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Horace Mann
Founded by Educators for Educators

List bill payroll summary

School group name State/group # Section # Bill date

Policy #	Name	Addition *	Deletion *	Increase *	Decrease	Effective date	Amount of premium change

Please continue changes on the back of this form. *Write “E” if enrollment form or “H” if different health application premium is being included with this bill. Additions and benefit changes, if coverage is being increased, require completed enrollment forms or applications.
Note: All enrollment forms/applications should be mailed to Horace Mann Life Insurance Company, 1 Horace Mann Plaza, Springfield, IL 62715 - Mail #E126 for underwriting approval.
Remember: Some of Horace Mann group insurance programs are subject to coverage premium age changes.

Total amt billed Total + additions Total changes Total-deletions =Check amount

Date	Check #	Amount	For Home Office use only	
			Batch #	
			Suspense amount	
			Suspense	

IA-006238 (8/02)

Group # Bill date Amount due Var code Amount paid Check #

Make your check payable to:

Horace Mann Life Insurance Company
P.O. Box 1109
Newark, NJ 07101-1109

Please write your group number on your check.

Please make copies for future use.

Please detach and return this portion with your payment. If there are changes, return the entire form.

Your cancelled check is your receipt. Thank you.

Check number

IA-006238 (12/08)

Payment notice

Policy #	Name	Addition *	Deletion *	Increase *	Decrease	Effective date	Amount of premium change