

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

1. Provide the monthly usage data for each Water Service Kentucky customer in gallons of water for the test period in Excel format with all columns and rows accessible and all formulas unprotected.

Response: Please see the attached Excel Spreadsheet labeled "*Response to Staff DR 1.1 – Consumption*" for the Company's response.

Witness – Andrew Dickson

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2. a. Provide a current organization chart that shows the corporate structure of Water Service Kentucky and all of its affiliated companies.

b. Provide a description of all regulated and nonregulated business activities of each company listed in the organization chart provided in response to Item 2.a.. This description should include, but not be limited to, the amount of revenues and expenses reported from each regulated and nonregulated activity for the year ended December 31, 2019, and the number of customers served by each regulated operation.

c. Describe the accounting and internal control policies and procedures that are in place to ensure that all financial transactions are charged to the proper company and that non-regulated operations are properly separated and reported from regulated operations.

Response: a. Please refer to the attached file labeled “*Response to Staff DR 1.2 – Organization Chart*” for the Company’s response.

b. Please refer to the attached file labeled “*Response to Staff DR 1.2 – Organization Chart*” for the Company’s response. A description has been provided for each company listed in the organization chart that shows the amount of revenues, expenses, net income and number of customers served by each Company for the year ended December 31, 2017.

c. UI, WSCK and WSC rely upon internal controls that are contained in UI’s internal accounting system, typically referred to as Project Phoenix, and each regulated and non-regulated company has its own ledger within our Accounting system, which is reviewed monthly by

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the regional finance team per Company. The Company also relies upon internally generated forms to ensure consistent reporting across business units, a sample of the type of forms relied upon are included as attachments to this response and include:

- Allowance for Doubtful Accounts
- Capital Project Workflow
- Capitalization Policy
- Capitalized Time Guidelines
- Delegations of Authority
- Employee Status Change Form
- Head Count Change Form
- Expense Reports

Utilities Inc.'s external auditors heavily rely on the Utilities, Inc.'s internal controls. Control activities relevant to the audit include those policies and procedures that help ensure that management directives are carried out (i.e. control activities designed to prevent/detect misstatements). Examples of these control activities include the following:

- Cash receipts and disbursements
- Variance analysis
- Financial statement close
- Payroll
- Property, plant, and equipment
- Purchases and payables
- Regulatory accounting
- Revenue and receivables

Witness – Rob Guttormsen

Allowance for Doubtful Accounts

Accounts receivable are reported in the financial statements at net realizable value which is equal to the gross amount of accounts receivable less an estimated allowance for doubtful accounts.

Two common procedures of accounting for bad debts are the direct write-off method and the allowance method. The weakness of the direct write-off method is that bad debt expense is not matched with the related revenues and that accounts receivable are overstated because no attempt is made to account for the unknown bad debts included in accounts receivable. The direct method is not acceptable under GAAP.

The Company uses the allowance method, whereby a percentage of ending accounts receivable is estimated to eventually prove uncollectible even though the specific uncollectible receivables cannot be identified. When specific accounts are written off, they are charged to the allowance account, which is periodically recomputed. In practice, customer accounts are only written-off after a final bill is issued upon service termination and outstanding for 210 days (180 days past due).

Beginning in 2009 (and following the conversion to JD Edwards and CC&B), the Company enhanced its estimation techniques establishing unique percentages to all outstanding balances based on their aging. Previously, an allowance was only provided on balances that had aged greater than 90 days. In addition, an allowance is now calculated for all companies, whereas this had previously only been done for "availability" accounts. Availability accounts are those where customers have water service available to them but have not yet begun to actually use water. Even though the customers may not use any water, they are billed a monthly base charge. This situation is typical where land has been purchased for later development.

Since past due balances are not written off until they have aged 210 days, the allowance percentages applied to each aging category cannot effectively be traced into historical records. In order to gain comfort with these percentage, the Company has conducted a comprehensive evaluation of the overall allowance for doubtful accounts which included the following:

Compare bad debt expense to write-offs. Bad debt expense recorded in a specific year implies the necessity for write-offs during that year and subsequent years. While it is unrealistic to expect estimated bad debt expense to perfectly match actual write-offs in a given year, it is reasonable to expect the ratio of bad debt expense to write-offs to be close to 1.0 over an extended period.

Compare beginning allowance for doubtful accounts to write-offs. This ratio is computed each year using the beginning-of-year allowance for doubtful accounts as the numerator and write-offs of accounts receivable during the year as the denominator. The beginning allowance-allowance-

Allowance for Doubtful Accounts

to-write-off ratio indicates how adequately the allowance accommodated subsequent write-offs.

Assess the allowance exhaustion rate. Exhaustion rates indicate the time (expressed in years) taken to use the beginning-of-year allowance in the form of actual write-offs

Based on this evaluation, the Company has determined that the allowance for doubtful accounts is adequately stated.

A capital project (CP) is defined as any capital expenditure that is either greater than \$50,000 or takes longer than 30 days to complete. Projects less than \$50,000 are typically completed in less than 30 days.

A. Capital Plan Budget Approval		
Task	Description	Owner
1.	Gather data on all costs to be included in the annual capital plan. Costs include capital projects (CP), G/L spend, capitalized time and interest during construction (IDC).	FP&A Manager
2.	Review and approve initial capital plan.	BU President
3.	UI management approval.	CEO/President
4.	Approval of annual capital plan. <i>The BoD approves the total amount of capital spending and not individual projects.</i>	Corporate Controller

B. Capital Projects Initial Set Up and Budget Creation			
Task		Description	Owner
1.	Review the timing of CP.	CP should be prioritized and scheduled based on discussions among the BU President, VP of Ops and RM.	Area/Regional Manager
2.	Assign a project owner.	Determined by the VP of Ops.	VP of Ops
3.	Create the Add-Change Form.	The project owner will create the Add-Change Form and obtain the <i>preliminary</i> input and approvals.	Project owner
4.	Obtain feedback, technical input, and preliminary approval from the Capital Project Review Team (CPRT).	This is the first of two meetings with the CPRT.	CPRT
5.	Complete the Add-Change Form.	Gather all remaining data required to complete the Add-Change such that it can be presented for final approval.	Project Owner
6.	Obtain required Business Unit level approval.	The required approvals, based on the Delegation of Authority (DoA), must be obtained and documented in the Add-Change Form in the form of a digital signature.	Project Owner
7.	Submit the completed Add-Change Form to CPRT for final approval.	CPRT approval must be documented in the Add-Change Form in the form of	Project Owner

B. Capital Projects Initial Set Up and Budget Creation			
Task	Description	Owner	
	a digital signature by a representative of the CPRT.		
8.	Submit the completed Add-Change Form to CPA.	The Add-Change Form should be submitted to the CPA once all required approvals have been obtained and documented.	Project Owner
9.	Review the Add-Change Form for completeness and proper approvals.	The CPA must confirm that the Add-Change Form is complete and all approvals have been received and documented.	CPA
10.	Assign a project number.	Assign the next available project number from the CPM.	CPA
11.	Notify the project owner of the project number.	The project number is required to create an OR.	CPA
12.	Create a project purchase order (document type "OR").	JDE will automatically route the OR for approval based on the DoA.	Project Owner
13.	Route the OR for approval based on DoA.	Automated process within JDE.	JDE
14.	Inform the CPA the OR has been approved.	Approved OR is required to set up project components and project budget amount.	Project Owner
15.	Confirm the OR budget amount agrees with the Add-Change Form budget amount and add the budget amount	The proper budget amount needs to be approved through OR approval process.	CPA

B. Capital Projects Initial Set Up and Budget Creation		
Task	Description	Owner
	to the Capital Projects Module (CPM).	
16.	Complete the project set up and enter the budget amount in the CPM.	CPA
17.	Verify that the proper budget amount has been entered into the CPM.	Assistant Controller
18.	Inform the project owner that the project set up has been completed.	CPA

Purchase orders (type "06") that would result in the project being over budget by greater the 10% are placed on hold status.

C. Capital Projects Budget Revisions			
Task		Description	Owner
1.	Alert the PO originator of the hold status.	PO originator is not allowed to complete the PO creation process if the amount will result in the project being over budget by greater than 10%.	JDE
2.	Inform the CPA via email of the hold status.	JDE will automatically create an email and route it to the CPA.	JDE
3.	Inform the project owner of the request to increase the project budget.	Inform the project owner of the request to increase the project budget and the need to update the Add-Change Form and the OR.	CPA
4.	Revise the Add-Change Form.	Update the Add-Change Form for the requested budget increase. If the budget increase is the result of a material change in the scope of the project, the Add-Change Form must again be approved by the CPRT as described in Section B.7.	Project Owner
5.	Update the OR.	Update the OR for the revised budget amount.	Project Owner
6.	Route the OR for approval based on DoA.	Automated process within JDE.	JDE

C. Capital Projects Budget Revisions			
Task		Description	Owner
7.	Submit the revised Add-Change Form to the CPA and provide notification that the required OR approvals have been received.	Provide the CPA with all revised forms and approvals.	Project Owner
8.	Review the Add-Change Form for completed and proper approvals and agree to the OR.	The CPA must certify that the revised Add-Change Form is complete and all required approvals have been received and documented.	CPA
9.	Revise the project budget.	Revise the budget in the CPM.	CPA
10.	Verify that the proper budget amount has been entered into the Capital Projects Module.	Document in the Add-Change Form that the revised budget has been correctly entered in the CPM.	Assistant Controller
11.	Release the hold status from the purchase order.	Inform the project owner and the originator of the purchase order that the hold status has been removed.	CPA

D. Capital Projects Close Out			
Task		Description	Owner
1.	Update and distribute the open project listing to project owners, VP's of Ops and FP&A Managers.	Review project status to determine if any projects are at or near completion.	CPA
2.	Determine when the project is complete and ready to be placed in service (from an accounting perspective).	Determine if the project is operational and ready to be placed in service.	Project Owner
3.	Obtain approval to close out the project.	Approval must be obtained based on the DoA and the <u>final</u> project amount. Any outstanding invoices must be considered. Approval shall be in the form of a digital signature on the open project listing.	Project Owner
4.	Inform CPA when the project is complete and ready to be placed in service.	Provide a revised and final Add-Change Form to the CPA.	Project Owner
5.	Stop recording interest during construction.	Interest is no longer capitalized as of the date the project is placed in service.	CPA
6.	Reclass the project costs from CWIP to UPIS.	Recording the project balance in UPIS enables depreciation to begin to be recorded.	CPA
7.	Close the project.	Close the project in the CPM so that no additional costs can be charged to the project.	CPA

D. Capital Projects Close Out			
Task		Description	Owner
8.	Begin depreciation.	Begin depreciation in the month the project is placed in service. A full month of depreciation is recorded in the month the project is placed in service.	CPA
9.	Record any related retirements.	Review the Add-Change Form to determine if any retirements are required and record the retirements if necessary.	CPA
10.	Submit the Retirement Form to the CPA if the retirement is required.	Complete the Retirement form if the project requires a retirement.	Project Owner

Situations may occur where it is necessary to incur spending on a capital project prior to obtaining approval based on the DoA. In these emergency situations, such as a hurricane response, the following steps should be followed.

E. Emergency Capital Projects			
	Task	Description	Owner
1.	Complete a preliminary assessment of the work to be performed and an estimate of costs.	Obtain approval based on the DoA. This approval should be in the form of an e-mail.	Project Owner
2.	Notify the CPA of the emergency situation.	Provide the estimated budget and e-mail approval to the CPA.	Project Owner
3.	Assign a project number in JDE.	Assign the next available project number from the CPM.	CPA
4.	Notify the project owner of the project number.	The project number is required to capitalize time.	CPA
5.	Notify the project owner of the project number.	The project number is required to create the OR which is required to record capitalized time to the project.	CPA
6.	Create a project purchase order (document type OR).	JDE will automatically route the OR for approval based on the DoA.	Project Owner
7.	Route the OR for approval based on the DoA.	Automated process within JDE.	JDE
8.	Inform the CPA the OR has been approved.	Approved OR is required to set up the project components and the budget project amount.	Project owner

E. Emergency Capital Projects			
9.	At a later date, complete the Add-Change Form and the OR and obtained all required approvals based on the DoA.	As soon as possible, giving consideration to the nature and timing of the emergency situation, follow the process in Section B.	Project Owner

All costs incurred to bring an asset to the condition and location necessary for its intended use are capitalized. Costs include contracted labor, direct labor, materials and indirect costs.

Costs incurred to keep a capital asset in its normal operating condition that do not extend the useful life of the asset or increase the assets future service potential or functionality, are not capitalized. These costs are expensed as incurred.

For administrative ease, many companies establish a capitalization threshold to specify the minimum amount of costs that must be incurred before such costs can be capitalized. Due to the regulatory environment in which the Company operates, it does not utilize such a capitalization threshold.

Following is a list of items that are commonly capitalized. This list is not meant to be all-inclusive but serve as a guide in typical situations. A complete listing can be found in the National Association of Regulatory Utility Commissioners (NARUC) uniform system of accounts.

1. Flow measuring devices including, well meters and customer water meters.
2. New service lines or tap-ins to existing service lines.
3. Pump motors, including the complete rewind or rebuild of an existing pump motor.
4. Valves, meter boxes, saddles, curb boxes and B boxes.
5. Sheds and pole barns.
6. Computers, copiers and fax machines.
7. Regulating, recording, measuring, telemetering and switching equipment.
8. New fencing, excluding replacement of sections of fencing.
9. Landscaping or ground repairs following new service installation or a water main break requiring pipe replacement. Ground repairs related to water main breaks repairs with clamps or wraps should be expensed as incurred.
10. Drilling and testing of new wells, drop pipes, and capping and abandoning wells.
11. Raise, renew or reset a service line.
12. Installation of any amount or piping, including replacement, for mains and service lines.
13. Major vehicle expenditures that clearly extend the original useful life of the vehicle such as an engine overhaul. General maintenance costs such as breaks, tires, batteries, electrical repairs and tune-ups should be expensed as incurred.

Capitalized Time Guidelines

The purpose of these guidelines is to ensure that all employees are fully aware of the overall concept of capitalized time and to assist employees with the process of properly recording capitalized time. Please contact Steve Lubertozzi, Jim Andrejko or Christine Kim with any questions or for assistance with items not specifically covered in this guide.

Capitalized time refers to internal labor costs directly related to a capital expenditure or a capital project. The “cost” of your salary and benefits associated with the time you worked on a capital item is allocated to that item and becomes part of its overall cost basis. Capitalized time adds to rate base or our investment basis and improves our net income. Any missed capitalized time artificially inflates our expenses and reduces our rate base.

For example, if an operator earns \$40,000 in salary and benefits and records 50 hours of capitalized time related to a capital item, the amount of capitalized time would be \$961 calculated as follows:

Annual salaries and benefits	\$ 40,000
Total hours worked in one year	÷ 2,080
Hourly cap time rate	19.58
Capitalized time recorded	× 50
Capitalized time	\$ 961

Using the above example, by capturing 50 hours of capitalized time the operator reduced our salary and benefits expense by \$961 and increased our asset base by \$961. These hours are typically project specific, charged to a specific capital project or asset and tracked for each employee.

Capital expenditures refer to costs incurred to acquire physical assets which have a useful life that extends beyond one year. All costs incurred to bring an asset to the condition and location necessary for its intended use are capitalized. Also, costs incurred to upgrade an existing asset which extends its useful life are capitalized. Costs include contracted labor (in the form of capitalized time), internal direct labor, materials and indirect costs.

Operating expenses refer to ongoing costs incurred in the day-to-day operations of the business. Typical operating expenses are for items such as chemicals, office supplies, permits and maintenance. In addition, costs incurred to keep a capital asset in its normal operating

Capitalized Time Guidelines

condition that do not extend the useful life of the asset or increase the assets future service potential or functionality are expensed as incurred.

Following are Frequently Asked Questions and Answers Regarding Capitalized Time

Q: Does travel time count as cap time if you are working on a capital item (new construction meeting)?

A: *Yes, but only if it is related to the project.*

Q: If I replace a control panel or motor starter only, does that qualify as cap time?

A: *Yes.*

Q: Do I capitalize the time spent in transit to a meeting with someone to discuss a development in addition to the time in the meeting?

A: *If it is to discuss general development plans with no specific build out in mind, then no. However, if we are working with a developer who is preparing or currently working on a development or contiguous extension and you are working in connection with that development then, yes it should be capitalized.*

Q: Is hanging out an existing meter or meter pit considered cap time?

A: *Yes.*

Q: Is the time spent designing automated answering trees and voicemail architecture for a new phone system considered cap time?

A: *No.*

Q: How many feet of replacement pipe are required before time can be capitalized?

A: *The number of feet should not really control the decision making process. For example, if we have to replace one foot of main, but this main is buried below the street and five feet of gravel/dirt, then this would be capitalized. However, if this same small piece of pipe is readily accessible and only needs to be clamped then we should not record capitalized time.*

Capitalized Time Guidelines

Q: If you spend several hours doing paperwork (POs) for a cap asset or cap suspense item (such as a major main break or where you replaced a section of main), is this time also capped?

A: *General paperwork would not qualify as cap time, unless you are engaged in construction related activities (i.e., engineering, supervision, or construction) then yes.*

Q: Spending an hour procuring a pump for a well (whether a replacement for one that burned out, or new) - is that time capped?

A: *Yes.*

Q: Time spent purchasing tools (which could be a specialty pump or something that would end up as a cap asset) - is that time capped?

A: *Yes.*

Q: Cross Connection personnel: If they spend time in the field inspecting facilities or to confirm proper equipment has been installed in order to protect our facilities from possible contamination or backflow, etc., is this time capped?

A: *Inspection of previously installed assets should not be capitalized.*

Q: Should time be capitalized when installing or replacing water meters at a service point?

A: *Yes.*

Q: Should time be capitalized when replacing a chemical feed mixer motor (from time purchasing, removing and replacing with a new one)?

A: *Yes.*

Q: Should time be capitalized when installing an elder valve?

A: *Yes.*

Q: Should time be capitalized when taking video of a sewer main to locate a tap in order to install an elder valve?

A: *Yes.*

Q: At a new house under construction it is necessary to video the line in order to locate the sewer tap. Can we cap this time spent, and the contractor's expense?

A: *Yes.*

Q: Taking video of a sewer line (as a follow-up from a previous sewer blockage):

Capitalized Time Guidelines

A: *If no problems are found no time is capitalized. If we do find a problem and have it fixed then yes.*

Q: What types of items are not capitalized?

A: *Services performed that are incidental to your work, such as general overhead costs that would have been incurred without the capital. Work not directly related to the development or construction of the project, and time related to non-capital repairs and maintenance.*

Examples of items that qualify for capitalization include the following, which is not an exhaustive list:

Installing or replacing:

1. Water supply / wells - Actual drilling of new well, testing new wells, install new or replace drop pipe, well casing, clearing land for new well, acidizing or shocking well, fracking well, capping an abandoned well.
2. Water Elect, Equip - Well pumps; booster pumps; motors; well meters (turbo); piping within pumping station, recording, switching, measuring equipment, telemetry, generators.
3. Water Storage - Water towers, storage tanks, pneumatic tanks, pressure control valves, quick tap on tanks, chemical tanks, check valves, anti- siphon valves, backflow preventer major maintenance on tanks.
4. Water Mains/Const. - Blow offs, valve boxes; section of main replaced, major main breaks.
5. Water Hydrants - Hydrants, manholes, valves for hydrants, tees at main for hydrants.
6. Water Buildings - Water treatment building: fences, building, well houses, locks, storage buildings, pole barns, driveways, reroofing or siding building.
7. Water Treatment - Chlorinator, mixers, chemical pumps, air compressors, filter system, chemical scales, softeners.
8. Meter Original Installations or Replacements.

Capitalized Time Guidelines

9. Sewer Treatment Plant/Const - Weir boxes, pumps, contact basin, piping within station, blowers, flow meter/box, clarifier, chlorinator, travel bridge, rewind/rebuild motor, surge tank impellor replacement is a rebuild to a pump/motor, generator, electrical work building, fences, locks, storage buildings, driveways, reroofing or siding building.
10. Sewer Mains/Const - Section of main replaced, major main breaks.
11. Sewer Manholes/Const - Sealing of manhole covers & raising of manholes.
12. Sewer Lift Stations/Const - Pumping station, wet well, lift stations.
13. Sewer Refuse - Transmission, distribution, pump stations, storage.
14. Reuse – treatment, storage, transmission.
15. Road or landscape repair as it relates to an above activity.

DESIGNATION OF AUTHORITY

Effective June 1, 2020

All figures stated in natural dollars

**We help people enjoy a better
life and communities thrive.**

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1 PURPOSE AND GUIDING PRINCIPLES

1.1 PURPOSE

During the course of conducting business, employees will enter into transactions and make commitments on behalf of the companies within the Corix Group of Companies (each, "Corix"). The following document provides guidance on signing authority limits for these commitments.

The President and CEO of Corix Infrastructure Inc. (the "CEO") has the authority to designate spending and signature authority for officers and employees of Croix pursuant to a written document within certain parameters. Those broad parameters are:

- The Board of Directors (the "Board") of Corix Infrastructure Inc. must approve any agreement settling or compromising a legal claim, whether formally or informally made, when the value of such claim exceeds \$1,000,000
- The Board must approve any transaction, other than required by law, in which Corix disposes of an asset with a value of \$1,000,000
- The Board must approve a hedging contract, supplier contract or revenue contract with a value of \$5,000,000 or more
- With the exception of certain emergency expenditures and business development expenditures, the Board will approve all unbudgeted operations and maintenance expenses in excess of \$2,500,000
- The Board will approve any decision to compromise a receivable amount in excess of \$250,000

Neither the Board nor the Corix may bind the British Columbian Investment Management Company ("BCIMC") to any transaction if the transaction would require BCIMC, or any investment fund operated by BCIMC, to provide new equity capital to Corix.

This Designation of Authority assumes that the Board will review individual capital projects with a budget of \$10,000,000 or more and that any individual capital project with a budget of \$5,000,000 or more will be supported by a business case. Based on these assumptions and within the parameters described above, the CEO further delegates authority to officers and employees as set out in this Designation of Authority.

1.2 GUIDING PRINCIPLES

- **Efficient Operation, Appropriate Risk Management and Controls.**

Authorities granted in this document are designed around efficient operation as well as appropriate risk management and control levels. The focus is on core business activities with a direct connection to end-customer service provision and revenue generation. Expenditures that are less directly associated with core business activities, including corporate and support services expenditures, will be subject to closer review.

- **Authorization under Policy vs Approved Annual Budget.**

Authorization of specific expenditures is separate from review and approval of the Annual Budget by the Board. Annual Budget approval provides the financial parameters within which Corix must operate. Inclusion of certain projects indicates likely expenditures but does not constitute authorization for the specific expenditures, nor is it a pre-requisite for authorization. Specific expenditures must be authorized after appropriate due diligence based on the requirements of the applicable approval process and in accordance with the authorization levels outlined in this document. For example, construction of a water treatment facility may have been included in the Annual Budget approved by the Board of Directors.

Construction of that facility must still be approved through the capital project approval process subject to the authority limits outlined in this document before expenditures may be made. Inclusion in the Annual Budget did however ensure that there was budget allocation available for the project.

- **Employee and Supervisor Accountability for Understanding Authorization Levels.**

Clarity as to an employee’s specific signing authority should be reviewed by their supervisor at the time an employee enters into the position and reviewed annually thereafter through the employee’s performance and planning process. When an employee is unclear on specific signing authority in any circumstance, he or she must receive supervisor clarification before the commitment is made.

- **Authorization Amounts based on Total Financial Commitment; Natural Dollars.**

Approval is based on the total known financial commitment. This includes all binding financial commitments, bids and proposals. All figures stated in this document are in dollars native to the business unit.

- **Most Mergers and Acquisitions are Outside of the Scope of this Designation of Authority.**

Mergers and acquisitions are governed by a separate Mergers and Acquisition Framework (See Appendix A). As such, they are generally outside of the scope of this Designation of Authority, except for bolt-on acquisitions and specified expenditures on Greenfield acquisitions and pursuit costs. Bolt-on and Greenfield are defined in the Definitions section below. Pursuant to the Shareholder’s Agreement, the following general principles apply:

MERGER OR ACQUISITION VALUE	APPROVAL AUTHORITY
To \$5,000,000	Level 1 (President and CEO)
To \$10,000,000	Audit Committee
Over \$10,000,000	Board

- **New Lines of Business**

Board approval is required to enter into a new line of business (i.e. one other than the ownership or operation of water, wastewater, district energy and natural gas, including propane, systems in a state or province whether the Corporation or its Subsidiaries currently operate).

2 DEFINITIONS

2.1 DEFINITION OF ROLES

For the purposes of this Designation of Authority, various bands of authority have been defined and associated with roles as described in the following table. Where there is uncertainty in regard to which role or category is applicable, clarification should be provided by a person in a higher level of authority.

LEVEL OF AUTHORITY	KEY POSITIONS	EXAMPLES AND COMPARABLE POSITIONS
Level 1	President & CEO	-
Level 2	Executive Team Member – Operations	COO
Level 3	Executive Team Member – Corporate/Support Services	CFO, EVP Support Services; EVP Strategy, EVP Corp Dev, EVP Risk Management

LEVEL OF AUTHORITY	KEY POSITIONS	EXAMPLES AND COMPARABLE POSITIONS
Level 4	BU President	President Atlantic Region; President Canadian Utilities; etc.
Level 5	Vice President, BU or Corporate	VP Operations; VP Business Development; VP FP&A, General Counsel, etc.
Level 6	Director, Regional Manager, Senior Manager	All Directors in Corporate/Support Services; Corporate Controller; Company Controller; Senior Manager Accounting; Project Manager, FP&A Manager, etc.
Level 7	Manager level	Supervisor; Area Manager; Office Manager; All Managers in Corporate/Support Services, etc.

2.2 GENERAL DEFINITIONS

The following terms are defined for use within this Designation of Authority.

Annual Budget: The annual budget is the financial plan approved by the Board outlining planned Capital Expenditures as well as revenue, expense, and financial performance projections.

Approval: Final approval for the specific expenditure in accordance with this Designation of Authority and the applicable capital or expense approval process. Inclusion of the expenditure in an approved annual or business unit budget does not constitute final approval for the specific expenditure.

Approved Project: A Capital or Expense Project, be it ordinary, or extraordinary course, for which proper and final approval has been received under this Designation of Authority and in accordance with the applicable capital or expense approval process. Once a project is approved, authorization of purchase orders under that expenditure may follow the appropriate section of this document.

Budgeted Expenditure: A budgeted expenditure is one which was included as a specific item, or as part of an aggregated item (i.e. General Ledger expenditure) in the Annual Budget as presented to and approved by the Board.

Bolt-on: An asset acquisition in a state or province where Corix already operates and the regulatory and tax environment is well known. Bolt-on acquisitions must also fall within the existing scope of services (i.e. water, wastewater, gas distribution, electricity generation and distribution, multi-utility, district energy utility services) within that jurisdiction. Equity transactions are governed by a separate Merger and Acquisition Framework.

Bolt-on (Irregular): A variation on Bolt-on, as described above, which does not fully meet the requirements of ordinary course of business, but which can, over time, be brought to meet those requirements. An example may be a system having older technology, or which is unregulated or not in rates, or have other non-ordinary course conditions which may be addressed over time. The category is created to provide Corix the flexibility to pursue these opportunities as ordinary course but with a lower authority level than Bolt-ons. **Acquisitions which fall into this category require both the EVP Risk Management and the Chief Financial Officer (CFO) to sign off prior to purchase.**

Capital Expenditure: An expenditure made to acquire, upgrade, or maintain an asset. Such expenditures will be capitalized and be reflected on the balance sheet.

