the appropriate box A1 through D1.

1103 Instructions for Monthly Adjustments - Deletes/Transfers/Name Change

Use the Monthly Adjustments-Deletes/Transfers/Name Change form to report information for employees who should be removed from the billing. Deletions may be necessary when an employee terminates employment, retires, dies, is on an approved leave of absence or layoff without pay and discontinues coverage, cancels coverage, etc.

The following is an explanation of the "Deletes/Transfers/Name Change" form: (The letters below correspond with the letters on the sample form in Subchapter 1105 side two, page 2.)

A. Enter the employee's **Social Security Number** and **Name**

B. **Actual Term Date**--Use the actual date the employee terminated employment, retired, died, etc., not the date the form was completed.

C. **Reason for Deletion**--Enter the code that corresponds to the appropriate reason for the delete. Refer to "Codes for Reason for Deletion" to determine the correct code to record. When using "O-Other Specify", attach a separate detailed explanation.

D. **Effective Date of Deletion**--The effective date is the first day of the month that premiums are no longer due. Enter the date the deletion becomes effective (MM/01/CCYY). See Chapter 16 for specific examples.

1. **Terminations**--Premiums must be submitted for an employee who terminates, quits or is fired for the month of termination and the following month before being deleted from the billing.

2. **Death**--Premiums are due through the month in which death occurs.

3. **Retirement**

a) **Under Age 65**--Coverage may continue for an annuitant with premium paid through WRS annuity deductions. If retirement occurs between the 1st and the 10th day of the month, premiums are due for the month in which retirement occurs plus the following month. If retirement occurs between the 11th and the last day of the month, premiums for Basic, Supplemental and Additional are due for the month in which retirement occurs plus the following two months. However, Spouse and Dependent premiums are due for the month of retirement and the following month.

b) **Age 65 or later**--All premiums cease at the end of the month in which retirement occurs. Only Basic coverage continues at a reduced amount.

4. **Cancellation of Basic, Supplemental, Additional, Spouse and Dependent Coverage--**Employees who wish to cancel coverage must complete and file a *Life Insurance Application/Cancellation/Refusal* (ET-2304) with ETF to remove the employee from the billing. If an employee wishes to cancel coverage before coverage starts, the employer should immediately fax a copy of the *Life Insurance Application/Cancellation/Refusal* (ET-2304) to MLIC at (608) 277-8665 so the person can be removed from the billing.

a) If canceling before coverage becomes effective, indicate N/A for the effective date.

b) If canceling after coverage becomes effective, coverage will cease on the last day of the month following the month the employer receives the form. The employee should be deleted from the billing the following month.

EXAMPLE: The employer receives a *Life Insurance Application/Cancellation/Refusal* (ET-2304) on June 3. Coverage ceases July 31. The effective date of the deletion is August 1.

c) For Spouse and Dependent coverage only, the effective date of cancellation is the first of the month following the date the employee no longer has a spouse or dependent to insure.

NOTE: If cancellation is delayed, the effective date of cancellation cannot be earlier than January 1st of the year, prior to the year during which the cancellation was filed with the employer.

5. **Approved Leave of Absence or Layoff - Without Pay**

a) Employees may choose to continue coverage for up to 36 months. A union service leave may extend beyond the 36 months.

b) Employees may choose to discontinue paying premiums during their leave. In this event, premiums are due for the month the leave or layoff began plus the following month. Coverage ceases at the end of the month through which premiums are paid. Indicate using the "LWP" (Leave Without Pay) code on the Adjustment Form - Deletions.

6. **Disability**

a) Without Disability Premium Waiver - Treat like an ordinary unpaid leave. (See No. 5 above.)

b) With Disability Premium Waiver - **Continue to pay premiums until notified that the Disability Premium Waiver is accepted and premiums have been waived.** Premiums cease the end of the month the Disability Premium Waiver becomes effective. If the waiver is approved before the employee has been deleted from the billing, MLIC will delete and refund any overpayment of premiums.

7. **Not Employed with the Employer**--Persons appearing on the billing who are not employees of the employer should be deleted with the notation that they are not employed with the employer.

8. **Seasonal Employees--**Insured seasonal employees who are not scheduled to work and who do not wish to continue coverage when not working should be deleted. Premiums are due for the last month for which an employee received earnings and for the following month. These employees may apply for coverage they previously had within 30 days of resuming employment.

E. Enter the employee's **Date of Birth**

F. **# of Months Credit**--Enter the number of months premiums have been overpaid. Premiums may have been overpaid if the effective date of the delete is prior to the current month's bill.

