



Underwriting Management Experts

**Premium Submission Worksheet**

Policy Holder \_\_\_\_\_

Coverage \_\_\_\_\_

Third Party Administrator \_\_\_\_\_

TPA Premium Contact / Phone # \_\_\_\_\_

Coverage	Census Number	Rate	Gross Premium
Single Lives:	\$ _____	- \$ _____	- _____
Employee + Spouse:	\$ _____	- \$ _____	- _____
Employee + Child:	\$ _____	- \$ _____	- _____
Family Lives:	\$ _____	- \$ _____	- _____
	Total Gross:	\$ _____	_____
	Commission Rate:	\$ _____	- _____
		<b>Total (A):</b>	\$ _____

Coverage	Census Number	Rate	Gross Premium
*Aggregate:	\$ _____	- \$ _____	- _____
Conversion Coverage:	\$ _____	- \$ _____	- _____
Terminal Liability Coverage:	\$ _____	- \$ _____	- _____
	Commission Rate:	\$ _____	- _____
		<b>Total (B):</b>	\$ _____
		<b>Combined Total:</b>	\$ _____

**\*Notes:**

1. Aggregate attachment point should be calculated with the coverage lives at the beginning of each month.
2. Terminated employee adjustments should be made prior entry.
3. Prior period adjustments to premium should be made on a separate worksheet and cannot exceed three months.

**If you have any questions on how to fill out the premium submission form, please contact**  
 rglorioso@umexperts.com at [rglorioso@umexperts.com](mailto:rglorioso@umexperts.com) or call (855) 315-5088.  
 We will also provide ACH and Wire Transfer Routing information upon request.