Capital Project: Capital expenditures that are greater than \$50,000 or take longer than 30 days to complete. Capital expenditures which are below these value and time thresholds are normally considered as general ledger (or G/L) Capital Expenditures. Capital projects may be established for projects of lower value, or shorter duration if beneficial for administrative or cost tracking purposes. The approval of a project enables subsequent purchase orders under that project to be approved at lower levels within the organization than they might otherwise be (see Approved Project above).

Expense Expenditure: An expenditure which will not be capitalized but will instead be reflected on the income statement.

Extraordinary Business Expenditures: Expenditures which would not typically be incurred in the normal course of business or are not within the business's existing scope of operations. Not within existing scope means not within a state or province in which Corix operates a similar business and not offering services of a similar nature as currently offered utilizing technologies which are mature and with which Corix has appropriate expertise. Extraordinary expenditures may be capital or expense. **For regulated businesses, Extraordinary Business Expenditures are those which cannot reasonably be expected to be recovered through rates.**

Examples of Extraordinary **Capital** Expenditures include:

- Construction of assets ancillary to the core needs of the utility system which may not be considered prudent by a regulator. E.g.: installation of a solar energy system for cost reduction at a wastewater plant
- Expenditures to develop additional service offerings outside of the existing scope of services offered
- Implementation of unconventional technology or technology with which Corix has little prior experience, such that it represents a technology risk beyond a level typical in utility applications

Examples of Extraordinary **Expense** Expenditures include:

- Non-recoverable fines
- Non-recoverable regulatory expenses
- Costs incurred in the pursuit of a potential acquisition
- Non-recoverable bonuses or incentive pay

Expense Project: Similar to Capital Projects, Expense Projects may be established for administrative or cost-tracking purposes. Examples include rate case expenditures, acquisition chase costs, and non-capitalized support services projects. The approval of a project enables subsequent purchase orders under that project to be approved at lower levels within the organization than they might otherwise be (see Approved Project above).

General Ledger Capital Expenditure: A Capital Expenditure of less than \$50,000 or for which the completion takes less than 30 days.

Greenfield: Greenfield projects are new projects in states or provinces where Corix presently does not operate a business offering a similar scope of services. Greenfield asset acquisitions fall within the scope of this Designation of Authority and require signoff by the CEO and the EVP Risk Management.
Greenfield equity transactions fall within the scope of the Merger and Acquisition Framework.

Non-Regulated Business: Businesses which do not fall under formal economic regulation with respect to the establishment of rates. Businesses for which rates are established by contract, even if that contract is intended to follow economic regulatory principles, are considered non-regulated businesses.

Ordinary Course of Business Expenditure: An expenditure which would typically be incurred in the normal course of business and which is within the business's existing scope of operations. Existing scope means (a) being located within a state or province in which Corix operates a similar business, and (b) offering services of a similar nature to those currently offered. Such an expenditure utilizes mature technology with which Corix has appropriate expertise. Note that should the expenditure invoke governance by a new regulatory agency (even within an existing operating state or province), sign-off by the Chief Risk Officer will be required. Ordinary Course of Business expenditures may be capital or expense. **For regulated businesses, Ordinary Course of Business Expenditures are those which can reasonably be expected to be recovered through rates.**

Examples of Ordinary Course **Capital** Expenditures include:

- Construction, renewal, or enhancement of infrastructure for existing utility systems
- Inventory purchases
- Bolt-on acquisitions below \$5,000,000; Bolt-on acquisitions above \$5,000,000 are governed by the Merger and Acquisition Framework

Examples of Ordinary Course **Expense** Expenditures include:

- Operations and maintenance expenses
- Fuel for district energy systems
- Insurance

Purchase Card (P-card): A form of corporate credit card used for the procurement of goods and services. Its use can significantly streamline the administrative burden as compared to purchase orders. They are generally used for smaller-value transactions. Transaction value limits on P-cards will vary between roles. Purchases made with P-Cards are subject to the same authority levels as purchase orders as outlined in this designation of authority document.

Purchase Order: An instrument of Corix's financial management system which authorizes the transaction to purchase goods or services from a specific vendor. Approval of purchase orders are per the authority levels for the type of expenditure (i.e. ordinary course or extraordinary course in operating companies or corporate/shared services) they represent. If purchase orders are for expenditures as part of an approved project, higher approval levels generally apply.

Regulated Business: Businesses which fall under economic regulation, such regulation being responsible for the establishment of rates.

Unbudgeted Expenditure: An unbudgeted expenditure is one which was not included as a specific item, or as part of an aggregated item (i.e. General Ledger Capital Expenditure) in the Annual Budget as presented to and approved by the Board. This term also applies to any excess of the approved amount over the budgeted amount for specific expenditures identified in the Annual Budget.

3 GOVERNANCE CONSIDERATIONS

3.1 APPROVAL PROCESS – EXPENDITURES

All expenditures should be approved and managed consistent with Corix’s capital and expense approval and management process (see Appendix B)

3.2 INDIVIDUALS HOLDING MULTIPLE POSITIONS

An incumbent occupying two positions may exercise the authority of both of those positions except where doing so would violate an established internal control not allowing appropriate segregation of duties. For example, the CFO signing the purchase order for new ERP system and is also acting as the CIO would be a violation of segregation of duties requirements.

3.3 DELEGATING AUTHORITY TO ANOTHER PARTY

Authority to sign expenditure documents and other financial transactions may be delegated as warranted to other adequately trained and competent employees to improve operational efficiency, provided there is no conflict of interest. This delegation, once made, cannot be further delegated, and the delegator’s manager must be notified of this delegation assignment. Authority delegation assigned in the Enterprise Resource Planning system (FUSION) is sufficient documentation of this delegation. Delegation shall not exceed three months in duration. The delegating employee continues to retain accountability and responsibility for the delegated transactions. If no delegation has been made and the individual is unable to execute their authority, delegation of authority defaults to their manager, who may choose to retain the authority or temporarily reassign it. For clarity, in a situation where a more junior employee has been delegated their superior’s authority, that employee may approve an expenditure originated by themselves. This approval, however, remains “on behalf of” the superior and the superior retains accountability for it.

3.4 REPORTING EXPECTATIONS

Corix must report on a quarterly basis, expenditures against the Annual Budget as well as variances to that budget.

4 AUTHORIZATION LEVELS BY ACTIVITY

The following chart outlines the authorization levels by activity for common transactions. Note that where a more specific section of this document applies to an expenditure, that section should be followed.

EXPENDITURES – UPPER LIMIT OF AUTHORITY	LEVEL 7	LEVEL 6	LEVEL 5	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1	AC OR BOARD
Representative Position	First Line Manager	Regional Manager, Director	Vice President	BU President	CFO, EVP Support Services, EVP Strategy, Corp Dev, EVP Risk Management	COO	President and CEO	Audit Committee (AC) or Board
Regulated and Non-Regulated Business								
Ordinary Course Capital or Expense ¹	\$5,000	\$50,000	\$500,000	\$1,000,000	N/A	\$2,500,000	\$10,000,000 ^{2 3}	Above \$10,000,000 (Board)
Extraordinary Capital & Expense	Nil	Nil	\$100,000	\$250,000	N/A	\$500,000	\$2,500,000	Above \$2,500,000 (Board)
Bolt-on (Irregular)	Nil	Nil	Nil	Nil	Nil	\$1,000,000	\$2,500,000	Above \$2,500,000 (Board)
Greenfield Capital and Expense ⁴	Nil	Nil	Nil	Nil	N/A	\$100,000	\$250,000	Above \$250,000 (Board)
Purchase Order ¹ or Contract for Approved Project Expenditure	\$5,000	\$500,000	\$1,000,000	\$2,500,000	N/A	\$5,000,000	\$5,000,000	Above \$5,000,000
Corporate and Support Services⁵								
Ordinary Capital or Expense	\$5,000	\$25,000	\$100,000	N/A	\$500,000	\$500,000	\$5,000,000	Above \$5,000,000 (Board)
Extraordinary Capital & Expense	Nil	Nil	\$100,000	N/A	\$250,000	\$500,000	\$2,500,000	Above \$2,500,000 (Board)
Purchase Order or Contract for Approved Project Expenditure	\$5,000	\$100,000	\$500,000	N/A	\$2,500,000	\$2,500,000	\$5,000,000	Above \$5,000,000

¹ Purchase Orders are required for all transactions unless using a P-card. P-cards are subject to the cardholder's limit.

² This limit is \$2,500,000 for unbudgeted O&M and \$5,000,000 for a hedging contract or supplier contract.

³ Bolt-on acquisitions greater than \$5,000,000 require Audit Committee approval.

⁴ Greenfield capital and expense falls under the scope of Mergers and Acquisition Framework, rather than this Designation of Authority, save for a modest authority for small endeavors and an accommodation for pursuit costs.

⁵ Corporate and Support Service expenditures are generally allocated to the business through Corix's cost allocation methodology (CAM).

5 EXCEPTIONS AND CLARIFICATIONS

5.1 NOTE ON FUSION PROGRAMMING

This section contains exceptions and clarifications on the Designation of Authority levels outlined in the table in Section 4. **It should be noted that the exceptions and clarifications are not, in general, programmed into the approval routing within Corix’s Enterprise Resource Program (FUSION). It is the responsibility of approving authorities to understand and act in accordance with these exceptions and clarifications.**

5.2 PURCHASE ORDERS AND CONTRACTS FOR APPROVED PROJECT EXPENDITURES

Once a project has been approved under this Designation of Authority, project managers and others executing the project are given higher approval levels for purchase orders and contracts which constitute expenditures for that project as shown in the approvals table in Section 4. This is true for all project types, be they ordinary course, extraordinary course, capital, or expense. Conversely purchase orders for expenditures which are not part of an approved project are subject to more stringent approval levels.

5.3 EMERGENCIES

In emergency situations, particularly including situations where the health or safety of employees or customers or the necessary operation of systems may be at risk, the authority to requisition material, fuel, and contracted service rests with local leadership. Local leadership is expected to address emergency requirements in a timely manner and use appropriate judgment to manage costs. Both requisitioning and purchasing approvals must be obtained after the emergency has been resolved, by review of invoices that describe the materials and/or services associated with the approval. It should be noted that the President and CEO has authorization from the Board for emergency expenditures up to \$1,000,000 per event. Expenditures in excess of this amount require Audit Committee authorization,

5.4 EMPLOYEE TRAVEL AND BUSINESS EXPENSE REIMBURSEMENT

The Designation of Authority does not apply to employee travel and business expenses. The guidelines for, and approval of, these expenses are as set out in the **Business Travel and Entertainment Policy** (See Appendix C) and any other policy relevant to employee expense approval. The employee expense reimbursement process should not be used in place of the purchase order process or to circumvent the Designation of Authority.

5.5 PROJECT CIAC AND CONTINGENCY/DEVELOPER PAYMENTS

Collection of all project Contribution In Aid of Construction (CIAC) and contingency payments must be approved by the Business Unit, Level 4 and Level 2.

5.6 DISPOSITION OF ASSETS

Disposal, divestiture, or write-off of any real property (unmovable items such as land and anything attached to the land such as buildings), or personal property (movable items such as vehicles, equipment, etc.) is subject to the following authority levels:

ASSET AND DOLLAR AMOUNT	APPROVAL AUTHORITY
Personal Property to \$500,000	Level 5
Personal Property over \$500,000	Level 4

ASSET AND DOLLAR AMOUNT	APPROVAL AUTHORITY
Real Property to \$250,000	Level 5
Real Property to \$500,000	Level 4
Real Property to \$1,000,000	Level 1 and Level 3 Finance (CFO)
Real Property Over \$1,000,000	Board or Audit Committee as specified in Shareholders' Agreement

Divestment of full businesses:

ASSET AND DOLLAR AMOUNT	APPROVAL AUTHORITY
To \$500,000	Level 2
To \$1,000,000	Level 1 and Level 3 Finance (CFO)
Over \$1,000,000	Board or Audit Committee as specified in Shareholders' Agreement

5.7 COMMODITY OPTIONS, HEDGING, FORWARD CONTRACTS

The present value of the downside exposure of all hedging/forward contracts calculated at Corix's weighted average cost of capital is to be calculated/reviewed by the external auditor and contained in the year-end valuation report.

NORMAL COURSE EXPOSURE	EXTRAORDINARY EXPOSURE	APPROVAL AUTHORITY
To \$1,000,000	To \$500,000	Level 1 or CFO
To \$5,000,000	To \$1,000,000	Level 1 and CFO
To \$10,000,000	To \$5,000,000	Audit Committee
Over \$10,000,000	Over \$5,000,000	Board of Directors

5.8 COMMITMENTS TO SUPPLY SERVICES TO OTHERS

Contracts, contract extensions, and binding bids and proposals to provide services to existing or prospective customers and other parties, which meet the requirements for Ordinary Course of Business as established by the criteria in Section 2.2. Examples include operation and maintenance contracts for water/wastewater and multi-year contracts to provide thermal energy. For the purposes of approval, the value is to be total commitment of the services

VALUE	APPROVAL AUTHORITY
Nil	Level 8
To \$5,000	Level 7
To \$50,000	Level 6
To \$500,000	Level 5
To \$1,000,000	Level 3 or 4
To \$2,500,000	Level 2
To \$5,000,000	Level 1
Over \$5,000,000	Board or Audit Committee as specified in Shareholders' Agreement

5.9 INFORMATION TECHNOLOGY (IT) PURCHASES

IT refers to devices and/or services used in the processing of data electronically, including:

- Computers, whether a server, desktop, laptop or any other portable data device;
- Software or peripherals that cannot be used independently from a computer.

Information Technology (IT) is to be purchased through the IT department except for ancillary equipment, such as cases, batteries, power supplies or chargers, which can be purchased directly. Approvals are by the department or business unit bearing the cost and authorization is based on normal course of business authorization levels. Information Systems projects (e.g. Oracle Cloud, OMS) fall under Support Service and Corporate expenditures.

5.10 ACCOUNTING

5.10.1 Tax Consulting Services (recurring and non-recurring), Audit and Annual Tax Filing Costs

DOLLAR LIMIT	APPROVAL AUTHORITY	DESCRIPTION
To \$5,000	Level 6 Tax or Finance department	Covers questions from daily operations
\$100,000	Level 5 Tax or Finance department	Covers complex questions and advisory memos for unusual transactions
Over \$100,000	Level 3 Finance (e.g. CFO)	Covers annual tax compliance, reorganizations, etc.

5.10.2 Payment of Income and Indirect Tax

DOLLAR LIMIT	APPROVAL AUTHORITY	DESCRIPTION
To \$100,000	Level 6 Tax department	Covers most quarterly tax payments (quarterly limit)
To \$1,000,000	Level 5 Tax department	Covers tax payments from more profitable entities (quarterly limit)
Over \$1,000,000	Level 3 Finance (e.g. CFO)	Covers tax payments from unusual transactions (i.e. dividend withholding tax)

5.10.3 Taxes Other Than Income

Property taxes, gross receipt taxes, etc., will be paid within the regulated and non-regulated business units. Any annual amounts over \$50,000 to be approved by Business Unit presidents.

5.10.4 Bad Debt Write-offs and Third-Party Debt Settlements

Approval is required for the write-off of bad debts and third-party debt settlements (not to set up allowance for doubtful account provisions):

EXPENDITURE	APPROVAL AUTHORITY
To \$10,000	Business Unit Level 5

EXPENDITURE	APPROVAL AUTHORITY
To \$25,000	Business Unit Level 4
To \$50,000	Level 3 Finance
To \$250,000	Level 1 and Level 3 Finance (CFO)
Over \$250,000	Board or Audit Committee as specified in Shareholders' Agreement

5.10.5 Impairments

Approval is required for any impairment of assets:

EXPENDITURE	APPROVAL AUTHORITY
To \$50,000	Level 5 Finance
Over \$50,000	Level 3 Finance

5.11 CREDIT APPROVAL LIMITS

Only employees in the positions described below are authorized to approve credit applications and credit limits on behalf of Corix.

TYPE OF CREDIT APPROVAL	LEVEL 7 A/P	LEVEL 6 TREASURY OR A/P	LEVEL 3 FINANCE	LEVEL 1
New Customer	\$10,000	\$200,000	\$2,000,000	\$3,000,000
Payment Terms, Security and Holdback Provisions	N/A	\$1,000,000	\$3,500,000	\$5,000,000

5.12 LEGAL EXPENDITURES AND CLAIMS

Approval of legal expenditures, after appropriate review by Legal, is by the Business Unit or department with budget responsibilities, except in the case where legal expenses are allocated to the business through the Cost Allocation Methodology (CAM) in which case approval may be granted by the appropriate representative of the Legal Department. Commencement of any non-routine legal proceedings requires the approval of the CEO.

5.12.1 Legal Expenses

Legal expense authorization levels are per normal course of business, however coordination with the Legal department is expected.

5.12.2 Settlements

DOLLAR LIMIT	APPROVAL AUTHORITY
\$25,000	Level 5
\$250,000	Level 3 or 4
\$500,000	Level 2
\$1,000,000	Level 1
Over \$1,000,000	Board or Audit Committee approval as specified in Shareholders' Agreement

5.13 COMMUNITY GIVING

All community giving and donations must be consistent with Corix's Corporate Giving Policy (Appendix E) and any other policy relevant to community giving.

5.14 INSURANCE

Requirements regarding insurance are captured below subject to a more detailed Insurance Policy, should that be developed.

5.14.1 Contracts/Bids Requiring Bonding

Bonding for contracts is to be reviewed by General Counsel and approved by a Level 4 or above.

5.14.2 Business Insurance Contracts

All business insurance contracts are to be reviewed by General Counsel and approved by Level 3 Support Services.

5.14.3 Employee Insurance and/or Benefit Contracts

All employee and/or benefit insurance contracts are to be approved by the Benefits Planning Committee with Level 3 as signatory.

6 PAYMENT PROCESSING AND TREASURY

Signatures required when making payments, executing wire transfers, and conducting Treasury management activities, will comply with the following:

APPROVAL GROUP
The following roles comprise the "Approval Group" for the purposes of making payments, executing wire transfers, and conducting treasury management activities per the table below.
President and CEO
Chief Operating Officer
Executive Vice President & Chief Financial Officer
Executive Vice President & Chief Strategy Officer
Vice President, Tax & Special Projects
Vice President, Corporate Financial Reporting & Analytics

CHECKS
Under \$50,000 – Auto-signature process of any two signers
\$50,000 or over – Any two original signatures from the Approval Group above
Wire Transfers
Any two from the Approval Group above to sign for any amounts (original or email approval)
INTERNAL WIRE TRANSFERS (INTERCOMPANY)
Under \$5,000,000 – Anyone from the below group to sign
Senior Manager, Treasury Operations
Assistant Treasurer
\$5,000,000 or over – Anyone from the Approval Group above group to sign.
AUTHORIZATION FOR DEPOSITORY ACCOUNTS AND TREASURY MANAGEMENT SERVICES
Any two from the Approval Group above to sign

7 REVISION HISTORY

This section contains the revision history for the document.

NOTE: all changes made to this document both major and minor must be recorded.

VERSION	DATE	NAME	DESCRIPTION
1.0	21-May-20	David Kitching	Initial release of DoA. Approved by EMT April 29, 2020 (with agreed updates made)

8 EXAMPLES

The following are examples of the application of the Designation of Authority:

EXPENDITURE DESCRIPTION	APPROVAL AUTHORITY	CATEGORY
\$500 valve replacement	Level 7	Ordinary Course Capital
\$3,000 pump replacement	Level 7	Ordinary Course Capital
\$30,000 water main repair	Level 6	Ordinary Course Capital
\$450,000 Capital Project – district heating energy transfer station	Level 4	Ordinary Course Capital
\$150,000 construction work purchase order on an approved Capital Project	Level 6	Purchase Orders for Approved Project
\$300,000 equipment purchase order for an approved Capital Project	Level 5	Purchase Orders for Approved Project
\$7,000,000 Wastewater Treatment Plant replacement Capital Project identified in board-approved Corix Capital Plan	Level 1	Ordinary Course Capital
\$2,000,000 construction contract for the above WWTP – once project has been approved by President and CEO	Level 2	Contract for Approved Project
\$400,000 Information Systems upgrade - corporate Capital Project	Level 3 Support Services	Support Services Capital
Acquisition of water/wastewater system in a state/province in which we currently operate. Purchase price of \$2,000,000	Level 1	Ordinary Course Capital
Grounds maintenance contract, \$40,000 annual cost	Level 6	Ordinary Course Expense
Natural gas purchase agreement securing fixed-price supply to be used as part of normal operations. Annualized value of \$2,000,000	Level 1	Ordinary Course Expense
Steam supply contract with district heating customer, annualized value of \$400,000	Level 5	Commitment to Supply Services to Others
\$2,500 Laptop computer	BU Level 7	Ordinary Course Capital (must be purchased through IT)

9 APPENDIX A: M&A FRAMEWORK (NEW POLICY)

In progress

10 APPENDIX B: STANDARD OPERATING PROCEDURE FOR CAPITAL AND EXPENSE APPROVAL AND MANAGEMENT

In progress

11 APPENDIX C: TRAVEL AND ENTERTAINMENT

In progress

12 APPENDIX D: CORIX SOLE SOURCE POLICY

In progress

13 APPENDIX E: CORPORATE GIVING POLICY

In progress



EMPLOYEE STATUS CHANGE FORM

(For Individual Employees)

CURRENT EMPLOYEE INFORMATION			
EMPLOYEE NAME		EFFECTIVE DATE	
WORK RELATED INFORMATION			
	Remove		Add
JOB TITLE			
PAY RATE	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	
FLSA STATUS	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt	
EMPLOYMENT STATUS	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Contractor <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Contractor <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>	
SUPERVISOR			
BUSINESS UNIT			
OFFICE LOCATION			
COMPANY NUMBERS (3 DIGITS)			
OBJECT ACCOUNTS			
OTHER			
Does a change in this employee's JDE setup need to be made? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please select the type of access change and detail it below)</i>			
<input type="checkbox"/> JDE Purchase Order Route Approval Change <i>(include new Supervisor and Title above)</i> <input type="checkbox"/> Delegation of Authority Change <i>(include new Supervisor and Title above)</i> <input type="checkbox"/> JDE Change in Access Request <i>(include the application number(s))</i> : _____ <input type="checkbox"/> JDE Business Unit Change <i>(include any new BU number and associated company numbers above)</i> <input type="checkbox"/> Other JDE change: _____			
Status Change Notes <i>(provide additional detail as necessary):</i>			
REASON CODE	<input type="checkbox"/> Promotion <input type="checkbox"/> Demotion	<input type="checkbox"/> Reclassification <input type="checkbox"/> Reorganization	<input type="checkbox"/> Transfer <input type="checkbox"/> Adjustment
			<input type="checkbox"/> Merit <input type="checkbox"/> Other
APPROVALS			
Manager/Originator		Date	
BU Executive		Date	
Reviewed by HR		Date	
Reviewed by PR		Date	



Employee Travel and Business Expense Reimbursement Form



Employee Name:	Matt Morrell
Business Unit:	255100

ACCOUNTING USE		
	Object Code	Amount
1.	255100.6385	\$ 161.21
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
		\$ 161.21

EMPLOYEE USE	
EXPENSE SUMMARY	
Total expenses	\$ 161.21
Less cash advances	
Less amounts charged on corporate credit card	-
Net amount due employee	\$ 161.21
MILEAGE REIMBURSEMENT CALCULATOR	
Miles driven	-
IRS mileage rate	\$ 0.575
Mileage reimbursement	\$ -
<i>Note that the mileage reimbursement calculated above must be manually entered on page two of this form.</i>	
PURPOSE OF EMPLOYEE TRAVEL	

Employee Signature	Date	Approved By	Date

Employee Travel and Business Expense Reimbursement Form



Employee Name:	Matt Morrell
Business Unit:	255100

	Date	Type of Expense	Vendor	Description	BU or Project Code	Object Code	Amount
1.	11/10/15	Uniforms	Shoebuy.com	steel toe work boots	255100	6385	161.21
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
	Total						161.21

Employee Travel and Business Expense Reimbursement Form



INSTRUCTIONS

In General

1. Refer to the Employee Travel and Business Expense Reimbursement Policy for further guidance on specific expense items.
2. All expense reports should be sent to the Accounts Payable Department in Northbrook II.
3. All receipts not already "8.5 by 11.0" must be taped to an 8.5" by 11.0" sheet of paper and accompany the expense report. Original expenses must be submitted in order for an expense to be reimbursed.
4. All questions, including assistance with object codes, should be directed to Accounts Payable.

Page 1

5. Input name and business unit (which will automatically carry forward to page 2).
6. Expense Summary - input the amount of any cash advance or any amounts charged on a corporate credit card as a negative number. All other amounts will calculate automatically.
7. Mileage Reimbursement Calculator - input the number of miles driven and the mileage reimbursement will be calculated. Note that the amount of the reimbursement does not automatically feed into page two of the form.
8. Input purpose of employee travel.
9. Sign and date.
10. Approver sign and date.

Page 2

11. Input date, vendor, description, BU or project code and amount of each expense item.
12. Input the type of expense by clicking on that field which will provide a drop down menu of expense items to choose from. Hotel bills should be split out between lodging, meals, telephone, etc. If "project cost" is selected, a project code must be entered in the BU or product code column.
13. Object codes will automatically be displayed once the type of expense is selected.
14. In order to be reimbursed, expenses for business meetings must provide the names and companies of those in attendance along with the purpose of the business meeting. This information can also be input in the fields provided on page 1.



HEADCOUNT CHANGE FORM

TO BE COMPLETED BY REQUESTING SUPERVISOR	EXISTING POSITION INFORMATION	Job Title	Office Location	Business Unit
		Department	Position Previously Held By	Immediate Supervisor
	ACTION REQUESTED	<input type="checkbox"/> Fill Vacant Headcount <input type="checkbox"/> Transfer Existing Headcount <input type="checkbox"/> Eliminate Existing Headcount <input type="checkbox"/> Add New Headcount (Please Attach a Draft of Job Description)		
	REASON FOR FILLING, ELIMINATING, TRANSFERRING EXISTING HEADCOUNT OR ADDING NEW HEADCOUNT			
	FLSA Status:	<input type="checkbox"/> Non-Exempt (Bi-Weekly) <input type="checkbox"/> Exempt (Semi-Monthly)		
	IF A TRANSFER OF HEADCOUNT, PLEASE DETAIL THE TRANSACTION	From Supervisor	To Supervisor	
		Company Numbers (3 Digit Number)	Company Numbers (3 Digit Number)	
		Business Unit	Business Unit	
		Office Location	Office Location	
		Department	Department	
	Job Title	Job Title		
	Other	Other		
APPROVALS	Manager/Originator	Signature	Date	
	BU Executive	Signature	Date	
	Human Resources	Signature	Date	

★ All signatures required prior to any action regarding headcount change.

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION’S ORDER DATED JUNE 26, 2020

3 Provide all work papers, show all calculations, and state all assumptions that Water Service Kentucky used to develop its pro forma test-period financial information. For all work papers and calculations that exist in an electronic spreadsheet format, provide on an electronic storage medium an electronic copy that is capable of being read and manipulated using Microsoft Excel.

