

# SWCD of Illinois Insurance

## DISABILITY and BASIC LIFE INVOICE

Payment Due  
**April 15th, 2018**

For Period  
**April, May, June  
2019**

**==Make Payment to SWCD Insurance Group==**  
Send Payment and Copy of Invoice to:  
**Montgomery County SWCD**  
Administering District  
1621 Vandalia Road  
Hillsboro, IL 62049

Date	Check #	County:	Total	\$	-
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### SHORT TERM DISABILITY

Employee Name	Annual Salary	Weekly Benefit	Quarterly Cost
		0	0.00
		0	0.00
		0	0.00
		0	0.00
		0	0.00
		0	0.00
		0	0.00
		0	0.00
TOTAL DUE			\$ -

### LONG TERM DISABILITY

Employee Name	Annual Salary	Monthly Benefit	Quarterly Cost
		0	0.00
		0	0.00
		0	0.00
		0	0.00
		0	0.00
		0	0.00
		0	0.00
		0	0.00
TOTAL DUE			\$ -

### BASIC LIFE INSURANCE

Age Category	Benefit	Monthly Rate	Units**	Total
Under 65	15000	3.010		0.00
Over 65	15000	2.190		0.00
TOTAL DUE			\$	-

**\*\*under basic life, 1 unit is equal to 3 months premiums**