



Lincoln Life Assurance Company of Boston
 100 Liberty Way, Suite
 Dover, NH 03820

Invoice #: Jan-21
 Customer #: 01-261332-0000
Due By: 2/15/2021

Amount Remitted: \$247,172.13

University of Maine System
Attn: April Strowbridge
65 Texas Ave
Bangor, ME 04401

remit to:chelsea.fenderson@lfg.com

REMIT PAYMENT AND BACKUP TO:
 Lincoln Life Assurance Company of Boston
 Group Protection
 PO Box 2658
 Carol Stream, IL 60132-2658

Current Period Charges - Group Insurance

Period	Billing Class	Lives	Volume		Rate (Monthly)	Rate Basis	Amount Due	Estimated Amount
Fully Insured								
Jan-21	Basic Life - Actives	4902	270,066,125	X	0.080	/ Per 1,000 =	\$21,605.29	\$0.00
	Basic Life - Retirees	7	78,100	X	0.233	/ Per 1,000 =	\$18.20	\$0.00
	Optional Life - Employee							
	00-34	203	23,258,250	X	0.040	/ Per 1,000 =	\$930.33	\$0.00
	35-39	217	32,098,000	X	0.070	/ Per 1,000 =	\$2,246.86	\$0.00
	40-44	233	35,219,000	X	0.090	/ Per 1,000 =	\$3,169.71	\$0.00
	45-49	273	45,779,733	X	0.150	/ Per 1,000 =	\$6,866.96	\$0.00
	50-54	316	53,922,870	X	0.230	/ Per 1,000 =	\$12,402.26	\$0.00
	55-59	379	58,486,023	X	0.430	/ Per 1,000 =	\$25,148.99	\$0.00
	60-64	314	46,509,788	X	0.660	/ Per 1,000 =	\$30,696.46	\$0.00
	65-69	124	11,229,580	X	1.270	/ Per 1,000 =	\$14,261.57	\$0.00
	70-74	0	-	X	2.060	/ Per 1,000 =	\$0.00	\$0.00
	75-99	0	-	X	2.060	/ Per 1,000 =	\$0.00	\$0.00
	Basic AD&D	4618	269,346,250	X	0.016	/ Per 1,000 =	\$4,309.54	\$0.00
	Optional AD&D - Employee	410	62,329,333	X	0.015	/ Per 1,000 =	\$934.94	\$0.00
	Optional AD&D - Family	843	145,184,615	X	0.026	/ Per 1,000 =	\$3,774.80	\$0.00
	LTD	4511	22,518,634	X	0.235	/ Per 100 =	\$52,918.79	\$0.00

For Billing Questions Contact CHELSEA FENDERSON at 603-245-6771 or by E-Mail
 LMBBillingsupport2@LIBERTYMUTUAL.COM
 100 Liberty Way, Dover NH 03820 Fax#: 603-430-0567



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	STD - Faculty	200	2,772,246	X	0.452	/ Per	100 =		\$12,530.55	\$0.00
	STD - Non-Faculty	1602	13,407,932	X	0.280	/ Per	100 =		\$37,542.21	\$0.00
	NY DBL Male	5	n/a	X	4.080	/ Per	Emp =		\$20.40	\$0.00
	NY DBL Female	5	n/a	X	8.840	/ Per	Emp =		\$44.20	\$0.00
	Paid Leave - NY Female	5	7,204	X	0.511	/ Per	100 =		\$36.81	\$0.00
	Paid Leave - NY Male	5	7,150	X	0.511	/ Per	100 =		\$36.54	\$0.00
	Opt Dep Life - Spouse									
	00-34	114	2,790,444	X	0.090	/ Per	1,000 =		\$251.14	\$0.00
	35-39	132	3,704,545	X	0.110	/ Per	1,000 =		\$407.50	\$0.00
	40-44	155	5,112,750	X	0.120	/ Per	1,000 =		\$613.53	\$0.00
	45-49	163	5,308,444	X	0.180	/ Per	1,000 =		\$955.52	\$0.00
	50-54	196	6,395,345	X	0.290	/ Per	1,000 =		\$1,854.65	\$0.00
	55-59	209	6,885,679	X	0.560	/ Per	1,000 =		\$3,855.98	\$0.00
	60-64	190	5,847,527	X	0.740	/ Per	1,000 =		\$4,327.17	\$0.00
	65-69	116	3,195,314	X	1.400	/ Per	1,000 =		\$4,473.44	\$0.00
	70-74	0	-	X	1.400	/ Per	1,000 =		\$0.00	\$0.00
	75-99	0	-	X	1.400	/ Per	1,000 =		\$0.00	\$0.00
	Opt Dep Life - Child	807	7,594,000	X	0.055	/ Per	1,000 =		\$417.67	\$0.00
Period			Description						Amount	

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Current Period Charges - Group Insurance

Period	Billing Class	Lives	Volume	Rate (Monthly)	Rate Basis	Amount Due	Estimated Amount
Jan-21			FICA Detail			\$520.13	
						Total Invoice	\$247,172.13

Wire Information:

Account #: 30427785
 Citibank ABA#: 021000089

Citibank DE
 One Penn's Way
 New Castle, DE 19720

Overnight Payment Address:

Lincoln Financial Group - LockBox 2658
 c/o Citibank LockBox Operations
 8430 W. Bryn Mawr Ave, 3rd Flr
 Chicago, IL 60631

Correspondence Address:

Lincoln Life Assurance Co of Boston
 Attn: Premium & Billing
 100 Liberty Way, Suite 100
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