



# WEST MCCRACKEN COUNTY WATER DISTRICT

8020 Ogden Landing Road

West Paducah, KY 42086

*William A. Tanner, Superintendent*

*Gary D. Jackson, Chairman*

February 2, 2011

RECEIVED

FEB - 4 2011

PUBLIC SERVICE  
COMMISSION

MARK C FROST  
DIVISION OF FINANCIAL ANALYSIS  
PUBLIC SERVICE COMMISSION  
PO BOX 615  
FRANKFORT KY 40602-0615

Dear Mr. Frost;

Attached please find the following:

1. 2009 General Ledger
2. a. Employee List
2. b. See Employee List
3. List of Benefits
4. Health Insurance Invoice. Paid 100% by District for employee only.  
Employees pay for family members.

If there are any questions, please call me. We look forward to your site visit.

Sincerely,

William A. Tanner

West McCracken Water District employee list 2009,2010,2011

Name	Position	Hire date	Date emp. Ended	Job duties	2009	2010	2011
Cindy Ross	Cust. Accts.	Jun-87	n/a	cust. Accts., billing, office	\$30,950	\$29,950	\$30,780
Shiela Mansfield	Asst. Supt.	Jan-85	n/a	Dist. Operations, bookkeeper	\$39,900	\$38,650	\$39,620
April Reed	Operator	Jan-10	n/a	Dist. Operations	n/a	\$25,000	\$26,650
Bill Tanner	Supt.	Jan-94	n/a	Dist. Operations, office	\$66,950	\$65,200	\$66,705
Gary Jackson	Chairman	Apt. 1998	n/a	Board of commissioners	\$600	\$600	\$600
Benny Heady	Sec.	Apt. 2002	n/a	Board of commissioners	\$600	\$600	\$600
Kieth Anderson	Trea.	Apt. 2007	n/a	Board of commissioners	\$600	\$600	\$600
Perry Lofton	part time Operator	10-Jan	n/a	Dist. Operations	n/a	\$2,100	\$1,950
Jay Young	Meter reader	2004	Jul-10	Meter reader	\$9,260	\$5,750	n/a
David Garrett	Operator	Sep-08	Oct-09	Dist. Operator	\$25,870	n/a	n/a

All employees are salaried, no overtime pay. No payroll capitalized in 2009. No projects ongoing at that time.  
 All employees are engaged in the operation and maintenance of the district only.  
 New services etc. are contracted out.  
 All positions are filled.

West McCracken Co. Water District - Employee Benefits

	2009	2010	Estimated 2011
Employer Fica	11,087.83	10,039.11	10,500.00
Employer Medi	2,593.18	2,347.84	2,500.00
Health Insurance	24,024.57	30,101.91	29,700.00
Dental Insurance	813.56	823.72	830.00
Retirement	<u>23,552.25</u>	<u>24,884.80</u>	<u>25,600.00</u>
Total	62,071.39	68,197.38	69,130.00

Benefits are for the four full time employees



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Registered marks Blue Cross and Blue Shield Association.

Billing for: West McCracken County Water District  
8020 Ogden Landing Rd  
West Paducah, KY 42086-9623

Due Date: 02/01/2011  
Billing Date: 01/11/2011  
Coverage Period From: 02/01/2011  
Through: 02/28/2011

Group ID: 00025266

Invoice Number: 075683465

Account Summary

Previous Total Due \$4,256.42  
12/13/2010 Payment ( \$2,113.33)

Outstanding Balance as of 01/11/2011 \$2,143.09  
Current Invoice \$2,143.09  
Total Due \$4,286.18

pd

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.

Fax your Membership ADDITIONS/CHANGES/TERMINATIONS to 1-800-844-6367

UNIVERSITY OF KY  
20110112 002201

**Current Subscriber Details**

**SubGroup ID:** 0000

**SubGroup Name:** West McCracken County Water District

<b>Subscriber</b>	<b>Subscriber ID</b>	<b>Plan</b>	<b>Volume</b>	<b>Subscriber</b>	<b>Dependent</b>	<b>Total</b>
Mansfield, Sheila A	870M56111	Health 2		\$554.46	\$0.00	\$554.46
Reed, April	608M60578	Health 2		\$459.39	\$0.00	\$459.39
Ross, Cindy H	559M56513	Health 2		\$564.62	\$0.00	\$564.62
Tanner, William A	835006893	Health 2		\$564.62	\$0.00	\$564.62
<b>Subtotal for 0000</b>				\$2,143.09	\$0.00	\$2,143.09

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