Response: Please refer to the attached file labeled “*Response to Staff DR 1.3 – Filing Template*” for the filing template used to develop WSKY’s pro forma test-period financial information. Also, refer to the attached file “*Response to Staff DR 1.3 – Salaries*” for the details and support for the pro forma salary adjustment presented on the “w-p-b Summary of Salary” tab of the filing template.

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

4. a. State whether any of the internal accounting manuals, directives, policies, and procedures that Water Service Kentucky submitted in Case No. 2018-00208 have been modified, amended, or replaced.

b. For each manual, directive, policy or procedure that has been modified, amended, or replaced, provide the current version of the document and identify the portions of the current version that differ from the document that Water Service Kentucky previously provided.

Response: The internal accounting manuals, directives, policies and procedures that WSKY submitted in Case No. 2018-00208 have not been modified, amended, or replaced.

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION’S ORDER DATED JUNE 26, 2020

5. Provide a schedule listing and describing each project included in the test- year Construction Work in Progress ("CWIP").

Response: Please refer to the attached file entitled “*Response to Staff DR 1.5 - Queensbury Main Replacement*”. This project is in service as of April 30th 2020 and is used and useful to Kentucky ratepayers; however, it was inadvertently omitted from the Company’s proposed revenue requirement. Approximately 625’ of 6-inch water distribution main and 20’ of 4-inch water distribution main was installed in the Middlesboro service area along Queensbury Heights Rd.

Vaughn & Melton Consulting Engineers was hired to provide engineering services including design, bidding, and construction administration. Byrd Construction completed the construction and site restoration for the project. Invoices for the project are attached to this response as “*Response to Staff DR 1.5 - Queensbury Invoices*”.

Witness – Rob Guttormsen

3055906

Batch 345498

Doc 1093050



INVOICE
PAGE 1 of 1

Client ID: 18100

Invoice Number: 1

Invoice Date: 9/6/19

Bill to: Mr. Stephen Vaughn, Manager
KY Operations - Utilities, Inc.
102 Water Plant Road
Middlesboro, KY 40965

Project Number: 11950-06
Project Description: Queensbury Heights Waterline Replacement

322691 345

In accordance with our agreement, the following billing is hereby submitted for professional engineering services performed to date:

Waterline Replacement Design & Bidding Services:

Lump Sum Fee:	\$ 4,000.00
Percentage Complete to Date:	80%
Amount Due to Date (80% of \$4,000.00):	<u>3,200.00</u>
TOTAL DESIGN & BIDDING FEE DUE TO DATE	\$ 3,200.00

Construction Admin Services:

Lump Sum Fee:	\$ 1,000.00
Percentage Complete to Date:	0%
Amount Due to Date (0% of \$1,000.00):	<u>0.00</u>
TOTAL CONSTRUCTION ADMIN FEE DUE TO DATE	\$ 0.00

TOTAL FEES DUE TO DATE	\$ 3,200.00
Less Previous Invoices	<u>0.00</u>

TOTAL DUE THIS INVOICE \$ 3,200.00

We appreciate the opportunity to be of service to you.

Very truly yours,

VAUGHN & MELTON CONSULTING ENGINEERS, INC.

Mitchel L. Brunnsma, P.E.
mlbrunnsma@vaughnmelton.com

RECEIVED
SEP 7 3 2019

Please send payments to:
Vaughn & Melton Consulting Engineers, Inc.
109 South 24th Street
Middlesboro, KY 40965

Please include a copy of the invoice or the invoice number on the check.
For questions, call (606) 248-6600.

Natalie Schaefer

From: Stephen R. Vaughn
Sent: Wednesday, September 18, 2019 2:11 PM
To: Natalie Schaefer
Subject: Invoice
Attachments: V&M Invoice.pdf

Good Afternoon Natalie,

Please see attached invoice, PO#322691.

Thanks!

Stephen Vaughn | Area Manager

Kentucky Operations - Utilities, Inc. | 102 Water Plant Road, Middlesboro KY 40965

Skype | Office 606-248-2306 | Cell 606-269-1533

srvaughn@uiwater.com | www.uiwater.com

PO#337007

Batch 361833
Doc 1142472

BYRD CONSTRUCTION

INVOICE 2147

Dwane Byrd

Date 3/6/2020

**612 Flatwoods Road
speedwell, TN 37870**

**To: UTILITES,INC.
MIDDLESBORO KY**

CELL 423-494 -9536

JOB : QUEENSBURY HEIGHTS

WATERLINE REPLACEMENT

Description	Footage	Unit	Amount
6" PE	625'	\$24.80	\$15,500.00
4 " PE	20'	\$45.00	\$ 900.00
6X4 TEE	1	\$1,500.00	\$ 1,500.00
CAP OLD LINE	3	\$600.00	\$ 1,800.00
6" DRY TIE	2	\$600.00	\$ 1,200.00
4" DRY TIE	1	\$600.00	\$ 600.00
3/4 COPPER	60 FT	\$15.00	\$ 900.00
Service Re-connect	4	\$1,500.00	\$ 6,000.00
INS ADDITION	5 MILLION	\$2,178.00	\$2,178.00
		TOTAL	\$30,578.00



3005906

Batch 364759
Doc 1155361

INVOICE
PAGE 1 of 1

Client ID: 18100

Invoice Number: 3 (FINAL)

Invoice Date: 4/15/20

Bill to: Mr. Stephen Vaughn, Manager
KY Operations - Utilities, Inc.
102 Water Plant Road
Middlesboro, KY 40965

Project Number: 11950-06
Project Description: Queensbury Heights Waterline Replacement

PO 339657
BU 345102

In accordance with our agreement, the following billing is hereby submitted for professional engineering services performed to date:

Waterline Replacement Design & Bidding Services:

Lump Sum Fee:	\$ 4,000.00
Percentage Complete to Date:	100%
Amount Due to Date (100% of \$4,000.00):	<u>4,000.00</u>
TOTAL DESIGN & BIDDING FEE DUE TO DATE	\$ 4,000.00

Construction Admin Services:

Lump Sum Fee:	\$ 1,000.00
Percentage Complete to Date:	100%
Amount Due to Date (100% of \$1,000.00):	<u>1,000.00</u>
TOTAL CONSTRUCTION ADMIN FEE DUE TO DATE	\$ 1,000.00

Construction Review Services:

\$60.00/HR x 3.0 HR =	\$ 180.00
TOTAL CONSTRUCTION REVIEW FEE DUE TO DATE	\$ 180.00

TOTAL FEES DUE TO DATE	\$ 5,180.00
Less Previous Invoices	<u>4,670.00</u>

TOTAL DUE THIS INVOICE \$ 510.00

We appreciate the opportunity to be of service to you.

Very truly yours,

VAUGHN & MELTON CONSULTING ENGINEERS, INC.

Mitchel L. Brunisma, P.E.
mlbrunisma@vaughnmelton.com

Please send payments to:
Vaughn & Melton Consulting Engineers, Inc.
109 South 24th Street
Middlesboro, KY 40965

Please include a copy of the invoice or the invoice number on the check.
For questions, call (606) 248-6600.

Client ID: 18100

Invoice Number: 2
Invoice Date: 3/9/20

Bill to: Mr. Stephen Vaughn, Manager
KY Operations - Utilities, Inc.
102 Water Plant Road
Middlesboro, KY 40965

Project Number: 11950-06
Project Description: Queensbury Heights Waterline Replacement

In accordance with our agreement, the following billing is hereby submitted for professional engineering services performed to date:

Waterline Replacement Design & Bidding Services:

Lump Sum Fee:	\$ 4,000.00
Percentage Complete to Date:	100%
Amount Due to Date (100% of \$4,000.00):	<u>4,000.00</u>
TOTAL DESIGN & BIDDING FEE DUE TO DATE	\$ 4,000.00

Construction Admin Services:

Lump Sum Fee:	\$ 1,000.00
Percentage Complete to Date:	55%
Amount Due to Date (55% of \$1,000.00):	<u>550.00</u>
TOTAL CONSTRUCTION ADMIN FEE DUE TO DATE	\$ 550.00

Construction Review Services:

\$60.00/HR x 2.0 HR =	\$ 120.00
TOTAL CONSTRUCTION REVIEW FEE DUE TO DATE	\$ 120.00

TOTAL FEES DUE TO DATE	\$ 4,670.00
Less Previous Invoices	<u>3,200.00</u>

TOTAL DUE THIS INVOICE **\$ 1,470.00**

We appreciate the opportunity to be of service to you.

Very truly yours,

VAUGHN & MELTON CONSULTING ENGINEERS, INC.



Mitchel L. Brunsma, P.E.
mlbrunsma@vaughnmelton.com

Please send payments to:
Vaughn & Melton Consulting Engineers, Inc.
109 South 24th Street
Middlesboro, KY 40965

Please include a copy of the invoice or the invoice number on the check.
For questions, call (606) 248-6600.

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

6. a. Provide a test-period general ledger for Water Service Kentucky that includes all asset, liability, capital, income, and expense accounts that clearly shows all account numbers, subaccount numbers, account titles, subaccount titles, and all entries to each account for the 12 months of the test year. For each entry, indicate the date paid, vendor name, check number used to make payment, and the amount. Also, distinguish all entries made to record costs directly assigned to Water Service Kentucky from those made to record an allocation of common costs to Water Service Kentucky.

b. Provide the test-period general ledger in Excel format with all columns and rows accessible and all formulas unprotected.

Response: Please see the attached file entitled "*Response to Staff DR 1.6 - General Ledger*".

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

7. a. For each cash account used by Water Service Kentucky during the test-period, provide a cash disbursements ledger that lists all checks in chronological order and details the date paid, check number, vendor, and amount.

b. Provide on an electronic storage medium in Excel format the test-period cash disbursements ledger.

Response: Please see the attached files labeled "*Response to Staff DR 1.7 – Cash Disbursements*". Please note that Utilities, Inc. uses a highly centralized cash management system for all its operating companies. The Company has included invoices directly booked to WSKY's general ledger for the test period, along with the check number used to pay each invoice.

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

8. Provide all audit adjustments made for the test-period financial statements.

Response: No audit adjustments were made to the test-period financial statements.

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

9. a. For each employee of Water Service Kentucky, Water Service Corporation, or an affiliate who had wages charged to Water Service Kentucky during the test year, provide:

- (1) Name of the company that is responsible for payroll tax withholdings and payments;
- (2) Employee Identification Number;
- (3) Title;
- (4) Length of employment;
- (5) Job duties;
- (6) Test-period pay rate and current pay rate;
- (7) Test-period regular time worked and overtime worked;
- (8) Total test-period wages allocated to Water Service Kentucky, Water Service Corporation, and any other affiliate;
- (9) Total test-period payroll expensed and capitalized by Water Service Kentucky;
- (10) Percentage of test-period payroll capitalized by Water Service Kentucky; and
- (11) Type of employee benefits (e.g., health insurance, dental insurance, vision insurance, pension) and the amount reported by Water Service Kentucky.

b. Provide the information requested in Item 9.a. above in Excel spreadsheet

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

format with all formulas unprotected and all rows and columns fully accessible.

c. Provide the employer retirement contribution rate(s) that were in effect during calendar years 2016, 2017, 2018, and 2019, and the date the rate(s) became effective.

d. If the employer retirement contribution rate changed or will change in 2019 calendar year, provide the initial rate, the reason for the change, the new rate, and the effective date of the change or proposed change.

Response: a.

- 1) The Shared Service organization, Water Service Corporation (“WSC”) is responsible for payroll tax withholdings and payments for all employees;
- 2) Please refer to the salary workpapers provided in response to question 3, above. Operations and Management employee detail is included on the “MWMA & KY PF Sal 2020.04.01” tab. Shared Services employee detail is included on the “SS PF Sal 2020.04.01” tab;
- 3) Please refer the response provided in question 9, item 2 above;
- 4) Please refer the response provided in question 9, item 2 above;
- 5) Please refer to the salary workpapers provided in response to question 3, above. See tab “Job Descriptions”;
- 6) Please refer to the salary workpapers provided in response to question 3, above. Operations and Management employee detail is included on the “MWMA & KY PF Sal 2020.04.01” tab. Shared Services employee detail is included on the “SS PF Sal 2020.04.01” tab;

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

- 7) Please refer the response provided in question 9, item 2 above;
 - 8) Please refer the response provided in question 9, item 2 above;
 - 9) Please refer the response provided in question 9, item 2 above;
 - 10) Please refer the response provided in question 9, item 2 above;
 - 11) Please refer to the salary workpapers provided in response to question 3, above tabs “wp-b2 Calc of Health and Other” and “TYE Benefits 102 700 800 860”;
- b. The information requested has been provided in Excel format.
 - c. Please see the attached file entitled “*Response to Staff DR 1.9a – Retirement Contribution*”.
 - d. The 2019 employer retirement contribution rates have not changed.

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

10. a. Identify all employees listed in the response to Item 9.a. who are no longer employed by Water Service Kentucky, Water Service Corporation, or an affiliate.

b. For each employee identified in the response to Item 10.a. above:

(1) If the employee's position has been filled, identify the employee currently in the position and state the date on which the replacement employee(s) was hired, his or her actual annualized salary and actual benefit information, and the salary and employee benefit costs that are included in Water Service Kentucky's pro forma operating expenses.

(2) If the position is currently vacant, state:

(a) The reason(s) why the position is vacant;

(b) The current status of Water Service Kentucky's efforts to fill the position and the anticipated hire date;

(c) Whether the cost of the position is included in the pro forma salaries and wage expense; and

(d) If the cost of the position is included in the pro forma salaries and wage expense, the position costs that are included in the test-period operating expenses (e.g., payroll expenses, payroll capitalized, retirement, payroll taxes, and insurance benefits) and the accounts to which each amount was charged.

Response: Please refer to the attached file entitled "*Response to Staff DR 1.10 - Vacancies*".

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

11. a. Provide a schedule detailing each test-period expenditure related to the application filed in this proceeding. Provide in the schedule the nature and amounts of each charge.

b. Provide the vendor invoice for each expenditure listed in response to Item 11.a. above. The invoices should contain detailed descriptions of the services, the amount of time billed for each service, and the hourly billing rate. Identify the account number and title to which each amount was charged.

c. Provide a monthly update of the schedule requested in Item 11.a. that shows total costs incurred as of that date and that includes the supporting detailed vendor invoices as requested in Item 11.b. above.

Response: Please see the attached Excel Spreadsheet labeled "*Response to Staff DR 1.11 – Rate Case Expense*". All invoices that have been received as of 07/23/2018 are attached and labeled "*Response to Staff DR 1.11 – Rate Case Expense Invoices*". A monthly update of the schedule requested in Item 11.a. will be provided during this proceeding.

Witness – Rob Guttormsen



Baryenbruch & Company, LLC
Management Consultants

2020096.291

May 8, 2020

Steven M. Lubertozi
President
Water Service Corporation of Kentucky
500 W. Monroe, Suite 3600
Chicago, IL 60661-3779

Water Service Corporation of Kentucky
Testimony for 2020 Rate Case

	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Fees			
March 2020	41.0		
April 2020	<u>15.5</u>		
Total Fees	56.5	\$295	\$16,668
Expenses			
Total Invoice			<u>\$16,668</u>

terms: net 30

OK RG

Not-to-exceed budget: \$26,550

Baryenbruch & Company, LLC

Client: Water Service Corp of Kentucky

Month: Mar-Apr 2020

Date	Hours
	P.Baryenbruch
3/12	4.0
3/13	7.0
3/14	7.0
3/16	6.0
3/17	6.0
3/18	4.0
3/19	4.0
3/31	3.0
4/1	3.5
4/2	4.0
4/6	2.0
4/7	1.5
4/10	2.0
4/20	1.5
4/23	1.0
Total	56.5

STURGILL TURNER

Shawn M. Elicegui

**Rob
Guttormsen**

Digitally signed by Rob Guttormsen
DN: cn=US, ou=Midwestfile-Atlantic
Operations, o=Corix Group of Companies,
CN=Rob Guttormsen
E=rob.guttormsen@corixgroup.com
Reason: I am the author of this document
Location: your signing location here
Date: 2020-04-30 21:16:12
Foxit PhantomPDF Version: 9.5.0

Sturgill, Turner, Barker & Moloney, PLLC

333 West Vine Street, Suite 1500
Lexington, KY 40507
p: 859.255.8581 f: 859.231.0851
www.sturgillturner.com

Employer I.D. No. 61-0576615

Laura Granier, Vice President & General Counsel
Utilities, Inc.
500 W. Monroe
Suite 3600
Chicago, IL 60661-3779

INVOICE OF SERVICES

Invoice Date: 03/03/2020
Invoice No: 125219
Account No: 64592.0010

WSCK: 2020 Rate Case

2020096.2906

Batch 367126
Doc 1165247

			Hours	
02/03/2020	MTO	Review email from R. Guttormsen regarding next rate case	0.30	
	MTO	Appear for/attend meeting with JWG to discuss upcoming rate case and issues that may be presented	0.50	
	JWG	Review Guttormsen's email outlining issues for new rate case, conference with Todd and review prior tax act opinions, COSS and equity ratio cases.	1.30	
02/05/2020	JWG	Conference with Todd and follow-up research regarding COSS and ADIT regarding rate base.	0.80	
02/06/2020	MTO	Draft/revise - detailed memorandum on issues identified by RG for preparation of upcoming rate case expense, including review of PSC decisions and filings for supporting materials.	6.30	
02/07/2020	MTO	Draft/revise - draft memos related to additional information for preparation of rate case; respond to RG on additional questions.	3.20	
02/10/2020	MTO	Communicate (with client) with RG regarding certain regulatory and statutory requirements for rate case	0.50	
		For Current Services Rendered	12.90	3,436.50

		<u>Recapitulation</u>			Total
<u>Timekeeper</u>	<u>Title</u>		<u>Hours</u>	<u>Hourly Rate</u>	
M. Todd Osterloh	Member		10.80	\$255.00	\$2,754.00
James W. Gardner	Of Counsel		2.10	325.00	682.50

Total Current Work

3,436.50

Balance Due

\$3,436.50

PAYMENT DUE UPON RECEIPT
To ensure proper credit to your account
Please write Account 64592.0010 on your check
Thank you



Sturgill, Turner, Barker & Moloney, PLLC

333 West Vine Street, Suite 1500
 Lexington, KY 40507
 p: 859.255.8581 f: 859.231.0851
 www.sturgillturner.com

Employer I.D. No. 61-0576615

Laura Granier, Vice President & General Counsel
 Utilities, Inc.
 500 W. Monroe
 Suite 3600
 Chicago, IL 60661-3779

INVOICE OF SERVICES

Invoice Date: 04/02/2020
 Invoice No: 125865
 Account No: 64592.0010

WSCK: 2020 Rate Case

2020096.290

			Hours
03/03/2020	JWG	Prepare for conference call with Client's future rate case application by reviewing issues' emails.	0.50
03/04/2020	JWG	Communicate (with client) Rob G. and Todd regarding filing requirements review.	1.50
	MTO	Communicate (with client) with RG to discuss requirements for filing a forecasted test year.	1.50
	MTO	Review statutes, regulations, and other legal authorities regarding questions for upcoming rate case.	0.80
03/10/2020	JWG	Review email from Todd and Rob regarding employees' number and classification	0.20
	MTO	Review materials sent by RG regarding rate case	0.30
03/12/2020	MTO	Review PSC orders and communicate with WSCK staff regarding same	0.50
	JWG	Communicate (other external) call with Lyle Hanna regarding employee compensation and email regarding same.	0.30
03/18/2020	JWG	Communicate (in firm) regarding how to consider coronavirus impact on rate case filing.	0.20
	MTO	Communicate (with client) with RG regarding issues on rate case filing.	0.50
03/30/2020	JWG	Communicate (other external) with Lyle Hanna regarding employment analysis status.	0.20
	MTO	Communicate (other external) with possible expert on salaries; communicate with RG regarding same	0.70
	JWG	Communicate (other external) with Lyle, Andrea of the Hanna Group regarding request to receive a quote to conduct a survey for compensation of WSCK employees.	0.60
	JWG	Research Ky PSC cases to send to Hanna to help them understand the standards that the PSC uses in its compensation. analysis in rate cases.	1.50
		For Current Services Rendered	9.30
			2,721.50

Utilities, Inc.

Page. 2
04/02/2020
Account No. 64592-0010M
Invoice No. 125865

WSCK: 2020 Rate Case

Recapitulation

<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Hourly Rate</u>	<u>Total</u>
M. Todd Osterloh	Member	4.30	\$255.00	\$1,096.50
James W. Gardner	Of Counsel	5.00	325.00	1,625.00
Total Current Work				2,721.50
Previous Balance				\$3,436.50
Balance Due				<u>\$6,158.00</u>

Past Due Amounts

<u>Stmt Date</u>	<u>Stmt #</u>	<u>Billed</u>	<u>Due</u>
03/03/2020	125219	3,436.50	<u>3,436.50</u>
			3,436.50

PAYMENT DUE UPON RECEIPT
To ensure proper credit to your account
Please write Account 64592.0010 on your check
Thank you



Sturgill, Turner, Barker & Moloney, PLLC
 333 West Vine Street, Suite 1500
 Lexington, KY 40507
 p: 859.255.8581 f: 859.231.0851
 www.sturgillturner.com

Rob Guttormsen
Digitally signed by Rob Guttormsen
 DN: cn=US, ou=Midwest/Mid-Atlantic
 Operations, o=Corix Group of
 Companies, cn=Rob Guttormsen,
 e=robert.guttormsen@corixgroup.com
 Reason: I am the author of this document
 Location: your signing location here
 Date: 2020.06.23 11:20:52
 Post-PhantomPDF Version: 9.5.0

Employer I.D. No. 61-0576615

Laura Granier, Vice President & General Counsel
 Utilities, Inc.
 500 W. Monroe
 Suite 3600
 Chicago, IL 60661-3779

INVOICE OF SERVICES

Invoice Date: 05/06/2020
 Invoice No: 126831
 Account No: 64592.0010

WSCK: 2020 Rate Case

			Hours
04/01/2020	MTO	Communicate (with client) with RG and AD regarding issue that could arise in case	0.20
	JWG	Communicate (other external) with Lyle and Andrea of Hanna Group and T. Osterloh regarding compensation study proposal, revise same, email to Rob for review.	1.20
04/03/2020	MTO	Communicate (with client) with RG and AD regarding rate case	0.30
04/09/2020	MTO	Communicate (with client) with RG regarding salary survey	0.10
04/10/2020	MTO	Communicate (with client) - draft email to SL regarding salary survey	0.10
04/13/2020	JWG	Communicate (other external) with Lyle Hanna and with Todd regarding status.	0.20
04/15/2020	JWG	Review Communicate (in firm) with T.O regarding preparing for client call and pre-filing issues, call with Steve and Rob regarding filing issues, and call with Lyle and email to him regarding compensation study mechanics..	1.30
	JWG	Communicate (in firm) with T.O regarding preparing for client call and pre-filing issues, call with Steve and Rob regarding filing issues, and call with Lyle and email to him regarding compensation study mechanics..	1.30
04/16/2020	JWG	Review KAWC case order, DR and brief regarding Bayrenbruck's testimony.	0.60
	JWG	Communicate (other external) calls with Lyle Hanna regarding contract with WSCK.	0.30
	MTO	Communicate (with client) - phone call with Rob Guttormsen regarding certain aspects of next rate case	0.20
04/20/2020	MTO	Communicate (with client) - phone call with Steve Lubertozzi regarding timing of next rate case.	0.30
04/22/2020	MTO	Communicate (with client) - conference call with SML and RG regarding pro forma adjustments to historical test year; research PSC decisions regarding same.	1.40

WSCK: 2020 Rate Case

			Hours		
04/23/2020	MTO	Review - continued review of PSC decisions to provide advice on ratemaking treatment of certain expenses; communicate with WSCK regarding same.	2.30		
	JWG	Communicate (other external) with Lyle Hanna regarding outside expert issue and call with Todd.	0.30		
	JWG	Communicate (other external) with Lyle Hanna regarding different use of outside expert and call with Todd regarding same.	0.30		
04/24/2020	JWG	Review Draft Baryenbruch draft testimony.	1.10		
04/27/2020	MTO	Discuss timeline for upcoming rate case with R. Guttormsen	0.20		
	JWG	Review draft testimony of Elicegui and Baryenbruck study.	3.20		
04/29/2020	JWG	Communicate (with client) regarding contacting service company witnesses.	0.20		
04/30/2020	JWG	Communicate (with client) emails to and from Guttormsen and witness Elicegui regarding service testimony.	0.30		
		For Current Services Rendered	15.40	4,648.00	

Recapitulation

<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Hourly Rate</u>	<u>Total</u>
M. Todd Osterloh	Member	5.10	\$255.00	\$1,300.50
James W. Gardner	Of Counsel	10.30	325.00	3,347.50

Total Current Work

o/c RG
4,648.00

Previous Balance

\$6,158.00

Balance Due

\$10,806.00

Past Due Amounts

<u>Stmt Date</u>	<u>Stmt #</u>	<u>Billed</u>	<u>Due</u>
03/03/2020	125219	3,436.50	3,436.50
04/02/2020	125865	2,721.50	2,721.50
			6,158.00

2210.2020096.10.170002.0000.0000.0000

PAYMENT DUE UPON RECEIPT
 To ensure proper credit to your account
 Please write Account 64592.0010 on your check
 Thank you



Rob Guttormsen

Digitally signed by Rob Guttormsen
DN: cn=US, ou=Midwest/Mid-Atlantic
Operations, cn=Corix Group of Companies,
c=US, email=rguttormsen@corixgroup.com
Reason: I am the author of this document
Location: your signing location here
Date: 2020.05.23 11:45:25
Foxit PhantomPDF Version: 9.5.0

Sturgill, Turner, Barker & Moloney, PLLC
333 West Vine Street, Suite 1500
Lexington, KY 40507
p: 859.255.8581 f: 859.231.0851
www.sturgillturner.com

Employer I.D. No. 61-0576615

Allen Wilt
Utilities, Inc.
500 W. Monroe
Suite 3600
Chicago, IL 60661-3779

INVOICE OF SERVICES

Invoice Date: 06/02/2020
Invoice No: 127267
Account No: 64592.0010

WSCK: 2020 Rate Case

			Hours
05/01/2020	MTO	Draft/revise - draft estimate for legal rate case expense.	0.20
	JWG	Communicate (with client) Rob and Shawn regarding shared services testimony.	0.90
05/06/2020	JWG	Draft/revise memo to client regarding prior cases.	2.10
05/08/2020	JWG	Communicate (with client) prepare for and attend conference call with client and witness regarding testimony.	1.30
	MTO	Appear for/attend meeting with SL, RG, SE, and JWJ regarding issues related to upcoming rate case; prepare for meeting by reviewing relevant documents	1.40
05/11/2020	MTO	Review statutes and case law regarding issue that may arise in rate case; draft correspondence to client on that issue	2.30
	JWG	Review contract with Clinton, emails regarding same and call with Todd regarding same.	0.40
05/12/2020	JWG	Draft/revise email regarding Corix and cost allocation.	0.30
	MTO	Draft/revise analysis on rate case issues discussed with S. Lubertozzi, S. Elicegui, and R. Guttormsen.	0.50
05/15/2020	MTO	Appear for/attend meeting with S. Lubertozzi, R. Guttormsen, and A. Dickson regarding leak adjustment policy	0.50
05/18/2020	JWG	Draft/revise P.Bayrenbruch study and revised testimony draft and S.Elicegui revised draft of testimony.	1.50
05/19/2020	JWG	Draft/revise allocation testimonies and study.	1.80
05/20/2020	MTO	Communicate (with client) communicate with R. Guttormsen regarding notice to PSC for e-filing; draft notice.	0.20
05/21/2020	MTO	Review documents and materials related to Qualified Infrastructure Program	0.50

WSCK: 2020 Rate Case

		Hours	
	MTO Appear for/attend meeting to discuss rate case, including QIP, with S. Lubertozzi, R. Guttormsen, and P. Brown.	0.80	
	JWG Communicate (with client) in call with Steve, Rob, Todd and me regarding preparation for case filing, review emails and call with Todd.	1.10	
05/26/2020	MTO Review testimony and related documents of A. Dickson, S. Elicegui, and P. Baryenbruch; draft proposed changes and comments.	2.50	
05/27/2020	JWG Draft/revise testimonies of R.Guttormsen and S. Lubertozzi.	0.80	
	MTO Review testimony of P. Brown, S. Lubertozzi, and S. Vaughn and draft proposed changes and comments; communicate with R. Guttormsen regarding application filing requirements.	2.30	
05/28/2020	MTO Draft/revise Application and communicate with R. Guttormsen regarding same.	0.70	
	MTO Review - continued review of materials to be filed with application; communicate with R. Guttormsen regarding same; revise public notice to be mailed out; draft affidavit regarding public notice.	4.20	
05/29/2020	MTO Review and propose revisions of testimonies of witnesses; communicate with P. Baryenbruch, S. Elicegui, A. Dickson, S. Vaughn and R. Guttormsen regarding their testimony; begin drafting petition for confidentiality.	5.30	
05/31/2020	JWG Review testimony authorizations issue.	0.20	
	MTO Reviewing materials related to application; communicate with R. Guttormsen and P. Baryenbruch regarding same.	2.80	
	For Current Services Rendered	<u>34.60</u>	<u>9,082.00</u>

Recapitulation

<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Hourly Rate</u>	<u>Total</u>
M. Todd Osterloh	Member	24.20	\$255.00	\$6,171.00
James W. Gardner	Of Counsel	6.70	255.00	1,708.50
James W. Gardner	Of Counsel	3.70	325.00	1,202.50

Total Current Work	9,082.00
Previous Balance	\$10,806.00
	2210.2020096.10.170002.0000.000.0000
05/19/2020 Thank you for your payment.	-2,721.50
05/19/2020 Thank you for your payment.	-3,436.50
Total Payments	-6,158.00
Balance Due	<u>\$13,730.00</u>

Past Due Amounts

<u>Stmt Date</u>	<u>Stmt #</u>	<u>Billed</u>	<u>Due</u>
05/06/2020	126831	4,648.00	4,648.00

Utilities, Inc.

