



THE HARTFORD
P O BOX 783690
PHILADELPHIA PA 19178-3690

Invoice #: 415934237488
Customer #: 013810570001
Policy #: 0GL 681625

JULIE A HIETTER
COLUMBUS CITY SCHOOLS
270 E. STATE STREET
COLUMBUS OH 43215

INSURANCE PREMIUM STATEMENT

IMPORTANT MESSAGES:

- ▶ The actual Amount Due for this billing period is calculated by you. It is the sum of the Past Due Balance, Fees, Current Premium and Retroactive Adjustments.
- ▶ Complete the enclosed Account Detail worksheet for your current billing period and corresponding worksheets for all past due billing periods.
- ▶ Send the completed worksheet(s), beginning with page 3, with your payment and payment coupon below.

Be sure to pay your total amount due by your payment due date to avoid risk of cancellation.

No longer need this coverage? Be sure to contact your Hartford Representative and request cancellation.

BILLING PERIOD: 12/01/2023-12/31/2023

ACCOUNT SUMMARY

Past Due Balance	\$0.00
Fee(s)	\$0.00
Retroactive Adjustment	\$0.00
Current Premium	\$102,523.83
AMOUNT DUE	\$0.00

PAYMENT DUE DATE: 12/15/2023

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). © 2019 The Hartford

**** PAYMENT COUPON • DETACH, COMPLETE AND REMIT ALL PAGES BEYOND THIS POINT WITH PAYMENT ****

Invoice #: 415934237488
Customer #: 013810570001
Policy #: 0GL 681625

AMOUNT ENCLOSED:

\$

PAYMENT DUE DATE: 12/15/2023

MAIL PAYMENT TO:

THE HARTFORD
PO BOX 783690
PHILADELPHIA PA 19178-3690

ATTENTION:

JULIE A HIETTER
COLUMBUS CITY SCHOOLS
270 E. STATE STREET
COLUMBUS OH 43215

0138105700010 00000000000415934237488 000000010252383

PAYMENT OPTIONS

Pay Online* at: www.employerview.com

*registration required for e-billed customers

Send Payment, Payment Coupon and Completed Worksheet to:

THE HARTFORD
PO BOX 783690
PHILADELPHIA, PA 19178-3690

Send Overnight Payment, Payment Coupon and Completed Worksheet to:

THE HARTFORD
LOCKBOX 3690, MAC Y1372-045
401 MARKET STREET
PHILADELPHIA, PA 19106

Send an ACH/Wire Electronic Fund Transfer (EFT):

1. Not registered?

Send email request to
BRCteam@hartfordlife.com

Provide your policy name and
customer number from your billing
statement.

2. Initiate payment to:

Wells Fargo Bank, Philadelphia, PA
The Hartford
ABA # 121000248
Acct # 2014207995465

The following information is required
with each individual EFT payment:
Customer Name, Customer Number
and Invoice Number

For detailed payment calculation instructions, visit
www.employerview.com

PAYMENT INSTRUCTIONS

All self-administered customers must submit the required
census/volume/premium detail before initiating an
ACH/EFT using one of the methods below.

Online: www.employerview.com

Fax: (855) 217-1405

Email: gb.premium@thehartford.com

PAYMENT PROCESSING

Payments will be applied in the following order:

1. Past due balance on inactive policies
2. Past due balance on active policies
3. Current account charges

GRACE PERIOD

Premium payments are due and payable in full by the
Payment Due Date. Payments must be received within your
policy's designated Grace Period, as noted in your contract,
to avoid risk of cancellation due to non-payment.

RIGHT TO AUDIT

The Hartford reserves the right to audit billing records
and premium accounting practices.

OTHER REQUESTS

**Do not include address changes and cancellation
requests with your payment.** Send these requests to
one of the following.

Email: gbdcustomerservice@thehartford.com

Fax: (866) 427-8329

Phone: Monday – Friday 8 a.m. – 8 p.m., EST
(800) 523-2233 (for fully insured policies)



Business Insurance
Employee Benefits
Auto
Home

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BILLING PERIOD: 12/01/2023-12/31/2023

ACCOUNT DETAIL - CURRENT PREMIUM

The Current Premium Due is calculated by you. Enter the actual number of Insureds, Volume, and Premium Due for each line of coverage. Be sure to send this completed worksheet and coupon with your payment.

If payment is made electronically, be sure to submit this completed worksheet online at www.employerview.com, by email to gb.premium@thehartford.com or by fax to (855) 217-1405. This ensures accurate processing of your payment.

COVERAGE	# OF INSUREDS	VOLUME	RATE RATE DEFINITION	PREMIUM DUE
Experience Group Name: COLUMBUS CITY SCHOOLS				
Policy #: OGL 681625				
LIFE	8121	403,585,000.00	X 0.1580 PER \$1000	\$63,766.43
SUPPLEMENTAL LIFE	4901	245,300,000.00	X 0.1580 PER \$1000	\$38,757.40
Experience Group Subtotal =				\$102,523.83
Current Premium =				\$102,523.83
Enter this amount on p. 1 – Current Premium				