

# CARDIF LIFE INSURANCE COMPANY

Phone: 1-877-522-7343

Fax: 305-234-1774

**Mailing Address:**  
P.O. BOX 77-0250  
Miami, FL 33177-0250

**Overnight Address:**  
14000 S.W. 119<sup>th</sup> Avenue  
Miami, FL 33186

## REPORT AND REMITTANCE FORM

**Cardif Life Insurance Company (CALIC) Account Number:** \_\_\_\_\_

**ENDING DATE OF PERIOD COVERED BY THIS REPORT:** \_\_\_\_\_

**NUMBER OF CERTIFICATES ENCLOSED:**

Issued # \_\_\_\_\_  
Cancelled # \_\_\_\_\_  
**Total #** \_\_\_\_\_

### Helpful Hints

**Failure to complete required sections and provide requested information will delay processing of your Business. Should you have any questions on how to complete the below section(s) feel free to contact us for assistance at 877-522-7343 (press 4)**

- Entering your account number will ensure that your business will be processed promptly and correctly.
- Separate Life and Disability Premiums/Cancellation amounts into Columns A (Life) and Column B (A/H)
- Commission percentage may vary depending on coverage.

**Before you mail out, make sure you've attached the check (if applicable) and all certificates and cancellation forms (completed) that have been reported below.**

		Column A	Column B	Column C
		Life	Accident & Health	Total
1.	Total of Premium on certificates enclosed	\$ _____	\$ _____	\$ (A1+B1)
2.	Total refund amounts for cancellations enclosed	\$ _____	\$ _____	\$ (A2+B2)
3. <small>(Row 1-2)</small>	NET WRITTEN PREMIUM – Issues less cancels	\$ (A1 – A2)	\$ (B1-B2)	\$ (A3+B3)
4.	YOUR COMMISSION PERCENTAGE %	%	%	
5.	YOUR COMMISSION AMOUNT \$ <small>(Net Premium less Commission)</small>	\$ (A3 x A4)	\$ (B3 x B4)	\$ (A5+B5)
6.	Amount to be sent to CALIC	\$ (A3 - A5)	\$ (B3-B5)	\$ (A6+B6)

AMOUNT OF CHECK TO BE SENT TO INSURANCE COMPANY \$ \_\_\_\_\_  
(Make Check Payable to CALIC) (Amount from Cell C6)

\_\_\_\_\_  
Group Policyholder / Dealership / Producer

\_\_\_\_\_  
Contact Name/Finance Manager (Print)

\_\_\_\_\_  
Address (Number and Street)

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Contact Fax and/or E-mail Address

### Please read important information below.

Please make sure that all certificates and cancellations are complete. Failure to do so will delay processing and may cause business to be returned. Each certificate/cancellation must include:

- Insured Information (Name, Date of Birth, Social Sec. #, and Address)
- Coverage and premium clearly entered and/or selected.
- Evidence of Insurability Section completed ( if applicable) and Signed.
- Cancellation Form must include cancellation date and refund amount(s).