

## FRINGE BENEFITS

|  | 2006 |  | 2007 | 2008 |
| :--- | ---: | ---: | ---: | ---: |
| Health | $\$$ | 268,716 | $\$$ | 304,587 |
| Dental |  | $\$ 2,983$ | 13,867 | 291,172 |
| Life | 1,199 | 1,552 |  |  |
| Retirement | 74,280 | 97,345 | 113,488 |  |

# Anthem. 

 Stured Ancociation

Billing for: Bullock Pen Water District<br>1 Farrell Drive<br>PO Box 188<br>Crittenden, KY 41030-0188

Due Date: 06/01/2008
Billing Date: 05/11/2008
Coverage Period From: 06/01/2008
Through: 06/30/2008
Group ID: 00001306
Invoice Number: 044444910
SubGroup ID: 0000

## Account Summary

|  | Previous Total Due |  | \$23,752.25 | E, |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 05/09/2008 | Payment | ( | \$23,752.25) |  |  |


| Outstanding Balance as of $05 / 11 / 2008$ | $\$ 0.00$ |
| :--- | ---: |
| Current Invoice |  |
| Total Due | $\$ 23,752.25$ |$\quad \$ 23,752.25 \quad$ Please Pay This Amount

For billing questions, please call 1-866-912-3278.

+ Remember to PAY AS BILLED - pay the total amount shown as due on the bill.
+ Do not add or delete members by writing on your bill - your payment goes to an automatic deposit box that cannot read your changes.
+ Submit membership changes to Anthem as they occur. We will adjust your premiums, when applicable, on a future bill.


## IMPORTANT NOTICE REGARDING PAYMENT OF PREMIUM

Please be advised that if Anthem does not receive the group premium payment within the 30 day grace period following the premium payment due date, the group health coverage will be terminated effective on the last date through which full premiums were paid. This notice serves as the 30 -day notice of termination required by law.

IMPORTANT NOTICE: If this bill reflects an outstanding premium balance for the prior month's bill, Anthem's issuance of this invoice does not waive Anthem's contractual right to automatically terminate your group's coverage for failure to timely pay premiums

Page: 1
Form ID: DPLl

## Account Detail

|  | Subscribers | Dependents | Current | Retro | Net <br> Health 3 | 15 |
| ---: | ---: | ---: | ---: | ---: | ---: | ---: |


CurrentSubscriher Details
SubGroup Name: Bullock Pen Water District

| Subscriber | Subscriber 1D | Enrollment ID | Plan | Volume | Subscriber | Dependent | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Bowling, Janet G | 995M56557 | $4066 \%$ \% | Health 3 |  | \$868.69 | \$868.69 | \$1,737.38 |
| Caldwell, Aaron E | 073M56411 | 4040 | Health 3 |  | \$331.46 | \$1,348.39 | \$1,679.85 |
| Catlett, William R | 713M56219 | 4005 | Health 3 |  | \$868.69 | \$868.69 | \$1,737.38 |
| Catlet, William L | 988M54411 | 4070 | Health 3 |  | \$416.26 | \$1,630.64 | \$2,046.90 |
| Cook, Dianne K | 298M56570 | 4068 \% | Health 3 |  | \$754.25 | \$1,167.54 | \$1,921.79 |
| Duley, Michael R | 223M56507 | 4057 y | Health 3 |  | \$868.69 | \$868.69 | \$1,737.38 |
| Epperson, Betty S | 081M56531 | 4061 | Health 3 |  | \$720.45 | \$597.70 | \$1,318.15 |
| Johnson, Amy G | 404M56585 | 4071 | Health 3 |  | \$734.09 | \$597.70 | \$1,331.79 |
| Mason, J M | 013M56193 | 4000 | Health 3 |  | \$416.26 | \$1,019.30 | \$1,435.56 |
| Massie, Paula A | 375M56567 | 4068 | Health 3 |  | \$868.69 | \$868.69 | \$1,737.38 |
| Miller, Rebecca L . | 487M59109 | 40025 | Health 3 |  | \$754.25 | \$1,417.17 | \$2,171.42 |
| Ryan, Ernest L | 972M56267 | 4013 | Health 3 |  | \$271.58 | \$0.00 | \$271.58 |
| Simpson, Brian D | 844M56412 | 4040 | Health 3 |  | \$331.46 | \$1,318.15 | \$1,649.61 |
| Simpson, Gordon D | 668M56453 | 40476 | Health 3 |  | \$868.69 | \$868.69 | \$1,737.38 |
| Workman, Joshua A | 416M59579 | 4061 | Health 3 |  | \$285.81 | \$952.89 | \$1,238.70 |
|  |  | Subtotal | for 0000 |  | \$9,359.32 | \$14,392.93 | \$23,752.25 |

