



**Initial Premium – Due with Master Application**

Date:

Effective Date:

Employer:

Initial Premium is estimated based on the Sold Proposal for all Employer Paid Coverages and Dental.

Coverage	Monthly Premium
Dental	
Vision	
Life with AD&D	
STD	
LTD	
<b>Total Initial Invoice (\$)</b>	

**Send Initial Premium to:**

Cash Management MK455  
 Attn: LifeMap Initial Premium  
 1501 Market St.  
 Tacoma, WA 98402

**Ongoing Premium Payments:**

<b>Dental</b> LifeMap Assurance Company PO Box 1650 Milwaukee, WI 53201-1650	<b>All Other Lines of Coverage</b> LifeMap Assurance Company PO Box 6840 Portland, OR 97228-6840
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*Group policies for which initial premium payments are not received within 60 days of the initial premium invoice date will be terminated as never inforce.*