



Premium Statement

Billing Name: COUNTY OF MIDLAND
Billing Number: 0100227-001 3
Due Date: 3/1/2024
Statement Date: 2/12/2024

Coverage Information		Amount
Long Term Disability	Monthly Rate: \$0.500 per \$100	\$14,769.34
Covered Lives: 561	Coverage Amount: 2,954,047	Back Credit: \$0.90
Current Period Amount:		\$14,769.34
Net Adjustment from Prior Statement:		\$0.00
Total Amount Due:		\$14,769.34

Payment Instructions:

1. Payment must be received on or before 3/1/2024.
2. Print Premium Statement.
3. Mail check with printed Premium Statement to:

UNUM LIFE INSURANCE COMPANY OF AMERICA
 PO BOX 406946
 ATLANTA, GA 30384-6946

Billing Period:

3/1/2024 - 3/31/2024

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