

DEPARTMENT OF EMPLOYEE TRUST FUNDS
 Division of Trust Finance & Employer Services
 P.O. Box 7931
 Madison, WI 53707-79031

MONTHLY PREMIUM REPORT
GROUP INCOME CONTINUATION INSURANCE

(Local Government Employers--Wis. Stat. § 40.61 (3))

Employer Name	Employer Identification Number 69-036-	Coverage Month/Year
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ICI Premiums						
Waiting Period	No. of Employees	Employee Premium	Employer Premium	Subtotal	Adjustments	Total by Elimination Period
30 Days						
60 Days						
90 Days						
120 Days						
180 Days						
Subtotal A – Total ICI Premiums						

Supplemental ICI Premiums					Plus (+)	
Waiting Period	No. of Employees	Employee Premium	Adjustments	Total by Elimination Period	Subtotal B – Total Supplemental ICI Premiums	
30 Days						Equals (=)
60 Days						
90 Days						
120 Days						
180 Days						
Subtotal B – Total Supplemental Premiums						

Date (MM/DD/CCYY):	Prepared By:	Telephone Number: ()
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