

Please write or type your STAR AP voucher number in the space provided on reverse page.

Monthly Premium Report
Group Income Continuation Insurance
 (All State Employees except University of Wisconsin Faculty)
 Wis. Stat. 40.05 (5) (a)

Department Name	Employer Identification Number (EIN) 69-036-	Coverage Month/Year
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Premiums – Employees in Pay Status										
Premium Category	Number of Employees	Monthly Premium	Adjustments	Subtotal	Times	State Share % Rate	Equals	State Share	Adjustments	Subtotal
1					X	0%	=	- 0 -		
2					X	0%	=	- 0 -		
3					X	200%	=			
4					X	340%	=			
5					X	570%	=			
6		- 0 -	- 0 -	- 0 -						
Total Employees			Subtotal A						Total C State Share	

Premiums – Employees Not in Pay Status						
Premium Category	Number of Employees	Monthly Premium	Adjustments	Subtotal		
1						
2						
3						
4						
5						
6						
Total Employees			Subtotal B			

Total Employee-Paid Premium (Subtotal A + Subtotal B) Plus (+)

Total Employee-Paid Supplemental Premium (Subtotal D + Subtotal E from reverse) Plus (+)

Equals (=) Equals (=)

Total Amount Due Equals (=)

Date (MM/DD/CCYY)	Prepared By:	Telephone No.
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Supplemental Premiums – Employees in Pay Status				
Premium Category	Number of Employees	Monthly Supplemental Premium	Supplemental Adjustments	Subtotal
1				
2				
3				
4				
5				
6				
Total Employees			Subtotal D	

Supplemental Premiums – Employees Not in Pay Status				
Premium Category	Number of Employees	Monthly Supplemental Premium	Supplemental Adjustments	Subtotal
1				
2				
3				
4				
5				
6				
Total Employees			Subtotal E	

STAR AP voucher numbers		