



# Premium Statement

**Billing Name:** COUNTY OF MIDLAND  
**Billing Number:** 0100227-001 3  
**Due Date:** 4/1/2024  
**Statement Date:** 3/12/2024

Coverage Information		Amount
<b>Long Term Disability</b>	Monthly Rate: \$0.500 per \$100	\$14,729.68
Covered Lives: 569	Coverage Amount: 2,945,998	Back Credit: \$0.31
<b>Current Period Amount:</b>		<b>\$14,729.68</b>
Net Adjustment from Prior Statement:		\$0.00
<b>Total Amount Due:</b>		<b>\$14,729.68</b>

**Payment Instructions:**

1. Payment must be received on or before 4/1/2024.
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:**

4/1/2024 - 4/30/2024

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