



**Group Insurance Premium Remittance Report**

**Control Number:** 54180 **Bill Period:** 10/01/2024 - 10/31/2024  
**Case Name:** City of Providence **Bill Due Date:** 10/01/2024  
**Bill Group:** 001 Self Billed Coverages

Bill Line	Product	Monthly Rate	Current Period Lives	Current Period Volume	Amount
00010 All Employees 001	Basic Life	0.0600	1,173	\$91,460,000.00	\$5,487.60
00020 All Employees 001	Accidental Death & Dismemberment	0.0150	1,173	\$91,460,000.00	\$1,371.90
Total Premium for 001 Self Billed Coverages					\$6,859.50



Group Insurance Control Number	Bill Reference Number	Due Date	Bill Group
54180	0023553886	10/01/2024	001 Self Billed Cover

Important: Please make your check payable to PRUDENTIAL.

Please make sure your Control Number is included on your check.

**Send Payment To:**

Prudential Group Insurance  
PO Box 101241  
Atlanta, GA 30392-1241

**Pay This Amount**

\$6,001.12

5418010 0023553886 10012024 0000060011295

**Lapse and Over Due Disclaimer:**

Your Group Policy provides that premium must be paid within the policy grace period. If the required premium is not paid within the policy grace period your Group Policy will terminate, unless otherwise provided in the policy, Prudential will not be liable for losses incurred after the grace period.

**For Wire Transfers:**

When making payments by wire transfer, you will need the following information:

Receiving Bank Name:	JP Morgan Chase
Receiving Bank Location:	New York, New York
ABA Routing Number:	021-000-021
Name of Account:	Prudential Group Insurance Concentration Account
Concentration Account Bank Account Number:	304231088
Reference*:	[Control Number], [Company Name], [PO Box] [Due Date], [Bill Reference Number]

\*All Fields Required

**Attention EFT Customers:**

If you are currently enrolled in the electronic funds transfer (EFT) option for payment of your Group Insurance premiums, we will deduct this amount on the Due Date indicated above. Please do not send a check for this amount.