

MEDICAL INSURANCE PREMIUM RECORD

Year: 2024

POLICY HOLDER NAME

INSURANCE PROVIDER / CARRIER

POLICY / MEMBER NUMBER

GROUP NUMBER

Due Date	Date Paid	Amount Due	Amount Paid	Ref / Check #	Status
January					
February					
March					
April					
May					
June					
July					
August					

Due Date	Date Paid	Amount Due	Amount Paid	Ref / Check #	Status
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September

October

November

December

Annual Total:

NOTES