

Self-Billing Premium Invoice - MER Risks Attaching

Company: _____

Contract Number: _____

Effective Date (i.e., Jan-13): _____

Invoice Date: _____

Invoice Number: _____

Premium month	Enrollment / attachment period												Total
	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00	Oct-00	Nov-00	Dec-00		
Feb-00													
Mar-00													
Apr-00													
May-00													
Jun-00													
Jul-00													
Aug-00													
Sep-00													
Oct-00													
Nov-00													
Dec-00													
Jan-01													
Feb-01													
Mar-01													
Apr-01													
May-01													
Jun-01													
Jul-01													
Aug-01													
Sep-01													
Oct-01													
Nov-01													
Total													
Avg													

Total Enrollment	
Rate	\$
Total Premium	\$
(Paid to Date)	\$
Balance Due	\$

EFT Date: _____

EFT Trace Number: _____