WSCK: 2020 Rate Case

4,648.00

PAYMENT DUE UPON RECEIPT
To ensure proper credit to your account
Please write Account 64592.0010 on your check
Thank you

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

12. a. Describe Water Service Kentucky's long-term construction planning program and provide all memoranda and internal documents in which the program is discussed and approved.

b. Describe the process used by Water Service Kentucky's parent companies to determine the system-wide level of annual capital investment budgets.

c. Describe the process used by Water Service Kentucky's parent companies to determine how the annual capital budgets are divided among its subsidiaries.

Response: a. Please refer to the attached document labeled "*Response to Staff DR 1.12 – WSKY Capital Plan*" for information on WSKY's long-term construction plans.

b. The capital investment budget is based on condition assessment of WSKY's utility infrastructure with additional considerations given compliance to regulatory and safety requirements. This budget is reviewed by WSKY's Management for reasonableness and practicality. Once approved by WSKY's Management Committee, it becomes included in Utilities, Inc.'s capital investment budget, which is reviewed and approved by the Utilities, Inc. Board of Directors.

- Capital Projects: Capital Project costs are calculated based on cost estimates provided by project managers or engineers;
- Capital Additions/Replacements: The forecast is based on a historical 6-year average. The forecast is then adjusted for any known non-project investment outlays which fall outside of the formulaic forecasting method;

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

- Capital Addition/Replacement cap time: The forecast is based on a historical 6-year average. The forecast may then be adjusted using the BLS CPI factor for water and sewerage maintenance or for any known non-project captime earmarked for other initiatives outside of the formulaic forecasting method.
- c. No such process exists. Capital budgets are built from the bottom up by people familiar with field operations and condition of the individual systems.

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

13. Provide a complete copy of all wage, compensation, and employee benefits studies, analyses, or surveys conducted for or used by Water Service Kentucky, Water Service Corporation, or an affiliate.

Response: Please see the direct testimony and exhibits of Witnesses Brown and Baryenbruch.

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION’S ORDER DATED JUNE 26, 2020

14. For each water operation employee group, state the amount, percentage of increases, and effective dates for:

- a. General wage increases granted for the years 2017, 2018, 2019, and 2020.
- b. Merit wage increases granted for the years 2017, 2018, 2019, and 2020.

Response: The Company does not award “General” and “Merit” increases separately. Each year across the organization, individual Key Performance Indicator (“KPI”) discussions take place with every employee. Managers determine the appropriate annual merit increases to award employees based on observed performance for the prior year and documented feedback in quarterly and annual reviews. The annual review process takes place in March and increases pertinent to annual reviews are effective April 1.

Managers use the rubric below as a guideline to in allocating appropriate percentage increases for each employee on an annual basis. The left-hand side represents the level of Performance and the top represents Where the Employee Falls in the Pay Range.

Employee who receive certifications and/or show exemplary performance may receive salary increases outside of the annual KPI employee review process.

		WHERE EMPLOYEE FALLS IN PAY RANGE		
		Low	Mid	High
PERFORMANCE	Low	0-2%	0-1%	0%
	Mid	4-5%	2-4%	1-2% or bonus
	High	6-8%	4-5%	1-3% or bonus

CASE No. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION’S ORDER DATED JUNE 26, 2020

Example: An employee is an average or “Mid” performer and currently they are near the midpoint of their pay range. This guidance based on those factors would be a 2-4% increase, found where the two points meet in the center of the rubric.

Below is a table showing annual salary increases over time for Shared Services and Operations & Management Employees.

	2017		2018		2019	
	\$ Increase	% Increase	\$ Increase	% Increase	\$ Increase	% Increase
Operations & Management	145,956	11%	123,874	9%	124,185	8%
Shared Services	668,670	14%	1,034,260	19%	134,507	2%

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

15. Describe each early retirement plan or other staff reduction programs Water Service Kentucky, Water Service Corporation, or an affiliate offered its employees during 2019 or intends to offer during 2020, and provide all cost-benefit analyses performed for each program.

Response: There were no early retirement plans or other staff reduction programs that were offered in Water Service Corporation of Kentucky or Water Service Corporation during 2019. Neither Water Service Corporation of Kentucky nor Water Service Corporation anticipate offering such plans in 2020.

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

16. Provide a detailed list of all fringe benefits available to employees of Water Service Corporation and its affiliates, the cost of each benefit in 2016, 2017, 2018, and 2019, and the expected cost of each benefit to be provided in 2020 and 2021. Indicate which fringe benefits, if any, are limited to management employees.

Response: There are no fringe benefits that are offered exclusively based on a management designation. For a description of benefits available to employees of Water Service Corporation and its affiliates since 2016, please see the attached files:

“Response to Staff DR 1.16 - 2016 Employee Benefits Guide”

“Response to Staff DR 1.16 - 2017 Employee Benefits Guide”

“Response to Staff DR 1.16 - 2018 Employee Benefits Guide”

“Response to Staff DR 1.16 - 2019 Employee Benefits Guide”

“Response to Staff DR 1.16 - 2020 Employee Benefits Guide”.

Please see the attached file entitled “Response to Staff DR 1.16 – Benefits” for costs spanning 2016-2021.

Witness – Rob Guttormsen



Employee Benefits Guide



2016

Plan Year - 1/01/2016 - 12/31/2016

For Full Time Employees Only
Except where noted herein

Employee Benefit Summary/Contents Page

Benefit	Description	Cost to Employee/Requirement	Eligibility	Page
Medical Insurance	Medical insurance provides cost-effective medical care through Blue Cross Blue Shield. The PPO plans feature a network of participating doctors, hospitals, and facilities to provide health care services to plan members at reduced rates.	The employee deductions vary by pay schedule. Please see page 4 for the deduction grid as well as details on how to qualify for the preventive incentive.	Enrollment is available within the first 30 days of your employment, during open enrollment, or in the first 30 days following a Qualifying Life Event (QLE). Benefit begins on the 31st day of employment, the date of a QLE or January 1st for open enrollment.	4
Teladoc	Teladoc is a free (no-co-pay) convenient service that employees and eligible dependents can access for consultations and treatment (including prescriptions) for a wide range of medical conditions.	This is a company paid benefit	Automatic enrollment for Utilities, Inc. employees and their eligible dependents enrolled in the BCBS medical plan.	7
Dental Insurance	Dental insurance provides cost-effective dental care through Delta Dental. While there are no restrictions on your choice of dentist, using a Delta network dentist enhances your benefit.	The employee deductions vary by pay schedule. Please see page 4 for the deduction grid.	Enrollment is available within the first 30 days of your employment, during open enrollment, or in the first 30 days following a Qualifying Life Event (QLE). Benefit begins on the 31st day of employment, the date of a QLE or January 1st for open enrollment.	6
Vision Insurance	Vision insurance is provided through Vision Service Plan. Many services from a network provider are covered in full after a nominal co-pay.	This is a Company paid benefit contingent upon your enrollment into a medical plan.	Benefit begins on the day Medical Insurance is effective. Automatic enrollment with enrollment into a medical plan.	8
Flexible Spending Account (FSA)	UI provides a FSA program designed to save you money on out-of-pocket expenses incurred for health and dependent care. Employees can save up to 30% on eligible expenses by using tax-free dollars.	The annual dollar limit on employee contributions to employer-sponsored health care FSA is \$2,550 in 2016. The annual limit for dependent care FSAs is \$5,000.	Enrollment is available within the first 30 days of your employment, during open enrollment, or in the first 30 days following a Qualifying Life Event. Benefit begins on the 31st day of employment, the date of a QLE or January 1st for open enrollment.	8
Life and Accidental Death and Dismemberment (AD&D) Insurance	Life and AD&D insurance through MetLife provides financial aid for your family if you die or are seriously injured in an accident. The life benefit equates to 1.5 times your annual salary plus \$10,000. The AD&D benefit is the same amount.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment.	9
Short-Term Disability Benefit	The short-term disability (STD) benefit provides 100% of your pre-disability base income if you are unable to work due to illness or injury. The duration of the benefit is based upon your years of service.	This is a Company paid benefit.	Automatic enrollment after one year of employment.	9
Long-Term Disability Benefit	The long-term disability benefit provides income to employees who are disabled beyond six months of short term disability. The benefit includes 50% of pre-disability monthly earnings less income offsets.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment. Benefit has a 180 day waiting period.	9
Voluntary Life Insurance	Supplemental term life insurance offers you and your dependents the opportunity to purchase additional life insurance.	Employee costs are based upon age and the elected benefit amount.	Available the first day of the month following 30 days of employment or the receipt and acceptance of your enrollment form by MetLife at any time following your initial 30 days of employment.	10
Supplemental Travel/Accident Insurance	Supplemental travel/accident insurance through ACE American Insurance Company provides an additional amount of insurance whether on personal or work-related business.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment.	10
Employee Assistance Program (EAP)	UI provides an EAP for employees and their immediate families who are dealing with personal issues.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment.	11
Patient Advocacy	Provides a confidential resource to assist with claims and benefit issues, help with locating providers and scheduling procedures and appointments.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment.	11
Education Assistance	UI offers up to 90% reimbursement of tuition costs for work related courses pre-approved by the Executive Team.	Reimbursement of tuition expenses are determined by Executive Team approval, course completion, and grades.	Available after 1 year of employment with required approvals.	12
Certification Bonus	UI offers a certification bonus for licenses and certifications for work related education and development based on the level of the certification.	A pre-approved list of bonus amounts by state and level are listed in the Payroll folder on the UIWaterMain.	Requires Director level approval	12
401(k) Retirement Plan	Non Elective Company Contribution The Company will contribute 4% of your total eligible plan year wages on an annual basis. Employee Contribution & Employer Match Employees may contribute to the 401(k) plan to save for their retirement. UI will match 50% of employee contributions up to 6% of your annualized base salary.	Entitlement to employer contributions is subject to a vesting schedule. Please refer to the Summary Plan Description for more details.	Non Elective Company Contribution After one year of service and end of the year employment. Employee Deferral & Employer Match After 90 days of service Online enrollment required at www.retirementlink.jpmorgan.com	13
Vacation Pay	Please see the "Vacation Accrual" schedule for further details.	This is a Company paid benefit.	Employees accrue vacation time dependent on their hire date. There is a 30-day waiting period after your hire date to use vacation time.	14
Holiday Pay	UI offers 8 paid holidays each year.	This is a Company paid benefit.	Eligible 30 days after your hire date.	14
Contact Information				15

Eligibility

An employee is eligible to participate in the Utilities, Inc. Benefit Programs if he/she is classified as a full-time employee scheduled to work a minimum of 30 hours per week (with the exceptions for Limited Eligibility noted below).

Temporary, seasonal and agency employees are not eligible to participate in the benefit programs offered through the Company.

Eligible full-time employees can also enroll a legal spouse and dependent child(ren) for coverage. A “dependent child” is the subscriber’s or spouse’s natural child, stepchild, foster child or legally adopted child.

Children are generally considered dependents until:

- Age 26
- Any age, if they are mentally or physically disabled, chiefly dependent on the employee for support, and not capable of self-sustaining employment.
- Age 30 if enlisted in Military



Limited Eligibility

An employee classified as part-time scheduled to work less than 30 hours per week and a minimum of 1,000 hours per calendar year qualifies for participation in the 401(k) plan and is entitled to paid vacation time (see “Vacation Pay” for explanation of paid part-time vacation balance accrual).

A brief summary of the various benefits offered by Utilities, Inc. are shown in this guide. If an employee does not elect to enroll in any plan during the open enrollment period or when the employee first becomes eligible for benefits, the employee will not be allowed to enroll until the next open enrollment period unless the employee has a special enrollment event as defined by HIPAA (see “Qualifying Life Events” below).

When Coverage Begins:

Employees must enroll for medical, dental, vision, choose to participate in the reimbursement accounts, and/or elect Voluntary Life and AD&D benefits within 30 days of the employee’s initial eligibility date. Health benefits begin on the first day following the 30 day waiting period. Enrollment in employer paid benefits is automatic.

New Hires:

Eligible new hires are required to select or waive coverage within 30 days of their initial eligibility date. Employees failing to select coverage under one or more of the optional plans within this time will be deemed to have voluntarily waived eligibility for coverage for the entire plan year. Once made, selections are irrevocable and remain in effect for the plan year unless a QLE change occurs.

Qualifying Life Events

Your initial new hire eligibility period allows you thirty (30) days from your hire date to submit enrollment forms for the benefits you wish to enroll in. You are allowed to change your enrollment during the plan year only when you have a qualifying life event that significantly affects your benefit needs. Life events can include:

1. Marriage or Divorce
2. Birth or adoption of a child or placement of a child for adoption
3. Death of a child or spouse
4. Loss of or obtainment of other coverage

An employee wanting to change elections due to a qualifying life event should contact Human Resources as soon as possible following the event, but no later than 30 days following the event. Appropriate documentation will be required to substantiate a change and must be received within 30 days of the qualifying life event. Effective date for changes will be the actual date of the event. Any change reported or supporting documentation received after 30 days following the qualifying life event will not be accepted. In such an instance, the next opportunity to make a change will be during the next open enrollment period. The open enrollment period is the time employee’s may make changes (such as moving from one plan to another, adding dependents, etc.) Freely without supporting documentation. The next open enrollment period will be in December 2015 for plan year beginning January 1, 2016.



Medical and Dental Premiums

The employee medical and dental premiums are listed below. Utilities Inc. covers 100% of the cost for vision insurance upon enrollment to a medical plan. Utilities, Inc. also covers 100% of the cost of basic life and AD&D insurance, short term disability insurance and long term disability insurance.

	With Preventive Incentive		Without Preventive Incentive	
Medical Insurance - Platinum Plan	Hourly Employees	Salaried Employees	Hourly Employees	Salaried Employees
	(26 pays per year)	(24 pays per year)	(26 pays per year)	(24 pays per year)
Employee Only	\$53.93	\$58.43	\$287.74	\$311.72
Employee + Spouse	\$141.52	\$153.32	\$690.57	\$748.12
Employee + Child(ren)	\$119.11	\$129.04	\$581.23	\$629.67
Family	\$206.39	\$223.59	\$1007.08	\$1091.01
* Working Spousal Surcharge	\$129.23	\$140.00	\$129.23	\$140.00
	With Preventive Incentive		Without Preventive Incentive	
Medical Insurance - Gold Plan	Hourly Employees	Salaried Employees	Hourly Employees	Salaried Employees
	(26 pays per year)	(24 pays per year)	(26 pays per year)	(24 pays per year)
Employee Only	\$47.45	\$51.41	\$251.77	\$272.75
Employee + Spouse	\$123.83	\$134.15	\$604.25	\$654.60
Employee + Child(ren)	\$104.22	\$112.91	\$508.57	\$550.96
Family	\$180.59	\$195.64	\$881.20	\$954.63
* Working Spouse Surcharge	\$129.23	\$140.00	\$129.23	\$140.00
Dental Insurance	Hourly Employees	Salaried Employees		
	(26 pays per year)	(24 pays per year)		
Employee Only	\$4.97	\$5.37		
Employee + Spouse	\$11.08	\$12.01		
Employee + Child(ren)	\$8.32	\$9.01		
Family	\$16.54	\$17.92		

Pre-Tax/Post-Tax Contributions



Generally, the cost to participate in Utilities, Inc.' Health plan and/or reimbursement accounts is taken from the employee's paycheck on a **pre-tax basis**. This means the employee does not pay Federal Income Tax, Social Security Tax, and in most cases state/local taxes on those contributions.

*Working Spouse Surcharge

A working spouse surcharge is an additional contribution that Utilities, Inc. will charge an employee to cover a working spouse that has other health coverage available, such as through his or her own employer, and chooses not to enroll in that coverage. The spouse surcharge does not apply to spouses who are unemployed or whose employers do not offer health insurance. The surcharge is designed to encourage spouses to use the health coverage available through their own employer. The surcharge is used to contribute to the added cost of covering spouses on our plan who choose not to participate in their employer's coverage. Every employee choosing to enroll in a medical plan with UI, and is covering a spouse, must complete the Working Spouse Medical Plan Affidavit. All forms must be returned to the Human Resources Department. The surcharge will automatically be charged to all employees choosing to cover a working spouse that did not return the Working Spouse Medical Plan Affidavit with the medical enrollment form.

Preventive Incentive

In an effort to promote a healthy lifestyle, we encourage our employee's to receive a routine annual physical with blood draw at initial eligibility and at least once every three (3) years. It is important to maintain a healthy lifestyle and monitor your health on a regular basis. Having a routine preventative physical is the first step toward taking control of your health.

If you choose to enroll in the medical insurance and complete a routine annual physical with blood draw, you will enjoy employee premium amounts less than the standard premium. Depending on the plan you choose and the number of dependents you cover, this incentive could save you anywhere from \$5,000 to \$18,000 per year!

Both medical plans offer a benefit to cover the cost of your physical and blood draw under the Preventive Care benefit. The plan will pay 100% with no co-payment. Please note the following tips to keep in mind to ensure you receive this level of benefit:

1. You must receive these services by an in-network provider
2. All services billed on the date you obtain your annual routine physical with blood draw must be billed as "preventative". Any services billed on this date of service that are not "preventative" will be subject to co-pays and deductibles.
3. You are allowed one routine annual physical per calendar year.

In order to qualify for the preventive incentive, you and your spouse, if you choose to cover your spouse, must have a routine physical with blood draw documented with a date of service within 60 days of your insurance becoming effective. A Routine Physical Verification Form must be completed for both yourself and your spouse by the physician and returned to the HR Department within the time frame. If the form is not received in that time frame, your premiums will increase on the 61st day from the effective date, to the "NON Preventive" rates (until the verification form is received by HR to reduce the rates to "Preventive.")



Medical Plans Platinum PPO & Gold PPO

Utilities, Inc. provides a choice of two PPO Medical plans to all eligible employees effective the 31st day of employment.

	Platinum Plan - Group #P17022		Gold Plan - Group #P17023	
	In-network	Non-network	In-network	Non-network
Deductible	\$400 Individual \$1,200 Family	\$800 Individual \$2,400 Family	\$1,500 Individual \$4,500 Family	\$4,500 Individual \$13,500 Family
Out-of-Pocket Maximum Includes deductibles and co-pays	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	\$5,000 Individual \$11,500 Family	\$15,000 Individual \$34,500 Family
Out-of-Pocket Maximum Rx includes deductibles and co-pays	\$500 Individual Rx \$1,500 Family Rx	\$500 Individual Rx \$1,500 Family Rx	\$1,000 Individual Rx \$1,700 Family Rx	\$1,000 Individual Rx \$1,700 Family Rx
Physician Office Visits One co-payment per day when you receive services from a Family Practice, Internal Medicine, OB/GYN, or Pediatrician. Surgeries, therapies and certain diagnostic procedures performed in a physician's office may be subject to the deductible and/or coinsurance, including mental health and substance abuse services.	\$15 co-pay for PCP \$25 co-pay for Specialist; then 100%	60% after deductible	\$35 co-pay for PCP \$45 co-pay for Specialist; then 100%	50% after deductible
Preventive Care Routine annual physicals, well-baby exam, annual vision and hearing exams, immunizations, and other preventive health services as determined by the USPSTF.	100%	60% after deductible	100%	50% after deductible
Maternity Services Co-payment applies to first prenatal visit. All other maternity physician covered services are paid the same as Medical/Surgical Services	\$15 co-pay for PCP \$25 co-pay for Specialist; then 100%	60% after deductible	\$35 co-pay for PCP \$45 co-pay for Specialist; then 100%	50% after deductible
Medical/Surgical Services Coverage for surgical procedures, inpatient visits, therapies, allergy injections or treatments, and certain diagnostic procedures as well as other physician services.	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Hospital Admission Deductible (Maximum 3 days/calendar year)	\$100 per day	\$100 per day	\$100 per day	\$100 per day
Inpatient Hospital Services Coverage includes services received in a hospital, skilled nursing facility, coordinated home care and hospice. Room allowances based on the hospital's most common semi-private room rates.	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Outpatient Hospital Services Coverage for services includes, but is not limited to outpatient or ambulatory surgical procedures, x-ray, lab tests, chemotherapy, radiation therapy, renal dialysis, and mammograms performed in a hospital or ambulatory surgical center. Routine mammograms performed in an in-network outpatient hospital setting are payable at 100%, no deductible will apply.	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Outpatient Emergency Care (Accident or Illness) The co-payment applies to both in and out of network emergency room visits. The co-payment is waived if the member is admitted to the hospital.	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay
Muscle Manipulation Services* Coverage for spinal and muscle manipulation services provided by a physician or chiropractor. Related office visits are paid the same as other Physician Office Visits. Limited to 30 visits per calendar year.	\$25 co-pay; then 100%	60% after deductible	\$45 co-pay; then 100%	50% after deductible
Therapy Services - Speech, Occupational and Physical Coverage for services provided by a physician or therapist.	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Temporomandibular Joint (TMJ) Dysfunction and Related Disorders	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Other Covered Services -Private Duty Nursing -Naparapathic Services up to 30 visit max per calander year -Blood and blood components -Ambulance Services -Medical Supplies	80% after deductible	80% after deductible	60% after deductible	60% after deductible

Prescription Drug Benefit for Medical Plans Platinum & Gold

	Generic	Formulary Brand	Non-Formulary Brand
Contracting Retail Pharmacy Up to a 34-day supply. Includes diabetic supplies: blood glucose test strips, lancets, diagnostic agents used with urine testing and glucagon.	\$10	25% Minimum Co-pay \$25 Maximum Co-pay \$75	50% Minimum Co-pay \$25 Maximum Co-pay \$75
Mail Service Up to a 90-day supply.	\$20	25% Minimum Co-pay \$50 Maximum Co-pay \$150	50% Minimum Co-pay \$50 Maximum Co-pay \$150
Contraceptives Available at retail and mail service at the appropriate co-payment level based on drug classification.	As Indicated Above		
Self-Injectables Available at retail and mail service at the appropriate co-payment level.	As Indicated Above		

FREE Generic Mail Order Pharmacy Plan Option



Utilities, Inc. employees and their enrolled dependents are eligible to receive free generic maintenance medication by utilizing the Rx 'n Go mail order pharmacy service. Rx 'n Go offers a comprehensive listing of nearly 1,200 available generic maintenance medications. By filling your generic maintenance medication through Rx 'n Go, Utilities, Inc. will pay the entire cost of the medication. A ninety (90) day supply of medication will arrive directly at the member's home address or designated delivery location.

Please consult with your physician or health care provider if you are not currently taking a generic medication to determine if any of the prescriptions offered through the Rx 'n Go pharmacy may be an option.

Interested plan members are required to have their health care provider submit a completed Rx 'n Go prescription order form via e-mail or fax (or the member may mail the original order form via regular mail.) The order form is available in the HR/Payroll>Enrollment Forms>Prescription Drug folder on the UIWaterMain to take to your provider's office.

Dental Plan - Delta Dental Group #20159



	PPO	Premier	Out-of-Network
Annual Maximum	\$1,500 per person		
Annual Deductible Applies only to Basic and Major Services. Charged one time per calendar year	\$25 per person, \$75 per family		
Preventative/Diagnostic Services <ul style="list-style-type: none"> • Oral evaluations up to two times per benefit year • X-rays (bitewings up to two per benefit year; full mouth - once every three weeks) • Prophylaxis (cleaning up to two per benefit year) • Fluoride treatments up to once per benefit year for children under age 19 • Space Maintainers • Sealants 	100% of reduced fee ¹ No Deductible	100% of MPA ² No Deductible	100% of MPA ³ No Deductible
Basic Services <ul style="list-style-type: none"> • Fillings • Oral Surgery • Endodontics • General Anesthesia in conjunction with oral surgery • Recementing of crowns and bridges 	80% of reduced fee ¹ Deductible Applies	80% of MPA ² Deductible Applies	80% of MPA ³ Deductible Applies
Major Services <ul style="list-style-type: none"> • Crowns, jackets, cast restorations • Fixed and removable bridges • Partial and full dentures • Implants 	50% of reduced fee ¹ Deductible Applies	50% of MPA ² Deductible Applies	50% of MPA ³ Deductible Applies
Child Orthodontics (19 & Under)	\$1,000 Lifetime Benefit		
	50% of reduced fee ¹ No Deductible	50% of MPA ² No Deductible	50% of MPA ³ No Deductible

¹You will not be "balance billed" for charges exceeding Delta Dental's allowed PPO Fee.

²You will not be "balance billed" for charges exceeding Delta Dental's maximum plan allowances (MPAs).

³You are responsible for charges exceeding Delta Dental's maximum plan allowances (MPAs).

Your dentist chooses the Delta Network they participate in whether it is PPO, Premier, Both or Neither. Consult your dentist to determine which network they participate in and how insurance is applied to that coverage. In the event your dentist participates in the PPO and Premier Networks, PPO becomes the default network.

