



An Amwins Company

Self-Administered Monthly Bill
for

Effingham County Board of Commissioners

Policy Period: 1/1/2024 to #####

Remittance for premium month: **January**

CURRENT COVERAGE	RATE	x	# LIVES COVERED	=	TOTAL DUE STEALTH
<u>SPECIFIC COVERAGE</u>					
Emp Only	\$117.80	x	0	=	\$0.00
Emp + Spouse	\$244.29	x	0	=	\$0.00
Emp + Child(ren)	\$195.43	x	0	=	\$0.00
Emp + Family	\$465.65	x	0	=	\$0.00
<u>AGGREGATE COVERAGE</u>					
Emp / Composite	\$14.54	x	0	=	\$0.00
<u>GENE THERAPY SOLUTIONS</u>					
Emp / Composite	\$1.99	x	0	=	\$0.00
SUBTOTAL:					\$0.00

PRIOR MONTH ADJUSTMENTS	RATE	x	# LIVES COVERED	=	TOTAL DUE STEALTH
<u>SPECIFIC COVERAGE</u>					
Emp Only	\$117.80	x	0	=	\$0.00
Emp + Spouse	\$244.29	x	0	=	\$0.00
Emp + Child(ren)	\$195.43	x	0	=	\$0.00
Emp + Family	\$465.65	x	0	=	\$0.00
<u>AGGREGATE COVERAGE</u>					
Emp / Composite	\$14.54	x	0	=	\$0.00
<u>GENE THERAPY SOLUTIONS</u>					
Emp / Composite	\$1.99	x	0	=	\$0.00
SUBTOTAL:					\$0.00

ADDITIONAL ADJUSTMENTS (Previous Under/Overpayments, etc.)	SUBTOTAL:	\$0.00
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Add Explanation of Additional Adjustments Here

TOTAL REMITTANCE TO STEALTH PARTNER GROUP: \$0.00

Premium is due and payable on the first of the month, and is delinquent on the 30th.
Please complete the yellow highlighted sections above and submit this form according to the appropriate instructions

INSTRUCTIONS FOR SUBMITTING PREMIUM VIA CHECK:

Complete yellow highlighted sections of this form as applicable.
Include a printed copy of this completed form with your check.
Make check payable to: **STEALTH PARTNER GROUP (EIN: 27-0290866)** and mail to:

Mailing Address (for US Mail Only)
Stealth Partner Group c/o Wells Fargo
PO Box 949572
Atlanta, GA 30394-9572

Overnight Courier Address
Stealth Partner Group c/o Wells Fargo
Lockbox Services (604069)
3585 Atlanta Ave
Hapeville, GA 30354

INSTRUCTIONS FOR SUBMITTING PREMIUM VIA ACH/WIRES:

Complete yellow highlighted sections of this form as applicable.
Email a copy of this completed form to:

stealth.intakeremittance@amwins.com
and stealth.invoicing@amwins.com

Process ACH transfer to the following account:

Bank Name: Wells Fargo Bank, N.A.
Account Name: Stealth Partner Group - Premium Trust Account
Account Number: 4004783163 ABA Number: 121000248

FOR INQUIRIES CONTACT: stealth.invoicing@amwins.com

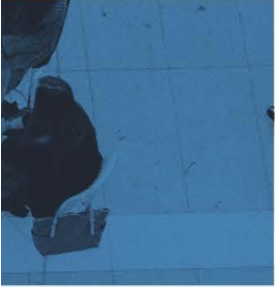


STEALTH PARTNER GROUP AND STOP LOSS INSURANCE SERVICES UNIFICATION

Stealth Partner Group (“Stealth”) and Stop Loss Insurance Services (“SLIS”) have been hard at work on their unification to form the premier stop-loss general agency in the United States. The new firm will operate under the Stealth name.

As announced in October 2019, this partnership will significantly expand AmWINS Group Benefits’ and Stealth’s ability to empower brokers to provide stop-loss and cost containment solutions to their self-funded clients. The leadership team will consist of Patricia Berridge Harley Barnes, Jr., both to be named co-CEOs of the newly formed agency, along with George Gates, who will serve as President of Operations, and Rebecca Bocek, who will serve as Regional President of the Northwest.

This team is focused on taking the necessary steps now to complete the integration process by January 1, 2021. They are also overseeing all necessary regulatory and legal issues related to the unification of the two entities, including rebranded marketing material, a new website, and unified employee email addresses. Clients can expect this to be a seamless transition with no disruption in service.



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