



WA STATE HCA SEBB
SEBB ORGANIZATION
MAILING ADDRESS
CITY, ST, ZIP

Premium Statement
Policy Number 00 756494 XXXX

REMINDER -- Payment is due on January 1, 2022
[Contact: ebpremiums@standard.com](mailto:ebpremiums@standard.com) / (800) 348-3226

Benefit Plan **Rate** **Per**
LTD60% VARIES

Prior Figures:

Actual Figures This Month:

Totals and Adjustments:

<u>LIVES</u>	<u>INSURED AMT</u>	<u>Bill Category</u>	
		0100	
\$ -			\$ -
Amount Due	Back Charge	Back Credit	Total Amount Due

LTD50% VARIES

Prior Figures:

Actual Figures This Month:

Totals and Adjustments:

<u>LIVES</u>	<u>INSURED AMT</u>	<u>Bill Category</u>	
		0100	
\$ -			\$ -
Amount Due	Back Charge	Back Credit	Total Amount Due

PLEASE REVIEW YOUR ACCOUNT AND INCLUDE UPDATED INSURED AMOUNTS AND LIVES ON YOUR NEXT BILLING STATEMENT. UPDATES CAN BE MADE IN ADMINEASE. ADMINEASE ALSO OFFERS ONLINE BILL PAY AND PAPERLESS BILLING FOR APPLICABLE GROUPS. LOG IN TO ADMINEASE: [HTTPS://LOGIN.STANDARD.COM/](https://login.standard.com/)

Please fold and return all pages to The Standard in the window envelope provided.

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PREMIUM DUE DATE January 1, 2022

Benefit Premium Totals:

Total Amount Due	+	\$	
Total Billing Fees *	+/-	\$	
Amount Paid	=	\$	

STANDARD INSURANCE COMPANY
PO BOX 6367
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