reliancestandard
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

Premium History Report

For the Period: 1/1/2023 TO 1/29/2024

Company Name: **UNM Sandoval Regional Medical Center**

Policy Number: GL-159859

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Basic AD&D	01/01/2023	04/12/2023	1	1	34	8496	$127.44
	01/01/2023	04/12/2023	1	1	472	26595	$398.92
Basic Life	01/01/2023	04/12/2023	1	1	34	8496	$722.14
	01/01/2023	04/12/2023	1	1	472	26595	$2,260.54
Dependent Life	01/01/2023	04/12/2023	1	1	82	6720	$1,238.04
	01/01/2023	04/12/2023	1	1	0	0	$0.00
	01/01/2023	04/12/2023	1	1	91	1820	$27.30
	01/01/2023	04/12/2023	1	1	0	0	$0.00
Supplemental Life	01/01/2023	04/12/2023	1	1	266	49910	$6,637.94
	01/01/2023	04/12/2023	1	1	0	0	$0.00
						Total Paid January 2023 :	**$11,412.32**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Basic AD&D	02/01/2023	04/12/2023	1	1	474	27095	$406.42
	02/01/2023	04/12/2023	1	1	32	8143	$122.14
Basic Life	02/01/2023	04/12/2023	1	1	474	27095	$2,303.06
	02/01/2023	04/12/2023	1	1	32	8143	$692.15
Dependent Life	02/01/2023	04/12/2023	1	1	0	0	$0.00
	02/01/2023	04/12/2023	1	1	85	6780	$1,504.34
	02/01/2023	04/12/2023	1	1	97	1820	$27.30
	02/01/2023	04/12/2023	1	1	0	0	$0.00
Supplemental Life	02/01/2023	04/12/2023	1	1	0	0	$0.00
	02/01/2023	04/12/2023	1	1	286	56390	$7,866.63
						Total Paid February 2023 :	**$12,922.04**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Basic AD&D	03/01/2023	04/12/2023	1	1	33	8402	$126.02
	03/01/2023	04/12/2023	1	1	468	26485	$397.27
Basic Life	03/01/2023	04/12/2023	1	1	33	8402	$714.14
	03/01/2023	04/12/2023	1	1	468	26485	$2,251.18
Dependent Life	03/01/2023	04/12/2023	1	1	0	0	$0.00
	03/01/2023	04/12/2023	1	1	0	0	$0.00
	03/01/2023	04/12/2023	1	1	87	1840	$27.60
	03/01/2023	04/12/2023	1	1	85	6780	$1,434.11
Supplemental Life	03/01/2023	04/12/2023	1	1	280	58370	$7,678.38
	03/01/2023	04/12/2023	1	1	0	0	$0.00
						Total Paid March 2023 :	**$12,628.70**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Basic AD&D	04/01/2023	05/08/2023	1	1	467	26730	$400.95
	04/01/2023	05/08/2023	1	1	34	8579	$128.69
Basic Life	04/01/2023	05/08/2023	1	1	34	8579	$729.24

Company Name: **UNM Sandoval Regional Medical Center**

Policy Number: GL-159859

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Basic Life	04/01/2023	05/08/2023	1	1	467	26730	$2,272.05
Dependent Life	04/01/2023	05/08/2023	1	1	0	0	$0.00
	04/01/2023	05/08/2023	1	1	84	1680	$25.20
	04/01/2023	05/08/2023	1	1	0	0	$0.00
	04/01/2023	05/08/2023	1	1	82	6260	$1,418.99
Supplemental Life	04/01/2023	05/08/2023	1	1	276	56460	$7,498.84
	04/01/2023	05/08/2023	1	1	0	0	$0.00
						Total Paid April 2023 :	**$12,473.96**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Basic AD&D	05/01/2023	06/12/2023	1	1	466	26727	$400.91
	05/01/2023	06/12/2023	1	1	34	8506	$127.59
Basic Life	05/01/2023	06/12/2023	1	1	466	26727	$2,271.82
	05/01/2023	06/12/2023	1	1	34	8506	$723.01
Dependent Life	05/01/2023	06/12/2023	1	1	0	0	$0.00
	05/01/2023	06/12/2023	1	1	83	6480	$1,414.54
	05/01/2023	06/12/2023	1	1	84	1680	$25.20
	05/01/2023	06/12/2023	1	1	0	0	$0.00
Supplemental Life	05/01/2023	06/12/2023	1	1	0	0	$0.00
	05/01/2023	06/12/2023	1	1	273	55620	$7,230.46
						Total Paid May 2023 :	**$12,193.53**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Basic AD&D	06/01/2023	07/26/2023	1	1	466	26755	$401.33
	06/01/2023	07/26/2023	1	1	32	8223	$123.35
Basic Life	06/01/2023	07/26/2023	1	1	32	8223	$698.99
	06/01/2023	07/26/2023	1	1	466	26755	$2,274.19
Dependent Life	06/01/2023	07/26/2023	1	1	0	0	$0.00
	06/01/2023	07/26/2023	1	1	92	1840	$27.60
	06/01/2023	07/26/2023	1	1	80	6470	$1,347.78
	06/01/2023	07/26/2023	1	1	0	0	$0.00
Supplemental Life	06/01/2023	07/26/2023	1	1	0	0	$0.00
	06/01/2023	07/26/2023	1	1	265	54130	$6,866.30
						Total Paid June 2023 :	**$11,739.54**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Basic AD&D	07/01/2023	08/07/2023	1	1	32	8508	$127.63
	07/01/2023	08/07/2023	1	1	465	26707	$400.60
Basic Life	07/01/2023	08/07/2023	1	1	465	26707	$2,270.09
	07/01/2023	08/07/2023	1	1	32	8508	$723.22
Dependent Life	07/01/2023	08/07/2023	1	1	85	1720	$25.80
	07/01/2023	08/07/2023	1	1	0	0	$0.00

