

Please write or type PV Numbers
 in space provided on reverse
 page. Do not send paper PV's to
 ETF.

MONTHLY PREMIUM REPORT
GROUP INCOME CONTINUATION INSURANCE

(University of Wisconsin Unclassified Faculty Only)
 Wis. Stat. § 40.05 (5) (a)

Department Name University of Wisconsin System	Employer Identification Number 69-036-0001-131	Coverage Month/Year
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Premiums – Employees Eligible for State Share								
Elimination Period	No. of Employees	Monthly Premium	Adjustments	Subtotal	Times	% of State Contributions	Equals	State Share
30 Days					X	59%	=	
90 Days					X	226%	=	
125 Days					X	301%	=	
180 Days		- 0 -			X	State Pays	=	
Subtotal A					Total C State Share			

Premiums – Employees NOT Eligible for State Share						
Elimination Period	No. of Employees	Monthly Premium	Adjustments	Subtotal		
30 Days						
90 Days						
125 Days						
180 Days		- 0 -				
Subtotal B						

Plus (+)

Total Employee Paid Premiums
(Subtotal A + Subtotal B)

Plus (+)

Total Employee Paid Supplemental Premiums
(Subtotal D + Subtotal E from reverse)

Equals (=)

Total Amount Due

Date (MM/DD/CCYY)	Prepared By:	Telephone No.:
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Supplemental Premiums – Employees Eligible for State Share in Standard ICI Plan				
Elimination Period	No. of Employees	Monthly Supplemental Premium	Supplemental Adjustments	Subtotal
30 Days				
90 Days				
125 Days				
180 Days				
Subtotal D				

Supplemental Premiums – Employees NOT Eligible for State Share in Standard ICI Plan				
Elimination Period	No. of Employees	Monthly Supplemental Premium	Supplemental Adjustments	Subtotal
30 Days				
90 Days				
125 Days				
180 Days				
Subtotal E				

PV Numbers		