The preceding information is a brief summary of the Utilities, Inc. Dental Plan and the services it covers. If you have specific questions benefit coverage, limitations or exclusions, contact Delta Dental at (800) 323-1743

Utilities employees and their eligible dependents enrolled in the BCBS medical plan are now eligible for the new Teladoc medical benefit. Teladoc allows you to talk to a doctor anytime, anywhere by phone or video consult. Teladoc is a **FREE (no co-pay)** convenient service that employees and eligible dependents can access for consultations and treatment (including prescriptions) for a wide range of medical conditions.

Speak with a physician with no co-pay!

- **Feel better fast...** It's simple. Teladoc provides access to U.S. board-certified physicians who can resolve most non-emergent medical issues via phone or online video.
- **Available when you need care...** Teladoc is a convenient alternative to urgent care or ER visits. Their physicians are available anytime, anywhere.
- **An alternative you can trust...** Teladoc is the first, largest and fastest growing provider of telehealth medical consultations, serving millions nation wide.
- **With proven results...** With Teladoc, it costs less to feel better. Teladoc significantly lowers your costs and improves access to care by providing an alternative to urgent care or ER usage.

Getting started is simple:

Set Up Your Account:

1. Visit the [Teladoc website](#), and begin the registration process by clicking on "Set Up Account" to advance to the [registration page](#).
2. Enter your first name, last name, date of birth, company code, member ID or promotional code. Then click "Continue".
3. Follow the directions online to complete account setup and to provide your medical history.

Request a Consult

Once your account is set up, a doctor is always just a call or click away.

1. Visit the [Teladoc website](#) and click "Request a consult."
2. Select the type of consult you want.
3. Talk to a doctor within an hour.

Visit their website at <http://www.teladoc.com> or contact them at 1-800-Teladoc

Flexible Spending Accounts (FSA) – Paychex

Employees are eligible to participate in the Flexible Spending Account after thirty (30) days of employment. An FSA allows you to set aside pre-tax dollars from your paycheck to pay for eligible health and dependent care expenses, lowering your taxable income and increasing your take home pay. The plan year for this benefit is January 1 thru December 31.

Health Care Flexible Spending Account

A Health Care FSA reimburses you for eligible medical care expenses incurred for yourself, your spouse and your dependents. This account can be used to pay for qualified, medically necessary medical, dental or vision expenses not covered by your insurance. Physician office visit and prescription co-payments are some examples of qualified expenses. The annual dollar limit on employee contributions to employer-sponsored health care FSAs is \$2,550 for 2016.

Dependent Care Flexible Spending Account

A Dependent Care FSA helps you pay for child or elder care services so you can work. The annual limit for dependent care FSAs will remain \$5,000 for calendar year 2016.

NOTE: If you are married and file jointly, your combined contributions may not exceed \$5,000. If you are married and file separately, your individual contributions may not exceed \$2,500.

Upon enrollment to an FSA, you will elect an annual contribution amount to participate in one or both of the FSA's. This election and contribution amount is binding for the entire plan year. Only a QUALIFYING LIFE EVENT will allow you to change an FSA election. Your annual contribution amount must be used for expenses incurred within that plan year. Any dollar amount not reimbursed for expenses during the plan year will be forfeited. This is known as the "use it or lose it" rule.

- If you are enrolled in one of the Blue Cross Blue Shield medical plan options, you may elect automatic claim submission of your medical expenses not paid after a claim is filed to your healthcare FSA. Enrollment in this feature allows reimbursement for out of pocket expenses without having to submit a claim form.
- If you enroll in either the healthcare or dependent care FSA, you may also enroll in direct deposit to have your reimbursements directly deposited into the bank account of your choice.
- There is a grace period from January 1, 2017 through March 15, 2017 to incur expenses for the 2016 plan year. The deadline to submit all claims for the 2016 plan year is March 31, 2017.



Vision Benefits – Vision Service Plan (VSP) Group #12159678

100% Employer Paid

Enrollment in the vision plan through Vision Service Plan is automatic with enrollment in either of the medical plans and is effective on the 31st day of employment. Utilities, Inc. pays the entire cost of this benefit. Please note, VSP does not provide member ID cards.

	In-Network	Out-of-Network	Frequency
	Co-pay	Reimbursement	Once
Exams	\$10	Up to \$25.00	Every 12 months
Prescription Glasses (Including Lenses and Frame)	\$25		
<u>Lenses</u>			
Single vision		Up to \$30.00	
Lined Bifocal		Up to \$35.00	
Lined Trifocal		Up to \$45.00	
<u>Frames</u>		Up to \$45.00	Every 24 months
Contacts (in lieu of glasses)	\$0	Up to \$105.00	Every 12 months

Short – Term Disability Insurance

100% Employer Paid

Utilities, Inc. provides short-term disability insurance to all eligible employees after one year of employment. This benefit is paid at 100% income replacement in accordance to the regular payroll schedule based on years of service. Short-term disability insurance is to provide paid leave for off-the-job sickness, injury or pregnancy. To qualify for this benefit, a Certification of Health Care Provider Form (found on the UIWaterMain) must be completed by your physician to establish a “serious health condition” for sickness or injury. For pregnancy/maternity leave, paid short-term disability time is available to eligible employees. Employee eligibility for paid time uses the same schedule as the short-term disability benefit. A Certification of Health Care Provider Form is required for any paid short-term disability time while on pregnancy/maternity leave. At the end of your paid short-term disability, whether eligible paid time has exhausted or your medical provider’s certification period expires, you may be required to use your accrued vacation time for any additional time off.

1 - less than 2 Years of service	1 week of income replacement per rolling 12 month period from the first day of paid short term disability
2 years, but less than 4 years of service	3 weeks of income replacement per rolling 12 month period from the first day of paid short term disability
4 years, but less than 6 years of service	6 weeks of income replacement per rolling 12 month period from the first day of paid short term disability
6 years, but less than 12 years of service	2 weeks of income replacement per year of service per rolling 12 month period from the first day of paid short term disability
12 years of service or more	6 months of income replacement per rolling 12 month period from the first day of paid short term disability

California employees are not eligible to receive short-term disability benefits through UI plan as stated above. All California employees will receive short-term disability coverage through the California State SDI (www.edd.ca.gov/Disability) plan at no additional cost. For more information please contact HR.

Long – Term Disability Insurance – MetLife Group #95164



100% Employer Paid

Utilities, Inc. provides long-term disability insurance to all eligible employees effective first of the month following thirty days of employment. In order to receive benefits under this plan, you must satisfy requirements set by MetLife during the application process. In the event of a disability, it is suggested that you begin the application process to receive benefits no later than your twelfth week of continuous disability to ensure sufficient time for review.

Benefits Begin	After 180 days of continuous disability
Monthly Benefit	50% of base pre-disability earnings
Minimum Monthly Benefit	\$100
Maximum Monthly Benefit	\$10,000

Life and AD&D Insurance – MetLife Group #95164

100% Employer Paid

Utilities, Inc. provides both Basic Life and Accidental Death and Dismemberment insurance to all eligible employees effective first of the month following thirty days of employment. The Basic Life benefit amount is equal to 1 ½ times your base annual salary plus \$10,000. The Accidental Death and Dismemberment amount is the same.

Voluntary Life Insurance – MetLife Group #95164

Utilities, Inc. offers the option of purchasing additional life insurance for yourself, your spouse and/or your child(ren). These benefits are available for purchase on a post-tax basis. Paying tax on the premiums allows benefit payments to be tax-free. The table below illustrates a summary of these benefits. Please note that MetLife requires the purchase of coverage in stated increments. Employees must purchase coverage for themselves before they are able to purchase coverage on dependents. Requests to enroll in this benefit must be made during your first 30 days with the Company to take advantage of the guarantee issue amounts. If you wish to enroll in this benefit after your new hire eligibility period, you may do so during any Open Enrollment period or within 30 days of a Qualifying Life Event as defined earlier. Enrollments in conjunction with an Open Enrollment period or Qualifying Life Event will require a Statement of Health and approval from the MetLife underwriting department before the benefit can be issued. This benefit is portable upon termination. Requests to port this benefit must be made to HR within 30 days of your termination.

Voluntary Benefit Amounts

Employee	Sold in increments of \$10,000 Maximum issue amount = \$300,000
Spouse	Sold in increments of \$10,000 up to a maximum of \$150,000 Maximum issue amount = 100% of the voluntary employee life amount of \$150,000; whichever is less
Child(ren)	Issued as a flat amount equal to \$10,000

Guarantee Issue Amount*

Employee	\$50,000
Spouse	\$10,000
Child(ren)	Entire Benefit Amount

* Guarantee Issue refers to the amount of coverage you are eligible to purchase during your initial enrollment period without providing evidence of “good health”. However, if you do not enroll when initially eligible, you will be required to provide evidence of “good health” for any amount elected by completing a Statement of Health form. The Statement of Health form will be submitted to the underwriting department at MetLife for approval before the benefit can be issued.

Monthly Premiums for Voluntary Life Insurance

	Employee Cost	Spouse Cost
Age	Per \$10,000 of Coverage	
Under 30	\$0.94	\$0.94
30 - 34	\$1.16	\$1.16
35 - 39	\$1.59	\$1.59
40 - 44	\$2.20	\$2.20
45 - 49	\$3.95	\$3.95
50 - 54	\$5.89	\$5.89
55 - 59	\$8.24	\$8.24
60 - 64	\$12.96	\$12.96
65 - 69	\$20.06	\$20.06
Over 69	\$40.00	\$40.00
Monthly Cost for the Child(ren) Life equal to \$10,000 is \$1.19		

Supplemental Travel/Accident Insurance - ACE American Insurance

100% Company Paid

Plan Number: 01AH585

Policy Number: ADD N01062487



Utilities, Inc. provides travel accident insurance to further financially assist your family members in the event of loss of life while traveling for business.

The value of this benefit is based your position classification.

	Employee	Spouse	Dependents
Operations & Field	\$100,000	\$25,000	\$10,000
Office & Clerical	\$50,000	\$25,000	\$10,000

Employee Assistance Program (EAP) – MetLife 100% Employer Paid



The EAP is a confidential and professional service that provides information, referral services and telephonic counseling by licensed professionals to all employees and members of their immediate families who may be experiencing personal difficulties in their lives.

The EAP provides confidential services without cost to employees and their immediate family members for a variety of work/life related issues including legal and financial issues, child and elder care assistance, identity theft recovery services, relationship, marriage or family issues, and alcohol and drug dependency.

To obtain these services, you can call the confidential hot-line (800) 511-3920 24 hours a day, 7 days a week.

Patient Advocacy - Health Advocate 100% Employer Paid



Health Advocate is a company that provides employees with access to trained professionals who understand the intricacies of the healthcare system and assist you in navigating through it.

Health Advocate services are provided by professional Health Advocates, typically registered nurses, backed up by a team of medical directors and administrative experts who will help you, your spouse, dependent children, parents or parents in-law.

You Are Already Enrolled At No Cost To You!

The Top 10 Reasons to Call Health Advocate

- **Find the best doctors**, hospitals, dentists and other leading healthcare providers anywhere in the country. This includes locating providers in the BlueCross BlueShield of Illinois network.
- **Schedule appointments** with providers including hard to reach specialists and critical care providers and arrange for specialized treatments and tests.
- **Help resolve insurance claims** and assist with negotiating billing and payment arrangements, and related administrative issues.
- **Assist with elder care** and related healthcare issues facing your parents and parents in-law.
- **Obtain unbiased health information** to help you make an informed decision. This includes pricing for an elective procedure to ensure you are controlling your healthcare expenses.
- **Work with insurance companies** to obtain appropriate approvals for needed services and to foster communications between physicians and insurance companies.
- **Answer questions** about test results, treatment recommendations and medications recommended or prescribed by your physician.
- **Assist in the transfer of medical records**, x-rays and lab results.
- **Locate and research the newest treatments** for a medical condition.
- **Assist and initiate appeals** for denied claims, disputes and issues related to care received. Providing members with guidance in filing a grievance or complaint to the insurance company.

This service is completely confidential and no information is exchanged between Health Advocate and Utilities, Inc. Advocates are available Monday through Friday from 9 a.m. to 8 P.m. Central time. An advocate is also available 24 hours a day, seven days a week to provide assistance that needs attention during non-business hours.

Help is just a phone call or click away.

Visit their website at <http://www.healthadvocate.com> or contact them at 1-866-695-8622

Education Assistance

Full-time employees may continue their education in a related field, and Utilities, Inc. may reimburse some of the tuition costs. All courses and costs must be pre-approved by the manager and the Executive Team before taking the class and must be completed on the employee's own time. Once the course is complete, a certified transcript of your grades and the receipts for your expenses must be submitted. Utilities, Inc. will reimburse you for the portion of the tuition that was pre-approved on the following course by course basis:

Grade	Reimbursement
A	90% of the amount that was pre-approved
B	75% of the amount that was pre-approved
C	50% of the amount that was pre-approved

In cases where classes are graded based on a pass or fail, a passing grade will be reimbursed at 90% of the amount that was pre-approved.

In order to qualify for this education assistance benefit you must:

- Advise your manager, prior to enrolling for the class that you intend to take a particular course. Your manager will advise you whether the course is of a nature that Utilities, Inc. will approve for reimbursement of tuition.
- The course must be job oriented and offered by an approved education institution.
- The course and maximum reimbursement amount must be approved by the Executive Team prior to the start of the course.
- You must receive a passing grade of "C" or better.
- You must have at least one (1) full year of prior service with Utilities, Inc.
- If you are eligible to receive educational benefits from other sources, such as the Veterans Administration, Utilities, Inc. will only consider some reimbursement of the part that remains unpaid after application of those benefits for your educational expenses.

Utilities, Inc. will require you to sign an agreement stating that if you leave the Company within 12 months of completing a class, you will repay the amount you were reimbursed.

For income tax free purposes the course must meet IRS section 127 rules that state the education is required by the employer or by law for the employee to keep his or her present salary, status, or job. The required education must serve a bona fide business purpose of the employer or the education maintains or improves skills needed in the job.

Certification Bonus

Utilities, Inc. requires certain positions to have the proper license and/or certifications for certain job titles. These requirements are listed on the job description for each title, which can be found on the HR/Payroll>Communications folder on the UIWaterMain. Bonus amounts are listed in the HR/Payroll>Payroll>General Information folder on the UIWaterMain, as well as a bonus check request.

Adoption Benefit

Adoption benefits are available to full-time employees after one year of service. The adopted child must be 17 years of age or younger unless the child is physically or mentally incapable of caring for himself or herself. Eligible adoption related expenses will be reimbursed as they are incurred during the adoption process up to a maximum of \$5,000 per child.

401(k) Plan – JP Morgan

Employer Matching – You are eligible to contribute 100% of your salary up to the IRS maximum through pre-tax payroll deductions for your 401(k) Plan as long as you are at least 21 years of age and have satisfied ninety (90) days of employment. If you are 50 years of age or older, you are allowed an additional \$6,000 in catch up contributions to the plan. If you elect to make contributions to the 401(k) Plan, the company will make a matching contribution to your 401(k) account. Prior to the beginning of each year, the Company will announce the applicable matching level and cap for that year. For 2016, the Company will match \$.50 on every \$1.00 you contribute to the 401(k) Plan up to a maximum contribution on 6% (equal to 3%) of your base annual compensation. Matching contributions will be made in the same pay period in which you make your contributions. If you do not contribute to the 401(k) Plan you will not be eligible for a matching contribution.

Non Elective Company Contribution – A non elective Company contribution is made annually on 4% of your eligible wages for each plan year into your 401(k) account regardless of whether you have contributed any savings of your own as eligibility requirements have been satisfied (see above).

You are always 100% vested in your contributions to the plan. Both the Employer Matching & 401(k) Non Elective Company Contributions to your 401(k) Plan are vested based on your years of service at Utilities, Inc. For employees hired on or after January 1, 2010, your “vested percentage” is as follows:

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

To enroll in this benefit, you must login to the JP Morgan website at www.retirementlink.jpmorgan.com. To login for the first time, you will need your PIN which will be sent to you in the mail a month prior to initial eligibility to your home address. Information can be found on the UIWatermain in the HR/Payroll drop down under “Benefits”, “Forms” then “401(k).”

For more detailed plan and ERISA information, please refer to the Summary Plan Description and 204(h). These documents can be obtained from HR or on the UIWatermain.

Vacation Pay

Vacation is a time for you to rest, relax, and pursue special interests. Utilities, Inc. has provided paid vacation as one of the many ways in which we show our appreciation for your loyalty and continued service. Only full-time employees and eligible part-time employees are entitled to paid vacation. You are eligible to accrue paid vacation within your first completed month of service; however, you may not take paid vacation until you have completed 30 days of employment.

Vacation Accrual	Hourly Employees (Full-time)	Hourly Employees (Part-time)	Salaried Employees
First Month of Employment	If hired on or between the 1st and 15th - 8 hours	If hired on or between the 1st and 15th - 4 hours	If hired on or between the 1st and 15th - 1 day
	If hired on or between the 16th and 31st - 4 hours	If hired on or between the 16th or 31st - 2 hours	If hired on or between the 16th or 31st - 1/2 day
Less than 1 Year	8 hours for each completed calendar month of service	4 hours for each completed calendar month of service	1 day for each completed calendar month of service
1 year to less than 6 years	96 hours annually	48 hours annually	12 Days annually
6 years to less than 15 years	96 hours annually plus 8 hours for each year of service over 5 years	48 hours annually plus 4 hours for each year of service over 5 years	12 Days annually plus 1 Day for each year of service over 5 years
15 years or more	176 hours	88 hours	22 Days

**Annual vacation accrual balances may not exceed a maximum total of 176 hours (22 days). Annual vacation balances including rollover (up to 5 days), may not exceed a maximum total of 216 hours. Exceptions to the maximum limit may only occur as the result of extraordinary circumstances and require HR consultation and BU President approval.*

Unused Vacation Time

Employees are encouraged to use their paid vacation time each year. However, Utilities, Inc. does acknowledge that circumstances may arise which do not make that possible. If an employee has unused vacation time remaining at year-end, employees may carry up to 5 days (40 hours for full time/20 hours for part time). Carry-over vacation time must be used the following year, unless an exception is pre-approved by your manager and the HR manager. Unused roll-over vacation time is not paid out upon termination.

Part-Time Employees

Part-time employees are entitled to vacation time and pay unless they are disqualified for this benefit by working less than 1,000 hours in the current calendar year.

Terminated Employees

At the time of employment termination, the amount of vacation pay accrued will be calculated by taking the number of full months worked during the current year times the amount of vacation time earned in one month. Any unused time will be prorated and paid upon termination. Unused vacation days which rolled-over from the previous year will not be paid.

Holiday Pay

Utilities, Inc. is recognizing the following holidays:

New Year's Day - Friday January 1st
 Memorial Day - Monday, May 30th
 Independence Day – Monday, July 4th
 Labor Day – Monday, September 5th
 Thanksgiving Day – Thursday, November 24th
 Day after Thanksgiving Day – Friday, November 25th
 Christmas Eve - Friday, December 23rd
 Christmas Day - Monday, December 26th

All full-time employees receive the Company selected holiday benefit. Please note that the designated holidays may change each year. Be sure to watch for a revised holiday schedule prior to each New Year.

You may take time off to observe religious holidays. If available, a vacation day may be used for this purpose, otherwise the time off is without pay. You must notify your manager in advance.

Only full-time employees are eligible for holiday pay. You are not eligible to receive holiday pay during the first thirty (30) days of your employment, nor are you eligible to receive holiday pay if you are a part-time employee or a temporary employee.

Holiday Policies

If a holiday occurs during your scheduled vacation, you are permitted to take an extra day of vacation. In order to qualify for holiday pay, you must work the scheduled workday immediately before and after the holiday. Only scheduled vacation will be considered exceptions to this policy.

Contact Information

Vendor/Resource	Telephone	Website
BlueCross BlueShield of Illinois - Medical		
Medical Claim and Benefit Information	(800) 828-3116	www.bcbsil.com
Prime Therapeutics - Prescription Drugs		
Pharmacy and Prescription Drug Inquiries	(800) 423-1973	www.myprime.com
Rx 'n Go Free Generic Mail Order Maintenance Pharmacy		
Rx 'n Go/PBM Plus	(888) 697-9646	www.rxngo.com
Teladoc	1-800-Teladoc	www.teladoc.com
Delta Dental of Illinois - Dental		
Dental Claim and Benefit Information	(800) 323-1743	www.deltadentalil.com
VSP Vision Benefits - Vision		
Vision Claim and Benefit Information	(800) 877-7195	www.vsp.com
MetLife - Life and Accidental Death & Dismemberment		
Life and AD&D Claims and Benefit Information	(800) 638-6420	www.metlife.com
MetLife - Long-Term Disability		
Disability Claims and Benefit Information	(800) 300-4296	www.metlife.com
Paychex - Flexible Spending Accounts		
Healthcare and Dependent Day Care FSA Questions, Account Balances and Information	(888) 712-0088	www.mypaychex.com
Ace American Insurance - Travel Accident		
Inside the United States	(800) 243-6124	www.ACETravelAssistance.com
Outside the United States Call Collect	(202) 659-7803	
MetLife - Employee Assistance Program		
Confidential assistance with personal, legal, financial or elder care issues.	(800) 511-3920	www.metlife.com
JP Morgan - 401(k) Retirement		
Plan Details Enrollment Account/Balance Information	(800) 854 -0647	www.retirementlink.jpmorgan.com
Health Advocate - Patient Advocacy		

This Employee Benefits Guide has been prepared to help you review and understand the key factors associated with our benefit plans. This guide does not provide all of the provisions, limitations and exclusions included in our benefit plans and policies and should be considered only as a summary of our current benefits. If any differences exist between this summary and the official plan documents, the official plan documents shall control. Additionally, the benefits described herein are subject to change without notice. Neither this Employee Benefits Guide nor any of the benefits described herein constitute a contract of employment, nor should they be construed as giving you any legal rights to continue to be employed. Your employment with the Company is and will continue to be "at will."

Rescission of Coverage

Utilities, Inc. reserves the right to terminate the health coverage of you/and your dependent(s) prospectively without notice for cause (as determined by **Utilities, Inc.**), if you and/or your dependent(s) are otherwise determined to be ineligible for coverage under the plan. In addition, if you or your dependent commits fraud or intentional misrepresentation in an application for health coverage under the plan, in connection with a benefit claim or appeal, or in response to any request for information by **Utilities, Inc.** Or its delegates (including **BlueCross BlueShield of Illinois**) **Utilities, Inc.** may terminate your coverage retroactively upon 30 days of notice. Failure to inform **Utilities, Inc.** that you or your dependent is covered under another group health plan or knowingly providing false information in order to obtain coverage for an ineligible dependent are examples of actions that constitute fraud under the plan.



2335 Sanders Road, Northbrook, IL 60062-6196



Employee Benefits Guide



2017

Plan Year - 1/01/2017 - 12/31/2017

For Full Time Employees Only
Except where noted herein

Employee Benefit Summary/Contents Page

Benefit	Description	Cost to Employee/Requirement	Eligibility	Page
Medical Insurance	Medical insurance provides cost-effective medical care through Blue Cross Blue Shield. The PPO plans feature a network of participating doctors, hospitals, and facilities to provide health care services to plan members at reduced rates.	The employee deductions vary by pay schedule. Please see page 4 for the deduction grid as well as details on how to qualify for the preventive incentive.	Enrollment is available within the first 30 days of your employment, during open enrollment, or in the first 30 days following a Qualifying Life Event (QLE). Benefit begins on the 31st day of employment, the date of a QLE or January 1st for open enrollment.	4
Dental Insurance	Dental insurance provides cost-effective dental care through Delta Dental. While there are no restrictions on your choice of dentist, using a Delta network dentist enhances your benefit.	The employee deductions vary by pay schedule. Please see page 4 for the deduction grid.	Enrollment is available within the first 30 days of your employment, during open enrollment, or in the first 30 days following a Qualifying Life Event (QLE). Benefit begins on the 31st day of employment the	6
Teladoc	Teladoc is a free (no-co-pay) convenient service that employees and eligible dependents can access for consultations and treatment (including prescriptions) for a wide range of medical conditions.	This is a company paid benefit.	Automatic enrollment for Utilities, Inc. employees and their eligible dependents enrolled in the BCBS medical plan.	7
Benefits Value Advisor (BVA)	Benefits Value Advisor (BVA) is a consumer advocacy program that guides members through the universe of health care, prompting them to examine and weigh every aspect of their health care decisions. It is a one-call solution, providing members with access to specially trained advisors who can assist them.	This is a company paid benefit.	Automatic enrollment for Utilities, Inc. employees and their eligible dependents enrolled in the BCBS medical plan.	7
Flexible Spending Account (FSA)	UI provides a FSA program designed to save you money on out-of-pocket expenses incurred for health and dependent care. Employees can save up to 30% on eligible expenses by using tax-free dollars.	The annual dollar limit on employee contributions to employer-sponsored health care FSA is \$2,550 in 2016. The annual limit for dependent care FSAs is \$5,000.	Enrollment is available within the first 30 days of your employment, during open enrollment, or in the first 30 days following a Qualifying Life Event. Benefit begins on the 31st day of employment, the date of a QLE or January 1st for open enrollment.	8
Vision Insurance	Vision insurance is provided through Vision Service Plan. Many services from a network provider are covered in full after a nominal co-pay.	This is a Company paid benefit contingent upon your enrollment into a medical plan.	Benefit begins on the day Medical Insurance is effective. Automatic enrollment with enrollment into a medical plan.	8
Short-Term Disability Benefit	The short-term disability (STD) benefit provides a percentage of your pre-disability base income for up to 26 weeks if you are unable to work due to illness or injury.	This is a Company paid benefit.	Automatic enrollment after one year of employment.	9
Parental Leave	Parental Leave offers up to 6 weeks of paid time off to care for a child following birth or adoption.	This is a Company Paid benefit.	Available after 1 year of employment.	9
Long-Term Disability Benefit	The long-term disability benefit provides income to employees who are disabled beyond six months of short term disability. The benefit includes 50% of pre-disability monthly earnings less income offsets.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment. Benefit has a 180 day waiting period.	10
Life and Accidental Death and Dismemberment (AD&D) Insurance	Life and AD&D insurance through MetLife provides financial aid for your family if you die or are seriously injured in an accident. The life benefit equates to 1.5 times your annual salary plus \$10,000. The AD&D benefit is the same amount.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment.	10
Voluntary Life Insurance	Supplemental term life insurance offers you and your dependents the opportunity to purchase additional life insurance.	Employee costs are based upon age and the elected benefit amount.	Available the first day of the month following 30 days of employment or the receipt and acceptance of your enrollment form by MetLife at any time following your initial 30 days of employment.	10
Supplemental Travel/Accident Insurance	Supplemental travel/accident insurance through ACE American Insurance Company provides an additional amount of insurance whether on personal or work-related business.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment.	11
Aflac	Aflac's voluntary payroll deduction insurance coverage pays cash benefits when a policyholder has a covered accident or illness.	Employee costs are based upon age and the elected benefit amount.	Voluntary enrollment effective the first day of the month following 30 days of employment.	11
Employee Assistance Program (EAP)	UI provides an EAP for employees and their immediate families who are dealing with personal issues.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment.	13
Patient Advocacy	Provides a confidential resource to assist with claims and benefit issues, help with locating providers and scheduling procedures and appointments.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment.	13
Certification/Licensing Resources & Bonus	UI offers a certification bonus for licenses and certifications for work related education and development based on the level of the certification.	A pre-approved list of bonus amounts by state and level are listed in the Payroll folder on the WaterMain .	Requires BU Leadership approval.	14
Education Assistance	UI offers up to 90% reimbursement of tuition costs for work related courses pre-approved by the Executive Team.	Reimbursement of tuition expenses are determined by Executive Team approval, course completion, and grades.	Available after 1 year of employment with required BU Executive approvals.	14
401(k) Retirement Plan	Employee Contribution & Employer Match Employees may contribute to the 401(k) plan to save for their retirement. First 3% of deferral matched dollar for dollar. Next 2% of deferral matched at \$0.50 for each dollar up to a maximum UI Match of 4% of eligible earnings. Non Elective Company Contribution The Company will contribute 3% of your total eligible plan year wages on an annual basis.	New employees are automatically enrolled at a 3% contribution rate; these employees have the option to "opt out" of enrollment during open enrollment. All Employer contributions vest at 100%. Please refer to the Summary Plan Description for more details.	Non Elective Company Contribution After one year of service and end of the year employment. Employee Deferral & Employer Match 1 st of the month, after 30 days of service Online enrollment required at www.retirementlink.jpmorgan.com	15
Paid Time Off (PTO)	Please see the " Paid Time Off (PTO) " schedule for further details.	This is a Company paid benefit.	Employees accrue PTO dependent on their hire date. There is a 30-day waiting period after your hire date to use paid time off.	16
Holiday Pay	UI offers 8 paid holidays each year.	This is a Company paid benefit.	Eligible 30 days after your hire date.	16
Contact Information				17

Eligibility

An employee is eligible to participate in the Utilities, Inc. Benefit Programs if he/she is classified as a full-time employee scheduled to work a minimum of 30 hours per week (with the exceptions for Limited Eligibility noted below).