Company Name: **UNM Sandoval Regional Medical Center**

Policy Number: GL-159859

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Dependent Life	07/01/2023	08/07/2023	1	1	0	0	$0.00
	07/01/2023	08/07/2023	1	1	0	0	$0.00
Supplemental Life	07/01/2023	08/07/2023	1	1	264	54720	$7,015.45
	07/01/2023	08/07/2023	1	1	82	6820	$1,370.73
						Total Paid July 2023 :	**$11,933.52**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Basic AD&D	08/01/2023	09/05/2023	1	1	32	8508	$127.63
	08/01/2023	09/05/2023	1	1	471	27083	$406.25
Basic Life	08/01/2023	09/05/2023	1	1	471	27083	$2,302.08
	08/01/2023	09/05/2023	1	1	32	8508	$723.22
Dependent Life	08/01/2023	09/05/2023	1	1	82	1660	$24.90
	08/01/2023	09/05/2023	1	1	82	6610	$1,345.99
	08/01/2023	09/05/2023	1	1	0	0	$0.00
	08/01/2023	09/05/2023	1	1	0	0	$0.00
Supplemental Life	08/01/2023	09/05/2023	1	1	267	56140	$7,272.08
	08/01/2023	09/05/2023	1	1	0	0	$0.00
						Total Paid August 2023 :	**$12,202.15**

Company Name: **UNM Sandoval Regional Medical Center**

Policy Number: LTD-130679

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($00)	Paid Amount
Long Term Disability	01/01/2023	04/04/2023	1	1	34	352988	$970.72
	01/01/2023	04/04/2023	1	1	473	2216219	$6,094.60
						Total Paid January 2023 :	**$7,065.32**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($00)	Paid Amount
Long Term Disability	02/01/2023	04/04/2023	1	1	474	2257902	$6,209.23
	02/01/2023	04/04/2023	1	1	32	338290	$930.30
						Total Paid February 2023 :	**$7,139.53**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($00)	Paid Amount
Long Term Disability	03/01/2023	04/12/2023	1	1	468	2207044	$6,069.37
	03/01/2023	04/12/2023	1	1	33	349068	$959.94
						Total Paid March 2023 :	**$7,029.31**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($00)	Paid Amount
Long Term Disability	04/01/2023	05/08/2023	1	1	467	2227501	$6,125.63
	04/01/2023	05/08/2023	1	1	34	356471	$980.29
						Total Paid April 2023 :	**$7,105.92**

Company Name: **UNM Sandoval Regional Medical Center**

Policy Number: LTD-130679

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($00)	Paid Amount
Long Term Disability	05/01/2023	06/12/2023	1	1	466	2227274	$6,125.00
	05/01/2023	06/12/2023	1	1	34	354418	$974.65
						Total Paid May 2023 :	**$7,099.65**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($00)	Paid Amount
Long Term Disability	06/01/2023	07/26/2023	1	1	466	2229599	$6,131.40
	06/01/2023	07/26/2023	1	1	32	342644	$942.27
						Total Paid June 2023 :	**$7,073.67**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($00)	Paid Amount
Long Term Disability	07/01/2023	08/07/2023	1	1	32	354520	$974.93
	07/01/2023	08/07/2023	1	1	465	2225579	$6,120.34
						Total Paid July 2023 :	**$7,095.27**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($00)	Paid Amount
Long Term Disability	08/01/2023	09/05/2023	1	1	32	354520	$974.93
	08/01/2023	09/05/2023	1	1	471	2256944	$6,206.60
						Total Paid August 2023 :	**$7,181.53**