EXAMPLE: The employee's termination date is April 19. The effective date of the deletion is June 1. The current monthly billing is August. Any premiums collected for July and August should be refunded to the employee. If premiums appear on the August billing, record a "2" in this section.

G. **Premium Credit**--For each employee listed on the page, multiply the amount billed for each coverage type (from the alphabetical listing) by the number of months premium was overpaid and enter the total under the appropriate coverage type.

H. **Total Credit--**Add the amounts in each column and enter the grand total in the appropriate box A2 through D2.

I. **Transfers--**If an employee transfers to another billing unit within the same employer, enter the Social Security Number, Name, Transfer Date, Unit From, and Unit To in the appropriate box. (A new employee who was previously insured by another employer should be treated as a new hire. Coverage does not transfer between employers.)

J. **Name Change--**If an employee has a name change, enter the Social Security Number, Previous Name, and Name Changed To in the appropriate box.

NOTE: Name changes must also be reported to ETF using an *Employee Identification Correction/Change* form (ET-2810).

1104 Instructions for Completing Billing Totals Page

A. **Payments Received Since (Date)**
This section shows the payments that have been received and processed by MLIC since the date indicated.

B. **Current Billing--Employee Cost**
This section shows the payment due based on the detail appearing on the alphabetical listing included in the billing packet.

C. **Other: (From Your Monthly Adjustments Form)**
Compute the net Additions and Deletions total for each coverage type by subtracting the Premium Credit shown on the Deletions page from the Premium Amount Owed shown on the Additions page (A1-A2, B1-B2, etc.) Transfer the result to the appropriate column in the "Other" row on the Billing Totals Page. Show negative totals in parentheses.

D. **Subtotals**
Add/subtract any adjustments entered in the "Other" row from the "Employee Cost" and enter the total in the "Subtotal" for each type of coverage.

E. **Employer Contribution (Basic coverage only)**
Compute the employer contribution for Basic coverage by multiplying the Basic premium subtotal by the employer contribution percentage. (The amount of employer contribution is noted below the "Final Total" row.)

F. **Final Total**
Enter the totals of each column in the "Final Total" row. Add the final Basic, Supplemental, Additional, and Spouse/Dependent totals and enter grand total in the starred (****) box entitled "Pay This Amount".

See Subchapter 1100 B. for remittance instructions.

1105 Monthly Billing Example

Billing Totals Page (Page 1)

MINNESOTA LIFE
P.O. Box 259708 • Madison, WI 53725-9708

WISCONSIN PUBLIC EMPLOYER GROUP LIFE PLAN

PREMIUM BILLING FOR MARCH 2001

PAGE 1
POLICY NO. 2832L-G
UNIT NO. 535301
ETF EMPL CODE 5353

PAYMENTS RECEIVED SINCE 12/28/2000:

	BASIC	GROSS SUPPLEMENTAL	ADDITIONAL	SPOUSE/ DEPENDENT
(A)	252.00	0.00	0.00	108.00

CURRENT BILLING:

	BASIC	GROSS SUPPLEMENTAL	ADDITIONAL	SPOUSE/ DEPENDENT
(B) EMPLOYE COST:	204.14	0.00	0.00	112.00
(C) OTHER: (FROM YOUR MONTHLY ADJUSTMENTS FORM)	(A1 - A2)	(B1 - B2)	(C1 - C2)	(D1 - D2)
(D) SUB TOTAL				
(E) EMPLOYER CONTRIBUTION 20 *				
*** CREDIT ***	0.00	0.00	0.00	0.00
(F) FINAL TOTAL	+	+	+	=

****
* *
* *
* *
****
PAY THIS AMOUNT

* Your municipality pays an addl amt of 20% of basic premium to provide retireds with 25% reduction feature.

* IMPORTANT *

INCLUDE:
(1) THIS BILLING TOTALS PAGE,
(2) YOUR MONTHLY ADJUSTMENTS FORM,
(3) CHECK FOR PREMIUM PAYMENT

AND SEND TO:
THE MINNESOTA LIFE INSURANCE COMPANY
P.O. BOX 259708
MADISON, WISCONSIN 53725-9708
PHONE # (608) 277-8690
FAX # (608) 277-8665

EMMA JONES, BUSINESS MANAGER
TEST CASE SCHOOL DISTRICT
P. O. BOX 78
SUNDOWN, WI 55555-0078

NOTE: BILLING AND PAYMENT MUST BE RECEIVED BY FEBRUARY 20, 2001 OR A LATE PENALTY WILL BE ASSESSED.