Temporary, seasonal and agency employees are not eligible to participate in the benefit programs offered through the Company.

Eligible full-time employees can also enroll a legal spouse and dependent child(ren) for coverage. A "dependent child" is the subscriber's or spouse's natural child, stepchild, foster child or legally adopted child.

Children are generally considered dependents until:

- Age 26
- Any age, if they are mentally or physically disabled, chiefly dependent on the employee for support, and not capable of self-sustaining employment.
- Age 30 if enlisted in Military



Limited Eligibility

An employee classified as part-time scheduled to work less than 30 hours per week and a minimum of 1,000 hours per calendar year qualifies for participation in the 401(k) plan.

A brief summary of the various benefits offered by Utilities, Inc. are shown in this guide. If an employee does not elect to enroll in any plan during the open enrollment period or when the employee first becomes eligible for benefits, the employee will not be allowed to enroll until the next open enrollment period unless the employee has a special enrollment event as defined by HIPAA (see "Qualifying Life Events" below).

When Coverage Begins:

Employees must enroll for medical, dental, vision, choose to participate in the reimbursement accounts, and/or elect Voluntary Life and AD&D benefits within 30 days of the employee's initial eligibility date. Health benefits begin on the first day following the 30 day waiting period. Enrollment in employer paid benefits is automatic.

New Hires:

Eligible new hires are required to select or waive coverage within 30 days of their initial eligibility date. Employees failing to select coverage under one or more of the optional plans within this time will be deemed to have voluntarily waived eligibility for coverage for the entire plan year. Once made, selections are irrevocable and remain in effect for the plan year unless a QLE change occurs.

Qualifying Life Events

Your initial new hire eligibility period allows you thirty (30) days from your hire date to submit enrollment forms for the benefits you wish to enroll in. You are allowed to change your enrollment during the plan year only when you have a qualifying life event that significantly affects your benefit needs. Life events can include:

1. Marriage or Divorce
2. Birth or adoption of a child or placement of a child for adoption
3. Death of a child or spouse
4. Loss of or obtainment of other coverage

An employee wanting to change elections due to a qualifying life event should contact Human Resources as soon as possible following the event, but no later than 30 days following the event. Appropriate documentation will be required to substantiate a change and must be received within 30 days of the qualifying life event. Effective date for changes will be the actual date of the event. Any change reported or supporting documentation received after 30 days following the qualifying life event will not be accepted. In such an instance, the next opportunity to make a change will be during the next open enrollment period. The open enrollment period is the time employees may make changes (such as moving from one plan to another, adding dependents, etc.) Freely without supporting documentation. The next open enrollment period will be in December 2017 for plan year beginning January 1, 2018.



Medical and Dental Premiums

The employee medical and dental premiums are listed below. Utilities Inc. covers 100% of the cost for vision insurance upon enrollment to a medical plan. Utilities, Inc. also covers 100% of the cost of basic life and AD&D insurance, short term disability insurance and long term disability insurance.

	With Preventive Incentive		Without Preventive Incentive	
Medical Insurance - Platinum Plan	Hourly Employees	Salaried Employees	Hourly Employees	Salaried Employees
	(26 pays per year)	(24 pays per year)	(26 pays per year)	(24 pays per year)
Employee Only	\$53.93	\$58.43	\$129.46	\$140.25
Employee + Spouse	\$141.52	\$153.32	\$292.58	\$316.97
Employee + Child(ren)	\$119.11	\$129.04	\$194.64	\$210.86
Family	\$206.39	\$223.59	\$357.45	\$387.24
* Working Spousal Surcharge	\$129.23	\$140.00	\$129.23	\$140.00
	With Preventive Incentive		Without Preventive Incentive	
Medical Insurance - Gold Plan	Hourly Employees	Salaried Employees	Hourly Employees	Salaried Employees
	(26 pays per year)	(24 pays per year)	(26 pays per year)	(24 pays per year)
Employee Only	\$47.45	\$51.41	\$98.06	\$106.24
Employee + Spouse	\$123.83	\$134.15	\$274.89	\$297.80
Employee + Child(ren)	\$104.22	\$112.91	\$179.76	\$194.74
Family	\$180.59	\$195.64	\$331.65	\$359.29
* Working Spouse Surcharge	\$129.23	\$140.00	\$129.23	\$140.00
Dental Insurance	Hourly Employees	Salaried Employees		
	(26 pays per year)	(24 pays per year)		
Employee Only	\$4.97	\$5.37		
Employee + Spouse	\$11.08	\$12.01		
Employee + Child(ren)	\$8.32	\$9.01		
Family	\$16.54	\$17.92		



Pre-Tax/Post-Tax Contributions

Generally, the cost to participate in Utilities, Inc.' Health plan and/or reimbursement accounts is taken from the employee's paycheck on a **pre-tax basis**. This means the employee does not pay Federal Income Tax, Social Security Tax, and in most cases state/local taxes on those contributions.

*Working Spouse Surcharge

A working spouse surcharge is an additional contribution that Utilities, Inc. will charge an employee to cover a working spouse that has other health coverage available, such as through his or her own employer, and chooses not to enroll in that coverage. The spouse surcharge does not apply to spouses who are unemployed or whose employers do not offer health insurance. The surcharge is designed to encourage spouses to use the health coverage available through their own employer. The surcharge is used to contribute to the added cost of covering spouses on our plan who choose not to participate in their employer's coverage. Every employee choosing to enroll in a medical plan with UI, and is covering a spouse, must complete the Working Spouse Medical Plan Affidavit. All forms must be returned to the Human Resources Department. The surcharge will automatically be charged to all employees choosing to cover a working spouse that did not return the Working Spouse Medical Plan Affidavit with the medical enrollment form.

Preventive Incentive

In an effort to promote a healthy lifestyle, we encourage our employee's to receive a routine annual physical with blood draw at initial eligibility and at least once every three (3) years. It is important to maintain a healthy lifestyle and monitor your health on a regular basis. Having a routine preventative physical is the first step toward taking control of your health. To view a notice regarding our preventative incentive, [click here](#).

If you choose to enroll in the medical insurance and complete a routine annual physical with blood draw, you will enjoy employee premium amounts less than the standard premium as stated above.

Both medical plans offer a benefit to cover the cost of your physical and blood draw under the Preventive Care benefit. The plan will pay 100% with no co-payment. Please note the following tips to keep in mind to ensure you receive this level of benefit:

1. You must receive these services by an in-network provider
2. All services billed on the date you obtain your annual routine physical with blood draw must be billed as "preventative". Any services billed on this date of service that are not "preventative" will be subject to co-pays and deductibles.
3. You are allowed one routine annual physical per calendar year.

In order to qualify for the preventive incentive, you and your spouse, if you choose to cover your spouse, must have a routine physical with blood draw documented with a date of service within 60 days of your insurance becoming effective. A Routine Physical Verification Form must be completed for both yourself and your spouse by the physician and returned to the HR Department within the time frame. If the form is not received in that time frame, your premiums will increase on the 61st day from the effective date, to the "NON Preventive" rates (until the verification form is received by HR to reduce the rates to "Preventive.")



Medical Plans Platinum PPO & Gold PPO

Utilities, Inc. provides a choice of two PPO Medical plans to all eligible employees effective the 31st day of employment.

	Platinum Plan - Group #P17022		Gold Plan - Group #P17023	
	In-network	Non-network	In-network	Non-network
Deductible	\$400 Individual \$1,200 Family	\$800 Individual \$2,400 Family	\$1,500 Individual \$4,500 Family	\$4,500 Individual \$13,500 Family
Out-of-Pocket Maximum Includes deductibles and co-pays	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	\$5,000 Individual \$11,500 Family	\$15,000 Individual \$34,500 Family
Out-of-Pocket Maximum Rx includes deductibles and co-pays	\$500 Individual Rx \$1,500 Family Rx	\$500 Individual Rx \$1,500 Family Rx	\$1,000 Individual Rx \$1,700 Family Rx	\$1,000 Individual Rx \$1,700 Family Rx
Physician Office Visits				
One co-payment per day when you receive services from a Family Practice, Internal Medicine, OB/GYN, or Pediatrician. Surgeries, therapies and certain diagnostic procedures performed in a physician's office may be subject to the deductible and/or coinsurance, including mental health and substance abuse services.	\$15 co-pay for PCP \$25 co-pay for Specialist; then 100%	60% after deductible	\$35 co-pay for PCP \$45 co-pay for Specialist; then 100%	50% after deductible
Preventive Care Routine annual physicals, well-baby exam, annual vision and hearing exams, immunizations, and other preventive health services as determined by the USPSTF.				
	100%	60% after deductible	100%	50% after deductible
Maternity Services Co-payment applies to first prenatal visit. All other maternity physician covered services are paid the same as Medical/Surgical Services				
	\$15 co-pay for PCP \$25 co-pay for Specialist; then 100%	60% after deductible	\$35 co-pay for PCP \$45 co-pay for Specialist; then 100%	50% after deductible
Medical/Surgical Services Coverage for surgical procedures, inpatient visits, therapies, allergy injections or treatments, and certain diagnostic procedures as well as other physician services.				
	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Hospital Admission Deductible (Maximum 3 days/calendar year)				
	\$100 per day	\$100 per day	\$100 per day	\$100 per day
Inpatient Hospital Services Coverage includes services received in a hospital, skilled nursing facility, coordinated home care and hospice. Room allowances based on the hospital's most common semi-private room rates.				
	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Outpatient Hospital Services Coverage for services includes, but is not limited to outpatient or ambulatory surgical procedures, x-ray, lab tests, chemotherapy, radiation therapy, renal dialysis, and mammograms performed in a hospital or ambulatory surgical center. Routine mammograms performed in an in-network outpatient hospital setting are payable at 100%, no deductible will apply.				
	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Outpatient Emergency Care (Accident or Illness) The co-payment applies to both in and out of network emergency room visits. The co-payment is waived if the member is admitted to the hospital.				
	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay
Muscle Manipulation Services* Coverage for spinal and muscle manipulation services provided by a physician or chiropractor. Related office visits are paid the same as other Physician Office Visits. Limited to 30 visits per calendar year.				
	\$25 co-pay; then 100%	60% after deductible	\$45 co-pay; then 100%	50% after deductible
Therapy Services - Speech, Occupational and Physical Coverage for services provided by a physician or therapist.				
	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Temporomandibular Joint (TMJ) Dysfunction and Related Disorders				
	80% after deductible	60% after deductible	70% after deductible	50% after deductible

Prescription Drug Benefit for Medical Plans Platinum & Gold

	Generic	Formulary Brand	Non-Formulary Brand
Contracting Retail Pharmacy Up to a 34-day supply. Includes diabetic supplies: blood glucose test strips, lancets, diagnostic agents used with urine testing and glucagon.	\$10	25% Minimum Co-pay \$25 Maximum Co-pay \$75	50% Minimum Co-pay \$25 Maximum Co-pay \$75
Mail Service Up to a 90-day supply.	\$20	25% Minimum Co-pay \$50 Maximum Co-pay \$150	50% Minimum Co-pay \$50 Maximum Co-pay \$150
Contraceptives Available at retail and mail service at the appropriate co-payment level based on drug classification.	As Indicated Above		
Self-Injectables Available at retail and mail service at the appropriate co-payment level.	As Indicated Above		

FREE Generic Mail Order Pharmacy Plan Option



Utilities, Inc. employees and their enrolled dependents are eligible to receive free generic maintenance medication by utilizing the Rx 'n Go mail order pharmacy service. Rx 'n Go offers a comprehensive listing of nearly 1,200 available generic maintenance medications. By filling your generic maintenance medication through Rx 'n Go, Utilities, Inc. will pay the entire cost of the medication. A ninety (90) day supply of medication will arrive directly at the member's home address or designated delivery location.

Please consult with your physician or health care provider if you are not currently taking a generic medication to determine if any of the prescriptions offered through the Rx 'n Go pharmacy may be an option.

Interested plan members are required to have their health care provider submit a completed Rx 'n Go prescription order form via e-mail or fax (or the member may mail the original order form via regular mail.) The order form is available in the Shared Services > Human Resources > Shared Services Documents > Benefits > Benefit Forms > Prescription Drug - Rx folder on the [WaterMain](#) to take to your provider's office.

Dental Plan – Delta Dental Group #20159



	PPO	Premier	Out-of-Network
Annual Maximum	\$1,500 per person		
Annual Deductible Applies only to Basic and Major Services. Charged one time per calendar year	\$25 per person, \$75 per family		
Preventative/Diagnostic Services <ul style="list-style-type: none"> • Oral evaluations up to two times per benefit year • X-rays (bitewings up to two per benefit year; full mouth - once every three weeks) • Prophylaxis (cleaning up to two per benefit year) • Fluoride treatments up to once per benefit year for children under age 19 • Space Maintainers • Sealants 	100% of reduced fee ¹ No Deductible	100% of MPA ² No Deductible	100% of MPA ³ No Deductible
Basic Services <ul style="list-style-type: none"> • Fillings • Oral Surgery • Endodontics • General Anesthesia in conjunction with oral surgery • Recementing of crowns and bridges 	80% of reduced fee ¹ Deductible Applies	80% of MPA ² Deductible Applies	80% of MPA ³ Deductible Applies
Major Services <ul style="list-style-type: none"> • Crowns, jackets, cast restorations • Fixed and removable bridges • Partial and full dentures • Implants 	50% of reduced fee ¹ Deductible Applies	50% of MPA ² Deductible Applies	50% of MPA ³ Deductible Applies
Child Orthodontics (19 & Under)	\$1,000 Lifetime Benefit		
	50% of reduced fee ¹ No Deductible	50% of MPA ² No Deductible	50% of MPA ³ No Deductible

¹You will not be "balance billed" for charges exceeding Delta Dental's allowed PPO Fee.

²You will not be "balance billed" for charges exceeding Delta Dental's maximum plan allowances (MPAs).

³You are responsible for charges exceeding Delta Dental's maximum plan allowances (MPAs).

Your dentist chooses the Delta Network they participate in whether it is PPO, Premier, Both or Neither. Consult your dentist to determine which network they participate in and how insurance is applied to that coverage. In the event your dentist participates in the PPO and Premier Networks, PPO becomes the default network.

The preceding information is a brief summary of the Utilities, Inc. Dental Plan and the services it covers. If you have specific questions benefit coverage, limitations or exclusions, contact Delta Dental at (800) 323-1743

Telemedicine - Teladoc™

100% Employer Paid



Utilities employees and their eligible dependents enrolled in the BCBS medical plan are now eligible for the new Teladoc medical benefit. Teladoc allows you to talk to a doctor anytime, anywhere by phone or video consult. Teladoc is a **FREE (no co-pay)** convenient service that employees and eligible dependents can access for consultations and treatment (including prescriptions) for a wide range of medical conditions.

Speak with a physician with no co-pay!

- **Feel better fast...** It's simple. Teladoc provides access to U.S. board-certified physicians who can resolve most non-emergent medical issues via phone or online video.
- **Available when you need care...** Teladoc is a convenient alternative to urgent care or ER visits. Their physicians are available anytime, anywhere.
- **An alternative you can trust...** Teladoc is the first, largest and fastest growing provider of telehealth medical consultations, serving millions nationwide.
- **With proven results...** With Teladoc, it costs less to feel better. Teladoc significantly lowers your costs and improves access to care by providing an alternative to urgent care or ER usage.

Getting started is simple:

Set Up Your Account:

1. Visit the [Teladoc website](#), and begin the registration process by clicking on "Set Up Account" to advance to the [registration page](#).
2. Enter your first name, last name, date of birth, company code, member ID or promotional code. Then click "Continue".
3. Follow the directions online to complete account setup and to provide your medical history.

Request a Consult

Once your account is set up, a doctor is always just a call or click away.

1. Visit the [Teladoc website](#) and click "Request a consult."
2. Select the type of consult you want.
3. Talk to a doctor within an hour.

Visit their website at <http://www.teladoc.com> or contact them at 1-800-Teladoc

BCBS Benefits Value Advisor (BVA)

100% Employer Paid



Benefits Value Advisor (BVA) is a consumer advocacy program that guides members through the universe of health care, prompting them to examine and weigh every aspect of their health care decisions. It is a one-call solution, providing members with access to specially trained advisors who can assist them. Want to know more? [Check out this short video on BVA from the BCBS of Illinois website.](#)

Spend your health care dollars wisely.

When you purchase big ticket items like a TV or a new washing machine you shop around for the best price, right? So why not do the same for your medical procedure. Often times your care comes with choices. The price between an MRI at two different clinics in the same town can vary by several hundred, or even thousands of dollars. A quick call to BVA will help you identify the best price and save you money! According to BCBS, 90% of member calls to BVA resulted in lower cost options for their care.

What can Benefits Value Advisor do for you?

- Assist in helping you locate doctors and treatment centers and compare costs.
- Connect you with clinical program staff and provide online educational tools to learn more about your condition.
- Coordinate pre-certification for procedures.
- Help you schedule appointments.
- Understand claims, explain coverage guidelines, order ID cards and much more...

Before your next procedure...

Call the Customer Service number on the back of your BCBS member ID card and speak with a Benefits Value Advisor!

Flexible Spending Accounts (FSA) – Discovery Benefits

Employees are eligible to participate in the Flexible Spending Account after thirty (30) days of employment. An FSA allows you to set aside pre-tax dollars from your paycheck to pay for eligible health and dependent care expenses, lowering your taxable income and increasing your take home pay. The plan year for this benefit is January 1 thru December 31.

Health Care Flexible Spending Account

A Health Care FSA reimburses you for eligible medical care expenses incurred for yourself, your spouse and your dependents. This account can be used to pay for qualified, medically necessary medical, dental or vision expenses not covered by your insurance. Physician office visit and prescription co-payments are some examples of qualified expenses. The annual dollar limit on employee contributions to employer-sponsored health care FSAs is \$2,600 for 2017.

Dependent Care Flexible Spending Account

A Dependent Care FSA helps you pay for child or elder care services so you can work. The annual limit for dependent care FSAs will remain \$5,000 for calendar year 2017.

NOTE: If you are married and file jointly, your combined contributions may not exceed \$5,000. If you are married and file separately, your individual contributions may not exceed \$2,500.

Upon enrollment to an FSA, you will elect an annual contribution amount to participate in one or both of the FSA's. This election and contribution amount is binding for the entire plan year. Only a QUALIFYING LIFE EVENT will allow you to change an FSA election. Your annual contribution amount must be used for expenses incurred within that plan year. Any dollar amount not reimbursed for expenses during the plan year will be forfeited. This is known as the "use it or lose it" rule.

- If you are enrolled in one of the Blue Cross Blue Shield medical plan options, you may elect automatic claim submission of your medical expenses not paid after a claim is filed to your healthcare FSA. Enrollment in this feature allows reimbursement for out of pocket expenses without having to submit a claim form.
- If you enroll in either the healthcare or dependent care FSA, you may also enroll in direct deposit to have your reimbursements directly deposited into the bank account of your choice.
- There is a grace period from January 1, 2018 through March 15, 2018 to incur expenses for the 2017 plan year. The deadline to submit all claims for the 2016 plan year is March 31, 2018.



Vision Benefits – Vision Service Plan (VSP) Group #12159678

100% Employer Paid

Enrollment in the vision plan through Vision Service Plan is automatic with enrollment in either of the medical plans and is effective on the 31st day of employment. Utilities, Inc. pays the entire cost of this benefit. Please note, VSP does not provide member ID cards.

	In-Network	Out-of-Network	Frequency
	Co-pay	Reimbursement	Once
Exams	\$10	Up to \$25.00	Every 12 months
Prescription Glasses (Including Lenses and Frame)	\$25		
<u>Lenses</u>			
Single vision		Up to \$30.00	
Lined Bifocal		Up to \$35.00	
Lined Trifocal		Up to \$45.00	
<u>Frames</u>		Up to \$45.00	Every 24 months
Contacts (in lieu of glasses)	\$0	Up to \$105.00	Every 12 months

Short – Term Disability Insurance

100% Employer Paid

Utilities, Inc. provides short-term disability insurance to all full-time employees. Short-term disability insurance is to provide paid leave for off- the-job sickness or injury. To qualify for this benefit, a Certification of Health Care Provider Form ([found on the WaterMain](#)) must be completed by your physician to establish a “serious health condition” for sickness or injury. At the end of your paid short- term disability, whether eligible paid time has exhausted or your medical provider’s certification period expires, you may be required to use your accrued Paid Time Off (PTO) for any additional time off. This benefit is paid according to the following schedules based on employee start date in accordance with the regular pay schedule.

Employees Hired On or After 1/1/2017

Short Term Disability Benefit
Up to 26 weeks of Short Term Disability at 60% of your weekly earnings.

Employees Hired On or Before 12/31/2016

Completed Years of Service	Short Term Disability Benefit
0 – 5 Years	Up to 26 weeks of Short Term Disability at 60% of your weekly earnings.
6 Years	Up to 26 weeks of Short Term Disability at 65% of your weekly earnings.
7 Years	Up to 26 weeks of Short Term Disability at 70% of your weekly earnings.
8 Years	Up to 26 weeks of Short Term Disability at 75% of your weekly earnings.
9 Years	Up to 26 weeks of Short Term Disability at 80% of your weekly earnings.
10 Years	Up to 26 weeks of Short Term Disability at 85% of your weekly earnings.
11 Years	Up to 26 weeks of Short Term Disability at 90% of your weekly earnings.
12 or More Years	Up to 26 weeks of Short Term Disability at 100% of your weekly earnings.

Short Term Disability Benefit Waiting Period	
STD leave for Injury or Pregnancy	0 Days
STD leave for Illness	8 Days

California employees are not eligible to receive short-term disability benefits through UI plan as stated above. All California employees will receive short-term disability coverage through the California State SDI (www.edd.ca.gov/Disability) plan at no additional cost. For more information please contact HR.

Parental Leave Benefit

100% Employer Paid

Utilities, Inc. provides up to six weeks of parental leave paid at 100% following the birth of an employee’s child or the placement of a child with an employee in connection with adoption or foster care. The purpose of paid parental leave is to enable the employee to care for and bond with a newborn or a newly adopted or newly placed child. This policy will run concurrently with Family and Medical Leave Act (FMLA) leave, as applicable. This policy will be in effect for births, adoptions or placements of foster children occurring on or after 1/1/2017.

- Parental Leave benefits are available to full-time employees after one year of service. Employees with less than one year of service are eligible for leave for medical reasons for the birth of a child as outlined under Short-Term Disability Insurance.
- In no case will an employee receive more than six weeks of paid parental leave in a rolling 12-month period, regardless of whether more than one birth, adoption or foster care placement event occurs within that 12-month time frame.
- Approved Parental Leave begins on the day the child is born or adopted and must be taken within 60 calendar days of that event.
- Parental Leave can be taken in increments of no less than one hour (for hourly employees) or (one half day for salaried employees).
- Any necessary leave required beyond the 6 weeks provided for Parental leave will be covered as outlined for medical reasons under Short-Term Disability Insurance and will require a completed Certification of Healthcare Provider Form.
- The employee will provide his or her Manager and the Human Resource department with notice of the request for leave at least 30 days prior to the proposed date of the leave (or if the leave was not foreseeable, as soon as possible). The employee must complete the necessary HR forms and provide all documentation as required by the HR department to substantiate the request.
- As is the case with all company policies, the organization has the exclusive right to interpret this policy.
- For employees on an unrelated Short-Term Disability Leave when Parental Leave would begin, the guidelines of the STD benefit supersede those for Parental Leave.

Adoption Benefit

Adoption benefits are available to full-time employees after one year of service. The adopted child must be 17 years of age or younger unless the child is physically or mentally incapable of caring for himself or herself. *Eligible adoption related expenses** will be reimbursed as they are incurred during the adoption process up to a maximum of \$5,000 perchild.

*Adoption related expenses include lawyer fees, private and/or public agency fees, foreign adoption fees, temporary foster care charges, transportation costs, counseling fees associated with placement and costs related to pre-placement visitation.

Long – Term Disability Insurance – MetLife Group #95164



100% Employer Paid

Utilities, Inc. provides long-term disability insurance to all eligible employees effective first of the month following thirty days of employment. To receive benefits under this plan, you must satisfy requirements set by MetLife during the application process. In the event of a disability, it is suggested that you begin the application process to receive benefits no later than your twelfth week of continuous disability to ensure sufficient time for review.

Benefits Begin	After 180 days of continuous disability
Monthly Benefit	50% of base pre-disability earnings
Minimum Monthly Benefit	\$100
Maximum Monthly Benefit	\$10,000

Life and AD&D Insurance – MetLife Group #95164

100% Employer Paid

Utilities, Inc. provides both Basic Life and Accidental Death and Dismemberment insurance to all eligible employees effective first of the month following thirty days of employment. The Basic Life benefit amount is equal to 1 ½ times your base annual salary plus \$10,000. The Accidental Death and Dismemberment amount is the same.

Voluntary Life Insurance – MetLife Group #95164

Utilities, Inc. offers the option of purchasing additional life insurance for yourself, your spouse and/or your child(ren). These benefits are available for purchase on a post-tax basis. Paying tax on the premiums allows benefit payments to be tax-free. The table below illustrates a summary of these benefits. Please note that MetLife requires the purchase of coverage in stated increments. Employees must purchase coverage for themselves before they are able to purchase coverage on dependents. Requests to enroll in this benefit must be made during your first 30 days with the Company to take advantage of the guarantee issue amounts. If you wish to enroll in this benefit after your new hire eligibility period, you may do so during any Open Enrollment period or within 30 days of a Qualifying Life Event as defined earlier. Enrollments in conjunction with an Open Enrollment period or Qualifying Life Event will require a Statement of Health and approval from the MetLife underwriting department before the benefit can be issued.

This benefit is portable upon termination. Requests to port this benefit must be made to HR within 30 days of your termination.

