

# Group Medical Service

{{company name}} {address} {city} {,} {provice} {country}, {postal code}

## Group Benefit Invoice

DateMar 25, 2020 **GMS Group Number** \${CO\_ContractID\_Group} DateMar 25, 2020 DateMar 25, 2020

### Summary:

Total by Benefits	No. of Lives	Volume Bi
Health	13	volumn bill
Dental	13	volumn bill
Basic Life	13	volumn bill
Dependent Life	13	volumn bill
Optional Dependent Life	13	volumn bill
Optional Life	13	volumn bill
W.I.	13	volumn bill
L.T.D.	13	volumn bill
Critical Illiness	13	volumn bill
Optional ADD	13	volumn bill
Stop Loss	13	volumn bill

## Group Medical Service

**Group Name:** {company name} **GMS Group Number:** {123123}

**Date Issued:** {Mar 25, 2020 } **Invoice Number:** {34090}

		Basic		Dep.	Optional Dep.	Optional	W.	L.T.	Critical
Health	Dental	Life	ADD	Life	Life	Life	I.	D.	Illness
Anna	Pitt	35	New York	USA	Female	Yes	Yes	Yes	Yes

This statement indicates the new amount of  
your monthly pre-authorized payments for  
coverage, based on your current-year rates.

This is not an invoice for payment. Thank  
you for choosing Group Medical Services!

**Please retain for your record**