



# Madison National Life

## Remittance Report

Customer Service: MCIG 1-866-788-2883 Option 3

BATCH #	_____
ACCT #	_____
REF. #	_____
KEY. & BAL.	_____

FOR THE MONTH OF \_\_\_\_\_, \_\_\_\_\_

DATE OF THIS REPORT \_\_\_\_\_, \_\_\_\_\_

	# OF CERTS.	LINE NO.	LIFE	DISABILITY
1. GROSS PREMIUMS WRITTEN:	_____	1.	\$ _____	\$ _____
2. LESS CANCELATION REFUNDS:	_____	2.	(\$ _____)	(\$ _____)
3. ADJUSTED GROSS PREMIUMS: (Line 1 minus Line 2)		3.	\$ _____	\$ _____
4. COMMISSION PERCENTAGE:		4.	_____ %	_____ %
5. COMMISSIONS: (Line 4 times Line 3)		5.	\$ _____	\$ _____
6. NET PREMIUMS: (Line 3 minus Line 5)		6.	\$ _____	\$ _____
7. TOTAL DUE TO/FROM MNL: (Line 6 Life plus Disability)		7.	\$ _____	

**PLEASE ATTACH AN ADDING MACHINE TAPE TO THE CERTIFICATES BEING SENT TO US AND KEEP CERTIFICATES IN SAME ORDER AS ON TAPE.**

ACCOUNT NUMBER \_\_\_\_\_

Prepared by: \_\_\_\_\_

ACCOUNT NAME AND ADDRESS (Please print or type)

Please print Name/Title: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Please attach check for total amount due made payable to

**Monumental Life Insurance Company**  
SEND TO: MCIG  
Attn: Premium Remittance  
Dept AT 40185  
Atlanta, GA 31192-0185

REMARKS OR SUPPLIES NEEDED? CHECK HERE \_\_\_\_ AND COMPLETE BACK OF THE WHITE SHEET.