

Directions

Please complete, sign and return this form to:

**Aon Insurance Services, Plan Agent
AICPA Insurance Trust, 159 E. County Line Rd., Hatboro, PA 19040-1218**

or

Fax: 800-242-7248

If you have any questions, please call
one of our representatives at 1-800-223-7473.

Please verify that the firm name, address and account no. are correct on the reverse side.

MONTHLY GROUP INSURANCE REPORT

Please duplicate for your records – Mail original and check by tenth of each month to the Plan Agent
 (For those firms paying quarterly, see the monthly insurance report section of the Administration Manual.)

INSTRUCTIONS

Dear Plan Administrator:

Please follow these general instructions in completing this Monthly Group Insurance Plan Report. Detailed instructions are provided in your Administration Manual.

1. Enter total number of lives in force from your preceding report, line 4, to line 1 of this report.
2. Transfer the total additional lives recorded on line 15 (reverse side) to line 2.
3. Transfer the total number of lives terminated from line 16 (reverse side) to line 3.
4. Calculate total lives – current report, record on line 4.
5. Enter the total insurance in force from your preceding report, line 8 to line 5 of this report (reverse side).
6. Transfer the total additional insurance shown on line 15 to line 6.
7. Record the total amount of insurance terminated as shown on line 16 to line 7.
8. Calculate the total insurance – current report, and record on line 8.
9. Calculate the total net insurance charge, lines 10 through 12 and record on line 13.
10. Total all amounts on line 13 and record on line 14.
11. Please send payment with original copy of this report.

Thank you.

NOTES FOR REPORT OF ADDITIONS (PLEASE SEE REVERSE SIDE.)

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| <ol style="list-style-type: none"> 1. Eligible individuals must be employed by a participating employer and provide satisfactory evidence of insurability before the requested insurance becomes effective. 2. Only include individuals for whom you receive notification of their acceptance in the Plan. 3. If an individual is not actively at work on full-time on the date an addition would otherwise become effective, the | <p>effective date will be deferred until the individual's return to active full-time work except as may otherwise be provided under applicable Plan provisions.</p> <ol style="list-style-type: none"> 4. By completing this form the firm represents that the amount of insurance for each addition listed is supported by the annual earnings or classification of the individual as of the date of the request for insurance. |
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SUMMARY OF TOTAL LIVES

AGE CATEGORY	Under Age 30	Ages 30 Thru 34	Ages 35 Thru 39	Ages 40 Thru 44	Ages 45 Thru 49	Ages 50 Thru 54	Ages 55 Thru 59	Ages 60 Thru 64	Ages 65 Thru 69	Ages 70 Thru 74	Ages 75 Thru 79	Ages 80 & Over
TOTAL LIVES INSURED BY AGE CATEGORY												
1. Total lives – last report												
2. Additions – line 15 (reverse side)												
3. Terminations – line 16 (reverse side)	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
4. Total lives – current report (line 1 + 2-3)												

PLEASE USE SPACE BELOW FOR NOTATIONS, CHANGE OF ADDRESS, SUPPLEMENTARY ADDITIONS, TERMINATIONS, ETC.

FIRM NAME AND ADDRESS	STATE CODE	ACCOUNT NO.	SCHEDULE	DEPENDENTS COVERAGE
	TAX IDENTIFICATION NUMBER			FAX NUMBER
	DATE			PHONE NUMBER
	SUBMITTED BY			TITLE

SUMMARY OF AMOUNTS OF INSURANCE

AGE CATEGORY	Under Age 30	Ages 30 Thru 34	Ages 35 Thru 39	Ages 40 Thru 44	Ages 45 Thru 49	Ages 50 Thru 54	Ages 55 Thru 59	Ages 60 Thru 64	Ages 65 Thru 69	Ages 70 Thru 74	Ages 75 Thru 79	Ages 80 and over
5. Total Insurance – last report												
6. Additional insurance – line 15												
7. Terminated insurance – line 16	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
8. Total Insurance – current report (line 5+ 6-7)												
9. Current Rate per \$1,000 (Life & Accidental Death & Dismemberment Combined)	X \$.04	X \$.05	X \$.06	X \$.08	X \$.13	X \$.19	X \$.35	X \$.65	X \$1.24	X \$2.06	X \$3.32	X \$4.60
10. Sub-Total (line 8 x line 9)												
11. Add Special Charges (Explain on Reverse Side)												
12. Deduct Special Credits (Explain on Reverse Side)	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
13. Net Insurance Charge for Current Month (line 10 + 11-12)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
14. Sum total of all amounts – line 13	\$							By payment of contributions, the firm asserts that it continues to be eligible for coverage pursuant to the Group Insurance Plan including the requirement that the proprietor, a firm member or a partner is a member of the AICPA.				
	PLEASE SEND PAYMENT WITH THIS REPORT.											

15. REPORT OF ADDITIONS (ONLY INCLUDE INDIVIDUALS FOR WHOM YOU RECEIVE NOTIFICATION OF THEIR ACCEPTANCE.)

Name	Certificate Number	Effective Date	Amount of Insurance
First M.I. Last			
			\$
TOTAL (to Line 6 above)			\$

16. REPORT OF TERMINATIONS (ONLY INCLUDE THOSE TERMINATED UP TO FIRST OF MONTH.)

Name	Certificate Number	Date Terminated	Amount of Insurance
First M.I. Last			
			\$
TOTAL (to Line 7 above)			\$