



COMPANY'S COPY

Premium Settlement Employee Benefits

Company : Page : 01
 Issue Date : 14/01/20xx
 Policy Number : Due Date : 31/01/20xx
 Info about this Premium Statement :
 Phone Number :

Abbreviations used : V = Employer's contribution
 : D = Personal contribution

Currency: EUR

State-ment	Description	V D	Life / Death	Premium Waiver	Incapacity for work	Accidents	Total
01	Premium	V	100,00				100,00
	Tax	V	4,40				4,40
	Total	V	104,40				104,40
	Sub total		104,40				140,40
	Totals						
	Premium	V	100,00				100,00
	Tax	V	4,40				4,40
Total Due			104,40				140,40