

# Monthly Premium

## Premium Report



MEMBER'S CHOICE®  
Credit Disability/Credit Life Insurance

Report Date For Period Ending

Month	Year

**Group No.: 021-0414-0**  
Muskegon Federal CU  
65 W Laketon Ave  
Muskegon MI 49441

Completed by:
Phone/Ext: 231-722-7285
Email Address:

		Level Rate Disability Insurance		Level Rate Credit Life Insurance	
		Number	Amount	Number	Amount
Line 1A	Total Number of Insured Loans and Premium Due.....SINGLE				
Line 1B	Total Number of Insured Loans and Premium Due.....JOINT	XXXX	XXXXXXXXXX		
Line 2	Subtotal .....				
Line 3	Reimbursement for Expenses.....	Rate 10%		Rate 10%	
Line 4	Adjustment for Previous Overpayment.....				
Line 5	Adjustment for Previous Underpayment.....				
Line 6	<b>Amount Due to CUNA Mutual Group.....</b>				
Line 7	<b>Payment Amount Enclosed .....</b>				\$ _____

**Make Payment Payable to: CUNA Mutual Group**  
**Remit payment and completed Premium Report to:**

**Make Sure Your Payment Is Processed Correctly:**  
\*Include this Premium Report with your payment  
\*Ensure this Premium Report has been filled out completely  
\*Include your Group Number on your check  
\*Detailed member listings no longer required unless requested

The completed Premium Report and corresponding payment are due to CUNA Mutual Group by the 15<sup>th</sup> of the month following the report date indicated.

Save time and money by submitting your premium information and payment securely via the web.  
Find out how by emailing Payment Protection Services at: [PaymentProtectionServices@cunamutual.com](mailto:PaymentProtectionServices@cunamutual.com)  
or by calling: 800.356.2644, extension 665.2000

GL # 860-02 VISA EXCEPTIONS  
GL # 150-02 OTHER INCOME VISA -  
TOTAL = \_\_\_\_\_