



COMPANY'S COPY

Premium Statement Employee Benefits

Company	:		Page	: 01
Statement	:		Issue Date	: 14/01/20xx
Policy Number	:		Due Date	: 31/01/20xx
Info about this Statement of account	:			
Phone Number	:			

Abbreviations used: RW Reason of modification
 (You can find the explanation of the codes on www.eb-connect.be)
 V/D Employer's contribution / Personal contribution
 TI Taxes and if applied social contribution included

Currency: EUR

Name affiliate Number	R W	V D	Life / Death	Premium Waiver	Incapacity for work	Accidents	Total
Period from - to							
01/01/20xx-31/01/20xx	900	v	100,00				100,00
Totals							
Premium		v	100,00				100,00
Tax		v	4,40				4,40
Total		v	104,40				104,40
Total Due			104,40				104,40