LIFE INSURANCE PREMIUMS

PLAN NAME _____

Complete this form only if your plan includes life insurance. Please list each participant and the actual life insurance premium paid. Normally all premiums are paid from the plan's trust account. Please indicate if any premium was paid directly from a company checking account.

Name of Participant	**Total Dollar Amount of Payments Made During the Plan Year**
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$

TOTAL PREMIUMS PAID $ _____.

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