## AnthemLife

Group Nbr: CL1020-0000
Bill Group Nbr: 0000
Due Date: 06/01/2008
Region: CENTRAL



## Current Member Detail

| Reason Codes: | 1-Left Employment | 2-Temporary Absence | 3-Dropping Benefit | 4-Deceased |
| :--- | :--- | :--- | :--- | :--- |
|  | 5-Laid Off | 6-Disabled | 7-Retired | 8-Division Change |
|  | 9-Class Change | E-No Longer Eligible (PT) | D-Delete | N-Name Correction |
|  | 0-Other |  |  |  |


| Adi Code | New Div/Cls | EH <br> Date | Insured Name | Employee\# Class |  | Plan | Benefit | Premium | Total Premium |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\square$ |  |  | BOWLING, JANET G | 4066\% | 01 | LIFE | 10.000 | \$7.30 |  |
|  |  |  |  |  |  | AD\&D | 10,000 | \$0.60 | \$7.90 |
| $\square$ | - | - | CALDWELLL, AARONE | 40408ㄸaci | 01 | LIFE | 10,000 | \$7.30 |  |
|  |  |  |  |  |  | AD\&D | 10,000 | \$0.60 | \$7.90 |
| [] | $\cdots$ | - | CATLETT. WILLIAM L | 4070 | 01 | LIFE | 10,000 | \$730 |  |
|  |  |  |  |  |  | AD\&D | 10,000 | \$0.60 | \$7.90 |
| $\square$ | - | - | CATLETT, WILLIAM R | 4005merser | 01 | LIFE | 6,500 | \$4.75 |  |
|  |  |  |  |  |  | AD\&D | 6,500 | \$0.39 | \$5.14 |
| L | - | - | COOK. DIANNE K | 40680meme | 01 | LIFE | 10.000 | \$730 |  |
|  |  |  |  |  |  | AD\&D | 10.000 | \$0 60 | \$7.90 |
| $\square \square$ | - |  | DULEY, MICHAEL Fi | 4057 | 01 | LIFE | 10,000 | \$730 |  |
|  |  |  |  |  |  | AD\&D | $10,000$ | \$0.60 | \$7.90 |
| $\square \square$ | $\underline{\square}$ | - | EPPERSON, BETTY S | 40613mumber | 01 | LIFE | 10.000 | \$730 |  |
|  |  |  |  |  |  | AD\&D | 10,000 | \$0 60 | \$7.90 |
| $\square \square$ | - | - | JOHNSON, AMY G | 4071 | 01 | LIFE | 10,000 | \$7.30 |  |
|  |  |  |  |  |  | AD\&D | 10,000 | \$0.60 | \$7.90 |
| $\square \quad$ - | - | - | MASON, J M |  | 01 | LIFE | 10,000 | \$7.30 |  |
|  |  |  |  |  |  | ADED | 10,600 | \$0.60 | \$7.90 |
| $\square$ | - | - | MLLER, REBECCA L | 40020 | 01 | LIFE | 10,000 | \$7.30 |  |
|  |  |  |  |  |  | AD\&D | 10,000 | \$0.60 | \$7.90 |
| $\square \square$ | س |  | RYAN, ERNESTL. |  | 01 | LIFE | 10,000 | \$7.30 |  |
|  |  |  |  |  |  | ADRD | 10,000 | \$0 60 | \$7.90 |
| $\square \square$ | - | - | SIMPSON. BRIAND | 4048 | 01 | LIFE | 10.000 | \$7.30 |  |
|  |  |  |  |  |  | AD\&D | 10,000 | \$0.60 | \$7.90 |
| [] | - | - | SIMPSON, GORDOND | 404\% | 01 | LIFE | 10,000 | \$7.30 |  |
|  |  |  |  |  |  | ADRD | 10.000 | \$0.60 | \$7.90 |
| $\square$ | - | - | WORKMAN, JOSHUA A | $406 \%$ mmin | 01 | LIFE | 10,000 | \$7.30 |  |
|  |  |  |  |  |  | AD\&D | 10,000 | \$0.60 | \$790 |
| Summary |  |  |  |  |  | LIFE | 136,500 | \$99,65 |  |
|  |  |  |  |  |  | AD\& ${ }^{\text {d }}$ | 136,500 | \$8.19 | \$107.84 |

## Current Period Premium Due

\$107:84
*indicates change from prior billing statement. (See Adjustment Detail)