Voluntary Benefit Amounts

Employee	Sold in increments of \$10,000 Maximum issue amount = \$300,000
Spouse	Sold in increments of \$10,000 up to a maximum of \$150,000 Maximum issue amount = 100% of the voluntary employee life amount of \$150,000; whichever is less
Child(ren)	Issued as a flat amount equal to \$10,000

Guarantee Issue Amount*

Employee	\$50,000
Spouse	\$10,000
Child(ren)	Entire Benefit Amount

* Guarantee Issue refers to the amount of coverage you are eligible to purchase during your initial enrollment period without providing evidence of “good health”. However, if you do not enroll when initially eligible, you will be required to provide evidence of “good health” for any amount elected by completing a Statement of Health form. The Statement of Health form will be submitted to the underwriting department at MetLife for approval before the benefit can be issued.

Monthly Premiums for Voluntary Life Insurance

	Employee Cost	Spouse Cost
Age	Per \$10,000 of Coverage	
Under 30	\$0.94	\$0.94
30 - 34	\$1.16	\$1.16
35 - 39	\$1.59	\$1.59
40 - 44	\$2.20	\$2.20
45 - 49	\$3.95	\$3.95
50 - 54	\$5.89	\$5.89
55 - 59	\$8.24	\$8.24
60 - 64	\$12.96	\$12.96
65 - 69	\$20.06	\$20.06
Over 69	\$40.00	\$40.00
Monthly Cost for the Child(ren) Life equal to \$10,000 is \$1.19		



Supplemental Travel/Accident Insurance - ACE American Insurance

100% Company Paid

Plan Number: 01AH585

Policy Number: ADDN01062487

Utilities, Inc. provides travel accident insurance to further financially assist your family members in the event of loss of life while traveling for business.

The value of this benefit is based your position classification.

	Employee	Spouse	Dependents
Operations & Field	\$100,000	\$25,000	\$10,000
Office & Clerical	\$50,000	\$25,000	\$10,000



Aflac Supplemental Insurance Coverage*

Over 50 Million people worldwide have chosen Aflac supplemental insurance products because of their commitment to providing customers with the confidence that comes from knowing they have assistance in being prepared for whatever life may bring. Aflac's voluntary payroll deduction insurance coverage pays cash benefits when a policyholder has a covered accident or illness. UI offers two forms of voluntary, supplemental coverage as outlined below. Each plan offers employees the following:

- Receive cash benefits are paid directly to you, unless otherwise assigned.
- Collect paid benefits regardless of any other insurance you may have.
- Additional coverage free without deductibles or copayments.
- No provider network restrictions.
- Freedom to choose any provider.
- Ability to use the cash benefits however you want.

***NOTE: UI can only offer voluntary coverage through Aflac for either plan if the minimum enrollment of 25 employees elect coverage in given plan year.**

Aflac Accident Advantage Plus Plan

100% Voluntary

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you through the many stages of care, from the initial emergency treatment or hospitalization, to follow-up treatments or physical therapy.

In addition, your regular bills, such as the mortgage or rent, car payments and utility bills, don't stop when you're injured after a covered accident. Group accident insurance from Aflac offers benefits that are paid directly to you (unless you choose otherwise), so you can use them to help with your normal bills as well.

Benefit Summary

More than 50 events that trigger benefits payments, including fractures, dislocations, medical fees, hospital admission, ambulance, and physical therapy, among others.

- Medical Fees Benefit
- Accidental-Death Benefit
- Hospital Admission Benefit
- Hospital Confinement Benefit and more
- Accidental-death coverage.
- Wellness Benefit
- Guaranteed- issue coverage with no underwriting required.
- Portable coverage that allows employees to retain coverage at the same rate if their employment status changes (with certain stipulations).

To view a detailed plan description for the Aflac Accident Advantage Plus plan on the WaterMain, [please click here](#).

Aflac Critical Illness Advantage

100% Voluntary

The Aflac group critical illness insurance plan can help with the treatment costs of covered critical illnesses, such as cancer, a heart attack, or a stroke. More importantly, the plan helps you focus on recuperation instead of the distraction and stress over the costs of medical and personal bills. With the group critical illness insurance, you receive cash benefits directly (unless otherwise assigned) - giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Features and Plan Provisions	
Benefit Amounts	Employee: \$5,000 - \$30,000 Spouse: \$5,000 - \$15,000 Child: Up to 50% of the employee's face amount
Spouse Coverage	Up to 50% of the face amount elected by the employee
Guaranteed Issue Amounts	Employee: Up to \$30,000 Spouse: Up to \$15,000 Participation Requirement: % Guaranteed for 2 years
Pre-existing Condition Exclusion	None
Waiting Period	None
Rate Guarantee	2 Years
Eligibility	Work Week Hours: Employee must work at least 30 hours per week. Length of Employment: 30 days. Coverage begins 1st of month after 30 days.
Waiver of Premium	After 90 days of total disability for an employee due to a covered critical illness, premiums waived for the insured and any covered dependents up to 24 months
Separation Period - Additional Diagnosis/ Reoccurrence	Additional Diagnosis: 6 consecutive months Reoccurrence: 6 consecutive months <i>(for a cancer diagnosis, treatment-free from cancer for at least 12 months and in complete remission before the date of a subsequent cancer diagnosis)</i>
Issue Ages	Employee: 18+ Spouse: 18+ Children: Under age 26

Benefit Summary

- Lump-sum benefit for a covered critical illness such as: cancer, heart attack, stroke, major organ transplant, and end-stage renal failure
- Benefit for a recurrence of the same critical illness if separated by at least 12 months or an additional occurrence of a different critical illness if separated by at least 6 months, with no lifetime maximum

Coverage Type	Covered Conditions and Additional Benefits	Benefit Amount
Base Benefits	Coronary Artery Bypass Surgery, Non-Invasive Cancer	25%
	Heart Attack, Stroke, Kidney Failure (End-Stage Renal Failure), Major Organ Transplant, Bone Marrow Transplant (Stem Cell Transplant), Sudden Cardiac Arrest, Cancer (Internal or Invasive)	100%
Skin Cancer	Skin Cancer Diagnosis	\$250 per calendar year
Health Screening Benefit	Payable for health screening tests performed as the result of preventive care. Not payable for dependent children.	\$50 per calendar year
Additional Base Benefits	Coma, Severe Burns, Paralysis, Loss of Sight, Loss of Speech, Loss of Hearing	100%

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

To view a detailed plan description for the Aflac Critical Illness Advantage plan on the WaterMain, [please click here](#).

Aflac Employee Premium Information

Aflac Accident Advantage Plus Plan

To view employee premiums for the Accident Advantage Plus Plan [click here for Bi-Weekly \(Hourly\)](#) or [click here for Semi-Monthly \(Salaried\)](#).

Aflac Critical Illness Advantage Plan

To view employee premiums for the Critical Illness Advantage Plan [click here for Bi-Weekly \(Hourly\)](#) or [click here for Semi-Monthly \(Salaried\)](#).

Employee Assistance Program (EAP) – MetLife 100% Employer Paid



The EAP is a confidential and professional service that provides information, referral services and telephonic counseling by licensed professionals to all employees and members of their immediate families who may be experiencing personal difficulties in their lives.

The EAP provides confidential services without cost to employees and their immediate family members for a variety of work/life related issues including legal and financial issues, child and elder care assistance, identity theft recovery services, relationship, marriage or family issues, and alcohol and drug dependency.

To obtain these services, you can call the confidential hot-line (800) 511-3920 24 hours a day, 7 days a week.

Patient Advocacy - Health Advocate 100% Employer Paid



Health Advocate is a company that provides employees with access to trained professionals who understand the intricacies of the healthcare system and assist you in navigating through it.

Health Advocate services are provided by professional Health Advocates, typically registered nurses, backed up by a team of medical directors and administrative experts who will help you, your spouse, dependent children, parents or parents-in-law.

You Are Already Enrolled At No Cost To You!

The Top 10 Reasons to Call Health Advocate

- **Find the best doctors**, hospitals, dentists and other leading healthcare providers anywhere in the country. This includes locating providers in the BlueCross BlueShield of Illinois network.
- **Schedule appointments** with providers including hard to reach specialists and critical care providers and arrange for specialized treatments and tests.
- **Help resolve insurance claims** and assist with negotiating billing and payment arrangements, and related administrative issues.
- **Assist with elder care** and related healthcare issues facing your parents and parents-in-law.
- **Obtain unbiased health information** to help you make an informed decision. This includes pricing for an elective procedure to ensure you are controlling your healthcare expenses.
- **Work with insurance companies** to obtain appropriate approvals for needed services and to foster communications between physicians and insurance companies.
- **Answer questions** about test results, treatment recommendations and medications recommended or prescribed by your physician.
- **Assist in the transfer of medical records**, x-rays and lab results.
- **Locate and research the newest treatments** for a medical condition.
- **Assist and initiate appeals** for denied claims, disputes and issues related to care received. Providing members with guidance in filing a grievance or complaint to the insurance company.

This service is completely confidential and no information is exchanged between Health Advocate and Utilities, Inc. Advocates are available Monday through Friday from 9 a.m. To 8 P.m. Central time. An advocate is also available 24 hours a day, seven days a week to provide assistance that needs attention during non-business hours.

Help is just a phone call or click away.

Visit their website at <http://www.healthadvocate.com> or contact them at 1-866-695-8622

Professional Certification/Licensing, Training and Education Resources

Utilities, Inc. offers an environment where employees can advance through their career and develop professionally. To support that environment, full-time employees have a variety of options for Company sponsored professional development. Whether it is through certifications, licensing or training courses, we are committed to providing the resources described below in order ensure our employees have the skills and tools they need for their job as well as advancement and development opportunities.

Professional Certifications & Licenses

Utilities, Inc. requires certain positions to have the proper license and/or certifications for certain job titles (Water/Wastewater Operators, Staff Accountants, Financial Analysts, Etc.). These requirements are listed on the job description for each position, which are [located here on the WaterMain](#). Please contact a BU Executive about approval for any professional license or certification not identified below.

Coursework & Training

Utilities, Inc. will cover 100% of the costs associated with an employee's first attempt at any job-required or job-related coursework related to obtaining a professional certification or license. This coursework must be approved by a BU Executive prior to any classes being scheduled and/or taken. Should the employee need to retake the course, the cost associated with additional attempts will be the responsibility of the employee.

Exams

Utilities, Inc. will cover 100% of the costs associated with an employee's first attempt at completing an exam required to successfully obtain a professional certification or license. Should an employee not pass the exam on their first attempt, the cost associated with additional attempts will be the responsibility of the employee.

Certification/Licensing Bonuses

Some certifications and/or licenses qualify for a bonus upon being obtained or recertified. Bonus amounts vary depending on the level of that certification or license and the state in which they are obtained. Specific bonus amounts are [listed here on the WaterMain](#). In order for an employee to be compensated for their achievement, a BU executive must submit approval via a [bonus check request](#).

CPA Review & Exam Reimbursement

Utilities, Inc., at its sole discretion, may agree to reimburse an employee for CPA Review courses and/or CPA Exam fees that are deemed to be beneficial for the employee and the Company. This reimbursement would be subject to the stipulations outlined in the CPA Review & Reimbursement Agreement, [found here on the WaterMain](#).

Continuing Education Units or Credits (CEUs or CECs)

Utilities, Inc. will cover 100% of the costs associated CEUs or CECs needed to maintain a professional license. CEUs or CECs must be approved by a BU Executive to ensure that the license meets a business need or is relevant to that employee's position with UI.

Education Assistance

Full-time employees may continue their education in a related field, and Utilities, Inc. may reimburse some of the tuition costs. All courses and costs must be pre-approved by the manager and a BU Executive before taking the class and must be completed on the employee's own time. Once the course is complete, a certified transcript of your grades and the receipts for your expenses must be submitted. Utilities, Inc. will reimburse you for the portion of the tuition that was pre-approved on the following course by course basis:

Grade	Reimbursement
A	90% of the amount that was pre-approved
B	75% of the amount that was pre-approved
C	50% of the amount that was pre-approved

In cases where classes are graded based on a pass or fail, a passing grade will be reimbursed at 90% of the amount that was pre-approved. In order to qualify for this education assistance benefit you must:

- Advise your manager, prior to enrolling for the class that you intend to take a particular course. Your manager will advise you whether the course is of a nature that Utilities, Inc. will approve for reimbursement of tuition.
- The course must be job oriented and offered by an approved education institution.
- The course and maximum reimbursement amount must be approved by a BU Executive prior to the start of the course.
- You must receive a passing grade of "C" or better.
- You must have at least one (1) full year of prior service with Utilities, Inc.
- If you are eligible to receive educational benefits from other sources, such as the Veterans Administration, Utilities, Inc. will only consider some reimbursement of the part that remains unpaid after application of those benefits for your educational expenses.
- Utilities, Inc. will require you to sign an agreement stating that if you leave the Company within 12 months of completing a class, you will repay the amount you were reimbursed.

For income tax free purposes the course must meet IRS section 127 rules that state the education is required by the employer or by law for the employee to keep his or her present salary, status, or job. The required education must serve a bona fide business purpose of the employer or the education maintains or improves skills needed in the job.

Corix Affiliated Companies (US) 401(k) Plan – JP Morgan Plan Number 168231-01



Employer Matching – You are eligible to contribute 100% of your salary up to the IRS maximum through pre-tax payroll deductions for your 401(k) Plan as long as you are at least 21 years of age and have completed one month of employment. If you are 50 years of age or older, you are allowed an additional \$6,000 in catch up contributions to the plan. If you elect to make contributions to the 401(k) Plan, the company will make a matching contribution to your 401(k) account. Prior to the beginning of each year, the Company will announce the applicable matching level and cap for that year. For 2017, the Company will match employee contributions using the following formula:

UI will match your contributions 100%, dollar for dollar, on the first 3% you contribute to the 401(k) plan. UI will make an additional matching contribution of \$.50 on every \$1.00 you contribute to the 401(k) Plan up to a maximum contribution on 5% (equal to 4%) of your base annual compensation. Matching contributions will be made in the same pay period in which you make your contributions. If you do not contribute to the 401(k) Plan you will not be eligible for a matching contribution.

Non Elective Company Contribution – A non-elective Company contribution is made annually on 3% of your eligible wages for each plan year into your 401(k) account regardless of whether you have contributed any savings of your own as eligibility requirements have been satisfied (see above).

Automatic Enrollment – As of 1/1/2017, new hires are automatically enrolled in the plan with a default deferral of 3%. A new employee may opt out or increase their deferral at the time of hire. These contributions will begin on the 1st of the month following the completion of one month of service.

Vesting – All contributions made to the 401(k) plan are vested at 100%. This includes both the Employer Matching contributions & 401(k) Non Elective Company contributions made by the Company.

To enroll in this benefit, you must login to the JP Morgan website at www.retirementlink.jpmorgan.com. To login for the first time, you will need your PIN which will be sent to you in the mail a month prior to initial eligibility to your home address. Information can be found on the Watermain in the HR/Payroll drop down under “Benefits”, “Forms” then “401(k).”

For more detailed plan and ERISA information, please refer to the Summary Plan Description. These documents can be obtained from HR, viewed on the Watermain or accessed via the JP Morgan website.

Paid Time Off (PTO)

Paid Time Off (PTO) is a time for you to rest, relax, pursue special interests, meet personal needs or care for a covered family member. The Company provides PTO to eligible employees as one of the many ways in which we show our appreciation for your loyalty and continued service. Only full-time employees and part-time employees are entitled to PTO. You are eligible to begin accruing PTO upon commencing employment and completing your first within your first completed month of service; however, you may not take PTO until you have completed 30 days of employment. View our complete PTO policy on the WaterMain.

Paid Time Off (PTO) Accrual*	Hourly Employees (Full-time)	Hourly Employees (Part-time)	Salaried Employees
First Month of Employment	If hired on or between the 1st and 15th - 8 hours	If hired on or between the 1st and 15th - 4 hours	If hired on or between the 1st and 15th - 1 day
	If hired on or between the 16th and 31st - 4 hours	If hired on or between the 16th or 31st - 2 hours	If hired on or between the 16th or 31st - 1/2 day
Less than 1 Year	8 hours for each completed calendar month of service	4 hours for each completed calendar month of service	1 day for each completed calendar month of service
1 year to less than 6 years	96 hours annually	48 hours annually	12 Days annually
6 years to less than 15 years	96 hours annually plus 8 hours for each year of service over 5 years	48 hours annually plus 4 hours for each year of service over 5 years	12 Days annually plus 1 Day for each year of service over 5 years
15 years or more	176 hours	88 hours	22 Days

* PTO Totals listed in the chart above represent annualized values, not a guaranteed amount. Employees accrue PTO on a monthly basis, for each month of service completed over the calendar year.

**Annual PTO accrual balances may not exceed a maximum total of 176 hours (22 days). Annual PTO balances including rollover (up to 5 days), may not exceed a maximum total of 216 hours. Exceptions to the maximum limit may only occur as the result of extraordinary circumstances during the plan year and require HR consultation and BU President approval.

Unused PTO Time

Employees are encouraged to use their paid time off each year. However, Utilities, Inc. does acknowledge that circumstances may arise which do not make that possible. If an employee has unused PTO time remaining at year-end, employees may carry up to 5 days (40 hours for full time/20 hours for part time), except where otherwise legally required by state or local law. Carry-over PTO must be used the following year, unless an exception is pre-approved by your manager and the HR manager. Unused roll-over PTO is not paid out upon termination.

Terminated Employees

At the time of employment termination, the amount of PTO accrued will be calculated by taking the number of full months worked during the current year times the amount of PTO time earned in one month. Any unused time will be prorated and paid upon termination. Unused PTO which rolled-over from the previous year will not be paid.

Holiday Pay

Utilities, Inc. is recognizing the following holidays: New Year's Day – Monday, January 2nd
 Memorial Day - Monday, May 29th
 Independence Day – Tuesday, July 4th
 Labor Day – Monday, September 4th
 Thanksgiving Day – Thursday, November 23th
 Day after Thanksgiving Day – Friday, November 24th
 Christmas Eve - Friday, December 22nd
 Christmas Day - Monday, December 25th

All full-time employees receive the Company selected holiday benefit. Please note that the designated holidays may change each year. Be sure to watch for a revised holiday schedule prior to each New Year.

You may take time off to observe religious holidays. If available, PTO may be used for this purpose, otherwise the time off is without pay. You must notify your manager in advance.

Only full-time employees are eligible for holiday pay. You are not eligible to receive holiday pay during the first thirty (30) days of your employment, nor are you eligible to receive holiday pay if you are a part-time employee or a temporary employee.

Holiday Policies

If a holiday occurs during your scheduled PTO, you are permitted to take an extra day of PTO. To qualify for holiday pay, you must work the scheduled workday immediately before and after the holiday. Only scheduled PTO will be considered exceptions to this policy.

Contact Information

Vendor/Resource	Telephone	Website
BlueCross BlueShield of Illinois - Medical		
Medical Claim and Benefit Information	(800) 828-3116	www.bcbsil.com
Prime Therapeutics - Prescription Drugs		
Pharmacy and Prescription Drug Inquiries	(800) 423-1973	www.myprime.com
Rx 'n Go Free Generic Mail Order Maintenance Pharmacy		
Rx 'n Go/PBM Plus	(888) 697-9646	www.rxngo.com
Teladoc	1-800-Teladoc	www.teladoc.com
Benefits Value Advisor	(800) 828-3116	
Delta Dental of Illinois - Dental		
Dental Claim and Benefit Information	(800) 323-1743	www.deltadentalil.com
VSP Vision Benefits - Vision		
Vision Claim and Benefit Information	(800) 877-7195	www.vsp.com
MetLife - Life and Accidental Death & Dismemberment		
Life and AD&D Claims and Benefit Information	(800) 638-6420	www.metlife.com
MetLife - Long-Term Disability		
Disability Claims and Benefit Information	(800) 300-4296	www.metlife.com
Discovery Benefits - Flexible Spending Accounts		
Healthcare and Dependent Day Care FSA Questions, Account Balances and Information	(866) 451-3399	www.discoverybenefits.com
Ace American Insurance - Travel Accident		
Inside the United States	(800) 243-6124	www.ACETravelAssistance.com
Outside the United States Call Collect	(202) 659-7803	
Aflac – Supplemental Accident & Critical Illness Insurance	(800) 433-3036	www.aflac.com/UI
MetLife - Employee Assistance Program		
Confidential assistance with personal, legal, financial or elder care issues.	(800) 511-3920	www.metlife.com
JP Morgan - 401(k) Retirement		
Plan Details Enrollment Account/Balance Information	(855) 576-7526	www.retirementlink.jpmorgan.com
Health Advocate - Patient Advocacy	(866) 695-8622	http://www.healthadvocate.com

This Employee Benefits Guide has been prepared to help you review and understand the key factors associated with our benefit plans. This guide does not provide all the provisions, limitations and exclusions included in our benefit plans and policies and should be considered only as a summary of our current benefits. If any differences exist between this summary and the official plan documents, the official plan documents shall control. Additionally, the benefits described herein are subject to change without notice. Neither this Employee Benefits Guide nor any of the benefits described herein constitute a contract of employment, nor should they be construed as giving you any legal rights to continue to be employed. Your employment with the Company is and will continue to be "at will."

Rescission of Coverage

Utilities, Inc. reserves the right to terminate the health coverage of you/and your dependent(s) prospectively without notice for cause (as determined by **Utilities, Inc.**), if you and/or your dependent(s) are otherwise determined to be ineligible for coverage under the plan. In addition, if you or your dependent commits fraud or intentional misrepresentation in an application for health coverage under the plan, in connection with a benefit claim or appeal, or in response to any request for information by **Utilities, Inc.** Or its delegates (including **BlueCross BlueShield of Illinois Utilities, Inc.** may terminate your coverage retroactively upon 30 days of notice. Failure to inform **Utilities, Inc.** that you or your dependent is covered under another group health plan or knowingly providing false information to obtain coverage for an ineligible dependent are examples of actions that constitute fraud under the plan.



2335 Sanders Road, Northbrook, IL 60062-6196



Employee Benefits Guide



2018

Plan Year - 1/01/2018 - 12/31/2018

For Full Time Employees Only
Except where noted herein

Employee Benefit Summary/Contents Page

Benefit	Description	Cost to Employee/Requirement	Eligibility	Page
Medical Insurance	Medical insurance provides cost-effective medical care through Blue Cross Blue Shield. The PPO plans feature a network of participating doctors, hospitals, and facilities to provide health care services to plan members at reduced rates.	The employee deductions vary by pay schedule. Please see page 4 for the deduction grid as well as details on how to qualify for the preventive incentive.	Enrollment is available within the first 30 days of your employment, during open enrollment, or in the first 30 days following a Qualifying Life Event (QLE). Benefit begins on the 31st day of employment, the date of a QLE or January 1st for open enrollment.	4
Dental Insurance	Dental insurance provides cost-effective dental care through Delta Dental. While there are no restrictions on your choice of dentist, using a Delta network dentist enhances your benefit.	The employee deductions vary by pay schedule. Please see page 4 for the deduction grid.	Enrollment is available within the first 30 days of your employment, during open enrollment, or in the first 30 days following a Qualifying Life Event (QLE). Benefit begins on the 31st day of Employment.	6
Teladoc	Teladoc is a free (no-co-pay) convenient service that employees and eligible dependents can access for consultations and treatment (including prescriptions) for a wide range of medical conditions.	This is a company paid benefit	Automatic enrollment for Utilities, Inc. employees and their eligible dependents enrolled in the BCBS medical plan.	7
Benefits Value Advisor (BVA)	Benefits Value Advisor (BVA) is a consumer advocacy program that guides members through the universe of health care, prompting them to examine and weigh every aspect of their health care decisions. It is a one-call solution, providing members with access to specially trained advisors who can assist them.	This is a company paid benefit.	Automatic enrollment for Utilities, Inc. employees and their eligible dependents enrolled in the BCBS medical plan.	7
Flexible Spending Account (FSA)	UI provides a FSA program designed to save you money on out-of-pocket expenses incurred for health and dependent care. Employees can save up to 30% on eligible expenses by using tax-free dollars.	The annual dollar limit on employee contributions to employer-sponsored health care FSA is \$2,650 in 2018. The annual limit for dependent care FSAs is \$5,000.	Enrollment is available within the first 30 days of your employment, during open enrollment, or in the first 30 days following a Qualifying Life Event. Benefit begins on the 31st day of employment, the date of a QLE or January 1st for open enrollment.	8
Vision Insurance	Vision insurance is provided through Vision Service Plan. Many services from a network provider are covered in full after a nominal co-pay.	Enrollment in the vision plan through Vision Service Plan is voluntary and is effective on the 31st day of employment. This is a Company paid benefit.	Enrollment is available within the first 30 days of your employment, during open enrollment, or in the first 30 days following a Qualifying Life Event (QLE). Benefit begins on the 31st day of employment, the date of a QLE or January 1st for open enrollment.	8
Short-Term Disability Benefit	The short-term disability (STD) benefit provides a percentage of your pre-disability base income for up to 26 weeks if you are unable to work due to illness or injury.	This is a Company paid benefit.	Automatic enrollment after one year of employment.	9
Parental Leave	Parental Leave offers up to 6 weeks of paid time off to care for a child following birth or adoption.	This is a Company Paid benefit.	Available after 1 year of employment.	9
Long-Term Disability Benefit	The long-term disability benefit provides income to employees who are disabled beyond six months of short term disability. The benefit includes 50% of pre-disability monthly earnings less income offsets.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment. Benefit has a 180 day waiting period.	10
Life and Accidental Death and Dismemberment (AD&D) Insurance	Life and AD&D insurance through MetLife provides financial aid for your family if you die or are seriously injured in an accident. The life benefit equates to 1.5 times your annual salary plus \$10,000. The AD&D benefit is the same amount.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment.	10
Voluntary Life Insurance	Supplemental term life insurance offers you and your dependents the opportunity to purchase additional life insurance.	Employee costs are based upon age and the elected benefit amount.	Available the first day of the month following 30 days of employment or the receipt and acceptance of your enrollment form by MetLife at any time following your initial 30 days of employment.	10
Supplemental Travel/Accident Insurance	Supplemental travel/accident insurance through ACE American Insurance Company provides an additional amount of insurance whether on personal or work-related business.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment.	11
Aflac	Aflac's voluntary payroll deduction insurance coverage pays cash benefits when a policyholder has a covered accident or illness.	Employee costs are based upon age and the elected benefit amount.	Voluntary enrollment effective the first day of the month following 30 days of employment.	11
Employee Assistance Program (EAP)	UI provides an EAP for employees and their immediate families who are dealing with personal issues.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment.	14
Patient Advocacy	Provides a confidential resource to assist with claims and benefit issues, help with locating providers and scheduling procedures and appointments.	This is a Company paid benefit.	Automatic enrollment effective the first day of the month following 30 days of employment.	14
Certification/Licensing Resources & Compensation	UI offers certification pay for licenses and certifications for work related education and development based on the level of the certification.	A pre-approved list of amounts by state and cert level are listed in the Payroll folder on the WaterMain .	Requires BU Leadership approval.	15
Education Assistance	UI offers up to 90% reimbursement of tuition costs for work related courses pre-approved by the Executive Team.	Reimbursement of tuition expenses are determined by Executive Team approval, course completion, and grades.	Available after 1 year of employment with required BU Executive approvals.	15
401(k) Retirement Plan	Employee Contribution & Employer Match Employees may contribute to the 401(k) plan to save for their retirement. First 3% of deferral matched dollar for dollar. Next 2% of deferral matched at \$0.50 for each dollar up to a maximum UI Match of 4% of eligible earnings. Non Elective Company Contribution The Company will contribute 3% of your total eligible wages on a per pay period basis.	New employees are automatically enrolled at a 3% contribution rate; these employees have the option to "opt out" of enrollment during open enrollment. All Employer contributions vest at 100%. Please refer to the Summary Plan Description for more details.	Non Elective Company Contribution New hires are eligible to receive the NEC on a per pay period basis beginning on the plan entry dates of January 1 or July 1 following the date in which the participant has reached age 21 and has completed 12 months of service. Employee Deferral & Employer Match 1 of the month, after 30 days of service Online enrollment required at www.retirementlink.jpmorgan.com	16
401(k) Plan Participant Services	TRU Retirement offers FREE, comprehensive retirement plan consulting and wealth management services to businesses, organizations and individuals across the US.	This is a Company paid benefit.	1 st of the month, after 30 days of service.	16
Paid Time Off (PTO)	Please see the "Paid Time Off (PTO)" schedule for further details.	This is a Company paid benefit.	Employees accrue PTO dependent on their hire date. There is a 30-day waiting period after your hire date to use paid time off.	17
Holiday Pay	UI offers 8 paid holidays each year.	This is a Company paid benefit.	Eligible 30 days after your hire date.	17
LifeLock	LifeLock provides a host of credit monitoring and identity theft protection services and features to its subscribers.	This is a voluntary, employee paid benefit. Employee deductions vary by pay schedule.	Available the first day of the month following 30 days of employment or at any time following your initial 30 days of employment.	18
PetFirst Pet Insurance	Pet insurance is actually a form of property and casualty (P&C) insurance. PetFirst reimburses the owner after the pet has received care and the owner submits a claim.	This is a voluntary, employee paid benefit. Premiums paid directly by employee to PetFirst.	Enroll at any time. Coverage for accidents begins at midnight EST following the activation of the policy, while illness coverage begins 14-days later.	19
Contact Information				20

Eligibility

An employee is eligible to participate in the Utilities, Inc. Benefit Programs if he/she is classified as a full-time employee scheduled to work a minimum of 30 hours per week (with the exceptions for Limited Eligibility noted below).

