

North American Benefits Company  
20 Valley Stream Parkway  
Suite 310  
Malvern, PA 19355  
1-800-994-4277

**TO OUR GROUP ACCIDENT PROTECTION PLAN POLICYHOLDERS**

**HELPFUL HINTS FROM NABCO**

- Please return the billing summary report with your payment along with a completed Report of Change or Contract Labor Census (if it pertains to your policy) to help avoid and problems with Claims Eligibility should it arise.
- Please include your group policy number on your check
- Remember to complete billing statement with \* **prior month totals** for:

**\*ALL of the following fields must be completed to avoid delays in processing payments.**

- Total Number of employees, both Full-time and Part-time
- Total Premium Calculation per total number of employees per Full-time or Part-time Rate
- Plus Monthly Billing Fee
- Please check to make sure premium calculation amount and payment amount match when submitting.

Only **premium received within 31 days of the due date permits continuance** of this important group coverage. Payments received after the expiration of the 31day grace period may be returned and subject to termination.

Please feel free to contact your NABCO account manager if you have any questions or concerns.