F. 45087 Rev. 10-1998

Monthly Adjustments Form – Side One - Additions/Paid in Advance (Page 2)

MINNESOTA LIFE

PAGE 2

MONTHLY ADJUSTMENTS FOR WISCONSIN PUBLIC EMPLOYER GROUP LIFE PLAN

POLICY NO. 2832L-G

MONTH	UNIT NAME (A)	UNIT NUMBER
MARCH 2001	TEST CASE SCHOOL DISTRICT	535301

ADDITIONS/PAID IN ADVANCE

	SOCIAL SECURITY NUMBER	NAME (Last, First, MI)	DATE OF BIRTH	REASON FOR ADDITION/ PD ADVANCE +	EFFECTIVE DATE OF ADDITION	ANNUAL EARNINGS			# OF MONTHS OWED	PREMIUM AMOUNT OWED (Multiply by # Months)			
						AMOUNT	ESTIMATE	ACTUAL *		BASIC	GROSS SUP	ADD'L PREMIUM	SP/DP PREMIUM
A		(B)		(C)	(D)	(E)			(F)	(G)			
B													
C													
D													
E													
F													
G													
H													
I													
J													
										A1	B1	C1	D1

TOTAL DEBIT (H)

FOR MBO USE ONLY

	BACKCHARGE/ CREDIT AMOUNT					REASON FOR BACKCHARGE/ CREDIT
	CODING	BASIC	GROSS SUP	ADD'L PREMIUM	SP/DP PREMIUM	
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						

+ CODES FOR "REASON FOR ADDITION/PD ADVANCE"

A-NEW EMPLOYE
L-RETURN FROM LEAVE OF ABSENCE WITHOUT PAY
R-REHIRE
I-REINSTATEMENT/DELETED IN ERROR
D-DISABLED-RETURNED TO WORK
RA-REHIRED ANNUITANT
O-OTHER SPECIFY
P-PAID IN ADVANCE

* ONLY IF EMPLOYED FOR THE FULL PREVIOUS CALENDAR YEAR.

"Remember to include this with Billing Total page and your payment."

F. 41538 Rev. 11-2000

Monthly Adjustments Form – Side Two - (Deletes/Transfers/Name Change) (Page 2)

SIDE 2

PAGE 2

DELETES

	SOCIAL SECURITY NUMBER	NAME (Last, First, MI)	ACTUAL TERM DATE *	REASON FOR DELETION +	EFFECTIVE DATE OF DELETION	DATE OF BIRTH	# OF MONTHS CREDIT
A	A		B	C	D	E	F
B							
C							
D							
E							
F							
G							
H							
I							
J							

PREMIUM CREDIT (Multiply by # Months)			
BASIC	GROSS SUP	ADD'L PREMIUM	SP/DP PREMIUM
	G		
A2	B2	C2	D2

* ACTUAL DATE IS DATE OF TERMINATION, RETIREMENT, LEAVE OF ABSENCE, ETC.

TOTAL CREDIT H

+ CODES FOR "REASON FOR DELETION"

T-TERMINATED/QUIT/DISCHARGED
R-RETIRED
CW-CANCELLED/WAIVED
LWP-LEAVE WITHOUT PAY
DIS-DISABLED
DTH-DEATH
O-OTHER SPECIFY

FOR MBO USE ONLY

	BACKCHARGE/ CREDIT AMOUNT					REASON FOR BACKCHARGE/ CREDIT
	CODING	BASIC	GROSS SUP	ADD'L PREMIUM	SP/DP PREMIUM	
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						

"Remember to include this with Billing Total page and your payment."

TRANSFERS I

SOCIAL SECURITY NUMBER	NAME (Last, First, MI)	TRANSFER DATE	UNIT FROM	UNIT TO

NAME CHANGE J

SOCIAL SECURITY NUMBER	PREVIOUS NAME (Last, First, MI)	NAME CHANGED TO (Last, First, MI)

Alphabetical Listing of Insured Employees (Page 3)