Company Name: **UNM Sandoval Regional Medical Center**

Policy Number: VAR-208264

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Voluntary AD&D	01/01/2023	04/06/2023	1	1	82	6720000	$100.80
	01/01/2023	04/06/2023	1	1	266	49910000	$748.65
	01/01/2023	04/06/2023	1	1	91	1820000	$27.30
						Total Paid January 2023 :	**$876.75**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Voluntary AD&D	02/01/2023	04/06/2023	1	1	286	56390000	$845.85
	02/01/2023	04/06/2023	1	1	85	6780000	$101.70
	02/01/2023	04/06/2023	1	1	97	1820000	$27.30
						Total Paid February 2023 :	**$974.85**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Voluntary AD&D	03/01/2023	04/12/2023	1	1	280	58370000	$875.55
	03/01/2023	04/12/2023	1	1	92	1840000	$27.60
	03/01/2023	04/12/2023	1	1	83	6750000	$101.25
						Total Paid March 2023 :	**$1,004.40**

Company Name: **UNM Sandoval Regional Medical Center**

Policy Number: VAR-208264

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Voluntary AD&D	04/01/2023	05/08/2023	1	1	276	56460000	$846.90
	04/01/2023	05/08/2023	1	1	82	6260000	$93.90
	04/01/2023	05/08/2023	1	1	90	1680000	$25.20
						Total Paid April 2023 :	**$966.00**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Voluntary AD&D	05/01/2023	06/12/2023	1	1	273	55620000	$834.30
	05/01/2023	06/12/2023	1	1	83	6480000	$97.20
	05/01/2023	06/12/2023	1	1	92	1680000	$25.20
						Total Paid May 2023 :	**$956.70**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Voluntary AD&D	06/01/2023	07/26/2023	1	1	92	1840000	$27.60
	06/01/2023	07/26/2023	1	1	265	54130000	$811.95
	06/01/2023	07/26/2023	1	1	80	6470000	$97.05
						Total Paid June 2023 :	**$936.60**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Voluntary AD&D	07/01/2023	08/07/2023	1	1	92	1720000	$25.80
	07/01/2023	08/07/2023	1	1	82	6820000	$102.30
	07/01/2023	08/07/2023	1	1	264	54720000	$820.80
						Total Paid July 2023 :	**$948.90**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Voluntary AD&D	08/01/2023	09/05/2023	1	1	267	56140000	$842.10
	08/01/2023	09/05/2023	1	1	89	1660000	$24.90
	08/01/2023	09/05/2023	1	1	84	6610000	$99.15
						Total Paid August 2023 :	**$966.15**

Company Name: **UNM Sandoval Regional Medical Center**

Policy Number: VPS-327987

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Short Term Disability	01/01/2023	04/06/2023	1	1	150	106	$8,678.95
						Total Paid January 2023 :	**$8,678.95**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Short Term Disability	02/01/2023	04/06/2023	1	1	161	117	$10,051.64
						Total Paid February 2023 :	**$10,051.64**

Premium History Report

For the Period: 1/1/2023 TO 1/29/2024

Company Name: **UNM Sandoval Regional Medical Center**

Policy Number: VPS-327987

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Short Term Disability	03/01/2023	04/12/2023	1	1	159	116	$9,971.91
						Total Paid March 2023 :	**$9,971.91**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Short Term Disability	04/01/2023	05/08/2023	1	1	155	114	$9,858.27
						Total Paid April 2023 :	**$9,858.27**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Short Term Disability	05/01/2023	06/12/2023	1	1	149	111	$9,622.37
						Total Paid May 2023 :	**$9,622.37**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Short Term Disability	06/01/2023	07/26/2023	1	1	147	109	$9,304.95
						Total Paid June 2023 :	**$9,304.95**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Short Term Disability	07/01/2023	08/07/2023	1	1	150	111	$9,520.56
						Total Paid July 2023 :	**$9,520.56**

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume ($000)	Paid Amount
Short Term Disability	08/01/2023	09/05/2023	1	1	150	112	$9,664.40
						Total Paid August 2023 :	**$9,664.40**

Total Paid Amount Figure : $238,599.36

Current Rates

Policy	Sub Policy	Coverage	Current Rate
GL-159859	01	Basic AD&D	$ .015 (per $1000 of Volume)
GL-159859	01	Basic Life	$ .085 (per $1000 of Volume)
GL-159859	01	Dependent Life	$ .015 (per Unit)
GL-159859	01	Supplemental Life	Step Rates
LTD-130679	01	Long Term Disability	$ .275 (per $100 of Covered Payroll)
VAR-208264	01	Voluntary AD&D	Step Rates
VAR-208264	01	Voluntary AD&D	Step Rates
VPS-327987	01	Short Term Disability	Step Rates

The data provided is for informational purposes. Disclosure of this confidential data beyond persons designated herein is prohibited under applicable Insurance Information and Privacy laws.