

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

***TO OUR TRUCKERS ACCIDENT PROTECTION PLAN POLICYHOLDERS***

***HELPFUL HINTS FROM NABCO***

- *Please return the billing summary report with your payment*
- *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.***

- *Number of employees per Class*
- *Total premium calculation per Class*
- *Plus Monthly Billing Fee*
- *Please check to make sure premium calculation amount and payment amount match when submitting.*
- *Complete Report of Change section of the billing statement with any changes made pertaining to your employees*

*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.*