MINNESOTA LIFE
P.O. Box 259708 • Madison, WI 53725-9708

WISCONSIN PUBLIC EMPLOYER GROUP LIFE PLAN

PREMIUM BILLING FOR MARCH 2001

(A) POLICY NO. 2832L-G
(B) UNIT NO. 535301
(C) ETF EMPL CODE 5353

SS#	NAME (E)	(D) BIRTH DATE	(F) BASIC PREM	(G) GROSS SUPPL PREM	(H) ADDL PREM	(I) SP/DEP PREM	(J) TOTAL PREM	(K) PD ADV DATE	(L) REMARKS
999999999	FIRST, MI, LAST NAME	02 07 1959	3.40			4.00	7.40		
999999999	**FIRST, MI, LAST NAME**	* **02 08 1971**	**1.60**			**4.00***	**5.60***		**CHANGE**
(N)	***** ADJUSTMENT *****		**0.00**			**8.00**	**8.00**		
	***** S/D COV EFF 01012001; PREMS DUE FOR 1/01 AND 2/01; EVIDENCE ON FILE.**								
999999999	FIRST, MI, LAST NAME	04 28 1954	6.24			4.00	10.24		
999999999	FIRST, MI, LAST NAME	08 29 1949	16.50			4.00	20.50		
999999999	FIRST, MI, LAST NAME	08 17 1952	6.56			2.00	8.56		
999999999	FIRST, MI, LAST NAME	05 07 1954	5.76			4.00	9.76		
999999999	FIRST, MI, LAST NAME	10 13 1953	6.56				6.56		
999999999	FIRST, MI, LAST NAME	11 23 1952	1.76			2.00	3.76		
999999999	FIRST, MI, LAST NAME	10 23 1949	6.30			4.00	10.30		
999999999	FIRST, MI, LAST NAME	08 24 1959	4.10			4.00	8.10		
999999999	FIRST, MI, LAST NAME	03 04 1965	2.17				2.17		
999999999	FIRST, MI, LAST NAME	12 29 1949	2.40			4.00	6.40		
999999999	FIRST, MI, LAST NAME	06 23 1952	11.52			4.00	15.52		
999999999	FIRST, MI, LAST NAME	10 01 1960	4.06			4.00	8.06		
999999999	FIRST, MI, LAST NAME	09 06 1950	6.88			4.00	10.88		
999999999	FIRST, MI, LAST NAME	03 21 1956	3.50			4.00	7.50		
999999999	FIRST, MI, LAST NAME	08 04 1971	1.45			4.00	5.45		
999999999	FIRST, MI, LAST NAME	10 15 1955	4.00			4.00	8.00		
999999999	FIRST, MI, LAST NAME	07 02 1953	4.96				4.96		
999999999	FIRST, MI, LAST NAME	03 18 1931	21.00			2.00	23.00		LAST PREM
999999999	FIRST, MI, LAST NAME	06 28 1959	3.80				3.80		
999999999	FIRST, MI, LAST NAME	09 06 1964	2.17			2.00	4.17		
999999999	FIRST, MI, LAST NAME	11 17 1974	1.35				1.35		
999999999	FIRST, MI, LAST NAME	08 29 1956	2.20			4.00	6.20		
999999999	FIRST, MI, LAST NAME	07 26 1937	4.24			4.00	8.24		
999999999	FIRST, MI, LAST NAME	10 31 1958	0.90				0.90		
999999999	FIRST, MI, LAST NAME	09 28 1948	12.60			4.00	16.60		
999999999	FIRST, MI, LAST NAME	11 21 1941	19.20			4.00	23.20		
999999999	FIRST, MI, LAST NAME	08 25 1961	2.52			4.00	6.52		
999999999	FIRST, MI, LAST NAME	05 26 1964	2.52			4.00	6.52		
999999999	FIRST, MI, LAST NAME	09 30 1951	4.80			4.00	8.80		
999999999	FIRST, MI, LAST NAME	05 01 1959	4.00			4.00	8.00		
999999999	FIRST, MI, LAST NAME	07 30 1940	19.20				19.20		
999999999	FIRST, MI, LAST NAME	09 03 1961	1.68			4.00	5.68		
999999999	**FIRST, MI, LAST NAME**	**02 18 1965**	**2.24**			**4.00**	**6.24**		**NEW ADD**
	TOTAL PREMIUM		204.14	0.00	0.00	112.00	316.14		

(M)
NOTE: BILLING AND PAYMENT MUST BE RECEIVED BY FEBRUARY 20, 2001 OR A LATE PENALTY WILL BE ASSESSED.

Rate Table (Page 4)

MINNESOTA LIFE
P.O. Box 259708 • Madison, WI 53725-9708

WISCONSIN PUBLIC EMPLOYER GROUP LIFE PLAN

PREMIUM BILLING FOR MARCH 2001

PAGE 4
POLICY NO. 2832L-G
UNIT NO. 535301
ETF EMPL CODE 5353

2000 MONTHLY RATE PER $1,000 OF INSURANCE

Attained Age	Basic Plan	Supplemental*	Additional
Under 30	.05	.05	.05
30-34	.06	.06	.06
35-39	.07	.07	.07
40-44	.10	.10	.10
45-49	.16	.16	.16
50-54	.30	.30	.30
55-59	.48	.48	.48
60-64	.53	.53	.53
65-69	.60	.60	.60

NOTE: BILLING AND PAYMENT MUST BE RECEIVED BY FEBRUARY 20, 2001 OR A LATE PENALTY WILL BE ASSESSED.

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