Temporary, seasonal and agency employees are not eligible to participate in the benefit programs offered through the Company.

Eligible full-time employees can also enroll a legal spouse and dependent child(ren) for coverage. A “dependent child” is the subscriber’s or spouse’s natural child, stepchild, foster child or legally adopted child.

Children are generally considered dependents until:

- Age 26
- Any age, if they are mentally or physically disabled, chiefly dependent on the employee for support, and not capable of self-sustaining employment
- Age 30 if enlisted in Military



Limited Eligibility

An employee classified as part-time scheduled to work less than 30 hours per week and a minimum of 1,000 hours per calendar year qualifies for participation in the 401(k) plan.

A brief summary of the various benefits offered by Utilities, Inc. are shown in this guide. If an employee does not elect to enroll in any plan during the open enrollment period or when the employee first becomes eligible for benefits, the employee will not be allowed to enroll until the next open enrollment period unless the employee has a special enrollment event as defined by HIPAA (see “Qualifying Life Events” below).

When Coverage Begins:

Employees must enroll for medical, dental, vision, choose to participate in the reimbursement accounts, and/or elect Voluntary Life and AD&D benefits within 30 days of the employee’s initial eligibility date. Health benefits begin on the first day following the 30 day waiting period. Enrollment in employer paid benefits is automatic.

New Hires:

Eligible new hires are required to select or waive coverage within 30 days of their initial eligibility date. Employees failing to select coverage under one or more of the optional plans within this time will be deemed to have voluntarily waived eligibility for coverage for the entire plan year. Once made, selections are irrevocable and remain in effect for the plan year unless a QLE change occurs.

Qualifying Life Events

Your initial new hire eligibility period allows you thirty (30) days from your hire date to submit enrollment forms for the benefits you wish to enroll in. You are allowed to change your enrollment during the plan year only when you have a qualifying life event that significantly affects your benefit needs. Life events can include:

1. Marriage or Divorce
2. Birth or adoption of a child or placement of a child for adoption
3. Death of a child or spouse
4. Loss of or obtainment of other coverage

An employee wanting to change elections due to a qualifying life event should contact Human Resources as soon as possible following the event, but no later than 30 days following the event. Appropriate documentation will be required to substantiate a change and must be received within 30 days of the qualifying life event. Effective date for changes will be the actual date of the event. Any change reported or supporting documentation received after 30 days following the qualifying life event will not be accepted. In such an instance, the next opportunity to make a change will be during the next open enrollment period. The open enrollment period is the time employees may make changes (such as moving from one plan to another, adding dependents, etc.) Freely without supporting documentation. The next open enrollment period will be in December 2018 for plan year beginning January 1, 2019.

Important Plan Notices for 2018

Federal regulations require that plan sponsors, such as Utilities, Inc. (UI) to provide various notices to their employees. In keeping with these requirements, we are providing the copies of the following notices outlined below, [here on the WaterMain](#).

General Notice of COBRA Continuation Rights * HIPAA Special Enrollment Notice * HIPAA Privacy Notice * Medicare Part D Notice, Medicaid and the Children’s Health Insurance Program (CHIP) Notice * Women’s Health and Cancer Rights Notice * Newborns’ and Mothers’ Health protection Act of 1996 * Genetic Information Non-discrimination Act of 2008 * Uniform Service Employment & Reemployment Rights Act (USERRA) * New Health Insurance Marketplace Coverage Options and Your Health Coverage * Notice Regarding Wellness Program * The Mental Health Parity and Addiction Equity Act of 2008

Medical and Dental Premiums

The employee medical and dental premiums are listed below. Utilities Inc. covers 100% of the cost for vision insurance upon enrollment to a medical plan. Utilities, Inc. also covers 100% of the cost of basic life and AD&D insurance, short term disability insurance and long term disability insurance.

	With Preventive Incentive		Without Preventive Incentive	
Medical Insurance - Platinum Plan	Hourly Employees	Salaried Employees	Hourly Employees	Salaried Employees
	(26 pays per year)	(24 pays per year)	(26 pays per year)	(24 pays per year)
Employee Only	\$57.41	\$62.20	\$137.82	\$149.30
Employee + Spouse	\$150.66	\$163.21	\$311.47	\$337.42
Employee + Child(ren)	\$126.80	\$137.37	\$207.20	\$224.47
Family	\$219.71	\$238.02	\$380.52	\$412.23
* Working Spousal Surcharge	\$129.23	\$140.00	\$129.23	\$140.00
	With Preventive Incentive		Without Preventive Incentive	
Medical Insurance - Gold Plan	Hourly Employees	Salaried Employees	Hourly Employees	Salaried Employees
	(26 pays per year)	(24 pays per year)	(26 pays per year)	(24 pays per year)
Employee Only	\$50.52	\$54.73	\$95.60	\$103.57
Employee + Spouse	\$131.82	\$142.81	\$292.63	\$317.02
Employee + Child(ren)	\$110.95	\$120.20	\$191.36	\$207.31
Family	\$192.24	\$208.27	\$353.06	\$382.48
* Working Spouse Surcharge	\$129.23	\$140.00	\$129.23	\$140.00
Dental Insurance	Hourly Employees	Salaried Employees		
	(26 pays per year)	(24 pays per year)		
Employee Only	\$4.97	\$5.37		
Employee + Spouse	\$11.08	\$12.01		
Employee + Child(ren)	\$8.32	\$9.01		
Family	\$16.54	\$17.92		



Pre-Tax/Post-Tax Contributions

Generally, the cost to participate in Utilities, Inc.' Health plan and/or reimbursement accounts is taken from the employee's paycheck on a **pre-tax basis**. This means the employee does not pay Federal Income Tax, Social Security Tax, and in most cases state/local taxes on those contributions.

*Working Spouse Surcharge

A working spouse surcharge is an additional contribution that Utilities, Inc. will charge an employee to cover a working spouse that has other health coverage available, such as through his or her own employer, and chooses not to enroll in that coverage. The spouse surcharge does not apply to spouses who are unemployed or whose employers do not offer health insurance. The surcharge is designed to encourage spouses to use the health coverage available through their own employer. The surcharge is used to contribute to the added cost of covering spouses on our plan who choose not to participate in their employer's coverage. Every employee choosing to enroll in a medical plan with UI, and is covering a spouse, must complete the Working Spouse Medical Plan Affidavit. All forms must be returned to the Human Resources Department. The surcharge will automatically be charged to all employees choosing to cover a working spouse that did not return the Working Spouse Medical Plan Affidavit with the medical enrollment form.

Preventive Incentive

In an effort to promote a healthy lifestyle, we encourage our employees to receive a routine annual physical with blood draw at initial eligibility and at least once every three (3) years. It is important to maintain a healthy lifestyle and monitor your health on a regular basis. Having a routine preventive physical is the first step toward taking control of your health. To view a notice regarding our preventive incentive, [click here](#).

If you choose to enroll in the medical insurance and complete a routine annual physical with blood draw, you will enjoy employee premium amounts less than the standard premium as stated above.

Both medical plans offer a benefit to cover the cost of your physical and blood draw under the Preventive Care benefit. The plan will pay 100% with no co-payment. Please note the following tips to keep in mind to ensure you receive this level of benefit:

1. You must receive these services by an in-network provider
2. All services billed on the date you obtain your annual routine physical with blood draw must be billed as "preventive". Any services billed on this date of service that are not "preventive" will be subject to co-pays and deductibles.
3. You are allowed one routine annual physical per calendar year.

In order to qualify for the preventive incentive, you and your spouse, if you choose to cover your spouse, must have a routine physical with blood draw documented with a date of service within 60 days of your insurance becoming effective. A Routine Physical Verification Form must be completed for both yourself and your spouse by the physician and returned to the HR Department within the time frame. If the form is not received in that time frame, your premiums will increase on the 61st day from the effective date, to the "NON Preventive" rates (until the verification form is received by HR to reduce the rates to "Preventive.")



Medical Plans Platinum PPO & Gold PPO

Utilities, Inc. provides a choice of two PPO Medical plans to all eligible employees effective the 31st day of employment.

	Platinum Plan - Group #P17022		Gold Plan - Group#P17023	
	In-network	Non-network	In-network	Non-network
Deductible	\$400 Individual \$1,200 Family	\$800 Individual \$2,400 Family	\$1,500 Individual \$4,500 Family	\$4,500 Individual \$13,500 Family
Out-of-Pocket Maximum Includes deductibles and co-pays	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	\$5,000 Individual \$11,500 Family	\$15,000 Individual \$34,500 Family
Out-of-Pocket Maximum Rx includes deductibles and co-pays	\$500 Individual Rx \$1,500 Family Rx	\$500 Individual Rx \$1,500 Family Rx	\$1,000 Individual Rx \$1,700 Family Rx	\$1,000 Individual Rx \$1,700 Family Rx
Physician Office Visits One co-payment per day when you receive services from a Family Practice, Internal Medicine, OB/GYN, or Pediatrician. Surgeries, therapies and certain diagnostic procedures performed in a physician's office may be subject to the deductible and/or coinsurance, including mental health and substance abuse services.	\$15 co-pay for PCP \$25 co-pay for Specialist; then 100%	60% after deductible	\$35 co-pay for PCP \$45 co-pay for Specialist; then 100%	50% after deductible
Preventive Care Routine annual physicals, well-baby exam, annual vision and hearing exams, immunizations, and other preventive health services as determined by the USPSTF.	100%	60% after deductible	100%	50% after deductible
Maternity Services Co-payment applies to first prenatal visit. All other maternity physician covered services are paid the same as Medical/Surgical Services	\$15 co-pay for PCP \$25 co-pay for Specialist; then 100%	60% after deductible	\$35 co-pay for PCP \$45 co-pay for Specialist; then 100%	50% after deductible
Medical/Surgical Services Coverage for surgical procedures, inpatient visits, therapies, allergy injections or treatments, and certain diagnostic procedures as well as other physician services.	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Hospital Admission Deductible (Maximum 3 days/calendar year)	\$100 per day	\$100 per day	\$100 per day	\$100 per day
Inpatient Hospital Services Coverage includes services received in a hospital, skilled nursing facility, coordinated home care and hospice. Room allowances based on the hospital's most common semi-private room rates.	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Outpatient Hospital Services Coverage for services includes, but is not limited to outpatient or ambulatory surgical procedures, x-ray, lab tests, chemotherapy, radiation therapy, renal dialysis, and mammograms performed in a hospital or ambulatory surgical center. Routine mammograms performed in an in-network outpatient hospital setting are payable at 100%, no deductible will apply.	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Outpatient Emergency Care (Accident or Illness) The co-payment applies to both in and out of network emergency room visits. The co-payment is waived if the member is admitted to the hospital.	\$150 co-pay	\$150 co-pay	\$150 co-pay	\$150 co-pay
Muscle Manipulation Services* Coverage for spinal and muscle manipulation services provided by a physician or chiropractor. Related office visits are paid the same as other Physician Office Visits. Limited to 30 visits per calendar year.	\$25 co-pay; then 100%	60% after deductible	\$45 co-pay; then 100%	50% after deductible
Therapy Services - Speech, Occupational and Physical Coverage for services provided by a physician or therapist.	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Temporomandibular Joint (TMJ) Dysfunction and Related Disorders	80% after deductible	60% after deductible	70% after deductible	50% after deductible

Prescription Drug Benefit for Medical Plans Platinum & Gold

	Generic	Formulary Brand	Non-Formulary Brand
Contracting Retail Pharmacy Up to a 34-day supply. Includes diabetic supplies: blood glucose test strips, lancets, diagnostic agents used with urine testing and glucagon.	\$10	25% Minimum Co-pay \$25 Maximum Co-pay \$75	50% Minimum Co-pay \$25 Maximum Co-pay \$75
Mail Service Up to a 90-day supply.	\$20	25% Minimum Co-pay \$50 Maximum Co-pay \$150	50% Minimum Co-pay \$50 Maximum Co-pay \$150
Contraceptives Available at retail and mail service at the appropriate co-payment level based on drug classification.	As Indicated Above		
Self-Injectables Available at retail and mail service at the appropriate co-payment level.	As Indicated Above		

FREE Generic Mail Order Pharmacy Plan Option



Utilities, Inc. employees and their enrolled dependents are eligible to receive free generic maintenance medication by utilizing the Rx 'n Go mail order pharmacy service. Rx 'n Go offers a comprehensive listing of nearly 1,200 available generic maintenance medications. By filling your generic maintenance medication through Rx 'n Go, Utilities, Inc. will pay the entire cost of the medication. A ninety (90) day supply of medication will arrive directly at the member's home address or designated delivery location.

Please consult with your physician or health care provider if you are not currently taking a generic medication to determine if any of the prescriptions offered through the Rx 'n Go pharmacy may be an option.

Interested plan members are required to have their health care provider submit a completed Rx 'n Go prescription order form via e-mail or fax (or the member may mail the original order form via regular mail.) The order form is available in the Shared Services > Human Resources > Shared Services Documents > [Benefits Plan folder on the WaterMain](#) to take to your provider's office.

Dental Plan – Delta Dental Group #20159



	PPO	Premier	Out-of-Network
Annual Maximum	\$1,500 per person		
Annual Deductible Applies only to Basic and Major Services. Charged one time per calendar year	\$25 per person, \$75 per family		
Preventive/Diagnostic Services • Oral evaluations up to two times per benefit year • X-rays (bitewings up to two per benefit year; full mouth - once every three weeks) • Prophylaxis (cleaning up to two per benefit year) • Fluoride treatments up to once per benefit year for children under age 19 • Space Maintainers • Sealants	100% of reduced fee ¹ No Deductible	100% of MPA ² No Deductible	100% of MPA ³ No Deductible
Basic Services • Fillings • Oral Surgery • Endodontics • General Anesthesia in conjunction with oral surgery • Recementing of crowns and bridges	80% of reduced fee ¹ Deductible Applies	80% of MPA ² Deductible Applies	80% of MPA ³ Deductible Applies
Major Services • Crowns, jackets, cast restorations • Fixed and removable bridges • Partial and full dentures • Implants	50% of reduced fee ¹ Deductible Applies	50% of MPA ² Deductible Applies	50% of MPA ³ Deductible Applies
Child Orthodontics (19 & Under)	\$1,000 Lifetime Benefit		
	50% of reduced fee ¹ No Deductible	50% of MPA ² No Deductible	50% of MPA ³ No Deductible

¹You will not be "balance billed" for charges exceeding Delta Dental's allowed PPO Fee.

²You will not be "balance billed" for charges exceeding Delta Dental's maximum plan allowances (MPAs).

³You are responsible for charges exceeding Delta Dental's maximum plan allowances (MPAs).

Your dentist chooses the Delta Network they participate in whether it is PPO, Premier, Both or Neither. Consult your dentist to determine which network they participate in and how insurance is applied to that coverage. In the event your dentist participates in the PPO and Premier Networks, PPO becomes the default network.

The preceding information is a brief summary of the Utilities, Inc. Dental Plan and the services it covers. If you have specific questions benefit coverage, limitations or exclusions, contact Delta Dental at (800) 323-1743

Telemedicine - Teladoc™

100% Employer Paid



Utilities employees and their eligible dependents enrolled in the BCBS medical plan are now eligible for the new Teladoc medical benefit. Teladoc allows you to talk to a doctor anytime, anywhere by phone or video consult. Teladoc is a **FREE (no co-pay)** convenient service that employees and eligible dependents can access for consultations and treatment (including prescriptions) for a wide range of medical conditions.

Speak with a physician with no co-pay!

- **Feel better fast...** It's simple. Teladoc provides access to U.S. board-certified physicians who can resolve most non-emergent medical issues via phone or online video.
- **Available when you need care...** Teladoc is a convenient alternative to urgent care or ER visits. Their physicians are available anytime, anywhere.
- **An alternative you can trust...** Teladoc is the first, largest and fastest growing provider of telehealth medical consultations, serving millions nationwide.
- **With proven results...** With Teladoc, it costs less to feel better. Teladoc significantly lowers your costs and improves access to care by providing an alternative to urgent care or ER usage.

Getting started is simple:

Set Up Your Account:

1. Visit the [Teladoc website](#), and begin the registration process by clicking on "Set Up Account" to advance to the [registration page](#).
2. Enter your first name, last name, date of birth, company code, member ID or promotional code. Then click "Continue".
3. Follow the directions online to complete account setup and to provide your medical history.

Request a Consult

Once your account is set up, a doctor is always just a call or click away.

1. Visit the [Teladoc website](#) and click "Request a consult."
2. Select the type of consult you want.
3. Talk to a doctor within an hour.

Visit their website at <http://www.teladoc.com> or contact them at 1-800-Teladoc

BCBS Benefits Value Advisor (BVA)

100% Employer Paid



Benefits Value Advisor (BVA) is a consumer advocacy program that guides members through the universe of health care, prompting them to examine and weigh every aspect of their health care decisions. It is a one-call solution, providing members with access to specially trained advisors who can assist them. Want to know more? [Check out this short video on BVA from the BCBS of Illinois website.](#)

Spending your health care dollars wisely.

When you purchase big ticket items like a TV or a new washing machine you shop around for the best price, right? So why not do the same for your medical procedure. Often times your care comes with choices. The price between an MRI at two different clinics in the same town can vary by several hundred, or even thousands of dollars. A quick call to BVA will help you identify the best price and save you money! According to BCBS, 90% of member calls to BVA resulted in lower cost options for their care.

What can Benefits Value Advisor do for you?

- Assist in helping you locate doctors and treatment centers and compare costs.
- Connect you with clinical program staff and provide online educational tools to learn more about your condition.
- Coordinate pre-certification for procedures.
- Help you schedule appointments.
- Understand claims, explain coverage guidelines, order ID cards and much more...

Before your next procedure...

Call the Customer Service number on the back of your BCBS member ID card and speak with a Benefits Value Advisor!

Flexible Spending Accounts (FSA) – Discovery Benefits

Employees are eligible to participate in the Flexible Spending Account after thirty (30) days of employment. An FSA allows you to set aside pre-tax dollars from your paycheck to pay for eligible health and dependent care expenses, lowering your taxable income and increasing your take home pay. The plan year for this benefit is January 1 thru December 31.

Health Care Flexible Spending Account

A Health Care FSA reimburses you for eligible medical care expenses incurred for yourself, your spouse and your dependents. This account can be used to pay for qualified, medically necessary medical, dental or vision expenses not covered by your insurance. Physician office visit and prescription co-payments are some examples of qualified expenses. The annual dollar limit on employee contributions to employer-sponsored health care FSAs is \$2,650 for 2018.

Dependent Care Flexible Spending Account

A Dependent Care FSA helps you pay for child or elder care services so you can work. The annual limit for dependent care FSAs will remain \$5,000 for calendar year 2018.

NOTE: If you are married and file jointly, your combined contributions may not exceed \$5,000. If you are married and file separately, your individual contributions may not exceed \$2,500.

Upon enrollment to an FSA, you will elect an annual contribution amount to participate in one or both of the FSA's. This election and contribution amount is binding for the entire plan year. Only a QUALIFYING LIFE EVENT will allow you to change an FSA election. Your annual contribution amount must be used for expenses incurred within that plan year. Any dollar amount not reimbursed for expenses during the plan year will be forfeited. This is known as the "use it or lose it" rule.

- If you are enrolled in one of the Blue Cross Blue Shield medical plan options, you may elect automatic claim submission of your medical expenses not paid after a claim is filed to your healthcare FSA. Enrollment in this feature allows reimbursement for out of pocket expenses without having to submit a claim form.
- If you enroll in either the healthcare or dependent care FSA, you may also enroll in direct deposit to have your reimbursements directly deposited into the bank account of your choice.
- There is a grace period from January 1, 2019 through March 15, 2019 to incur expenses for the 2018 plan year. The deadline to submit all claims for the 2017 plan year is March 31, 2018.



Vision Benefits – Vision Service Plan (VSP) Group #12159678

100% Employer Paid

Enrollment in the vision plan through Vision Service Plan is voluntary and is effective on the 31st day of employment. Utilities, Inc. pays the entire cost of this benefit. Please note, VSP does not provide member ID cards.

	In-Network	Out-of-Network	Frequency
	Co-pay	Reimbursement	Once
Exams	\$10	Up to \$25.00	Every 12 months
Prescription Glasses (Including Lenses and Frame)	\$25		
<u>Lenses</u>			
Single vision		Up to \$30.00	
Lined Bifocal		Up to \$35.00	
Lined Trifocal		Up to \$45.00	
<u>Frames</u>		Up to \$45.00	Every 24 months
Contacts (in lieu of glasses)	\$0	Up to \$105.00	Every 12 months

Short – Term Disability Insurance

100% Employer Paid



Utilities, Inc. provides short-term disability insurance to all full-time employees. Short-term disability (STD) insurance is to provide paid leave for off- the- job sickness or injury. To qualify for Short-Term Disability Insurance, employees must file a claim with MetLife (our STD claims processor) and submit written proof of their disability from a treatment provider(s). Employees may also need to provide MetLife with additional medical records concerning the details of their disability during the claims process. Once approved, STD claims are paid by Utilities, Inc. At the end of your paid short- term disability, whether eligible paid time has exhausted or your medical provider’s certification period expires, you may be required to use your accrued Paid Time Off (PTO) for any additional time off. This benefit is paid according to the following schedules based on employee start date in accordance with the regular pay schedule.

Employees Hired On or After 1/1/2017

Short Term Disability Benefit
Up to 26 weeks of Short Term Disability at 60% of your weekly earnings.

Employees Hired On or Before 12/31/2016

Completed Years of Service	Short Term Disability Benefit
0 – 5 Years	Up to 26 weeks of Short Term Disability at 60% of your weekly earnings.
6 Years	Up to 26 weeks of Short Term Disability at 65% of your weekly earnings.
7 Years	Up to 26 weeks of Short Term Disability at 70% of your weekly earnings.
8 Years	Up to 26 weeks of Short Term Disability at 75% of your weekly earnings.
9 Years	Up to 26 weeks of Short Term Disability at 80% of your weekly earnings.
10 Years	Up to 26 weeks of Short Term Disability at 85% of your weekly earnings.
11 Years	Up to 26 weeks of Short Term Disability at 90% of your weekly earnings.
12 or More Years	Up to 26 weeks of Short Term Disability at 100% of your weekly earnings.

Short Term Disability Benefit Waiting Period	
STD leave for Injury or Pregnancy	0 Days
STD leave for Illness	8 Days

Parental Leave Benefit

100% Employer Paid

Utilities, Inc. provides up to six weeks of parental leave paid at 100% following the birth of an employee’s child or the placement of a child with an employee in connection with adoption or foster care. The purpose of paid parental leave is to enable the employee to care for and bond with a newborn or a newly adopted or newly placed child. This policy will run concurrently with Family and Medical Leave Act (FMLA) leave, as applicable.

- Parental Leave benefits are available to full-time employees after one year of service. Employees with less than one year of service are eligible for leave for medical reasons for the birth of a child as outlined under Short-Term Disability Insurance.
- In no case will an employee receive more than six weeks of paid parental leave in a rolling 12-month period, regardless of whether more than one birth, adoption or foster care placement event occurs within that 12-month time frame.
- Approved Parental Leave begins on the day the child is born* or adopted and must be taken within 90 calendar days of that event. Parental Leave can be taken in increments of no less than one hour (for hourly employees) or (one half day for salaried employees).
- Any necessary leave required beyond the 6 weeks provided for Parental leave will be covered as outlined for medical reasons under Short-Term Disability Insurance and will require a completed Certification of Healthcare Provider Form.
- The employee will provide his or her Manager and the Human Resource department with notice of the request for leave at least 30 days prior to the proposed date of the leave (or if the leave was not foreseeable, as soon as possible). The employee must complete the necessary HR forms and provide all documentation as required by the HR department to substantiate the request.
- As is the case with all company policies, the organization has the exclusive right to interpret this policy.
- For employees on an unrelated Short-Term Disability Leave when Parental Leave would begin, the guidelines of the STD benefit supersede those for Parental Leave.

* When complications or pre-mature birth occur and require extended hospitalization of a new born child, the 90 day parental leave eligibility period will begin on the date of discharge from the hospital. Documentation and HR Approval required.

Adoption Benefit

Adoption benefits are available to full-time employees after one year of service. The adopted child must be 17 years of age or younger unless the child is physically or mentally incapable of caring for himself or herself. *Eligible adoption related expenses** will be reimbursed as they are incurred during the adoption process up to a maximum of \$5,000 per child.

*Adoption related expenses include lawyer fees, private and/or public agency fees, foreign adoption fees, temporary foster care charges, transportation costs, counseling fees associated with placement and costs related to pre-placement visitation.

Long – Term Disability Insurance – MetLife Group #95164



100% Employer Paid

Utilities, Inc. provides long-term disability insurance to all eligible employees effective first of the month following thirty days of employment. To receive benefits under this plan, you must satisfy requirements set by MetLife during the application process. In the event of a disability, it is suggested that you begin the application process to receive benefits no later than your twelfth week of continuous disability to ensure sufficient time for review.

Benefits Begin	After 180 days of continuous disability
Monthly Benefit	50% of base pre-disability earnings
Minimum Monthly Benefit	\$100
Maximum Monthly Benefit	\$10,000

Life and AD&D Insurance – MetLife Group #95164

100% Employer Paid

Utilities, Inc. provides both Basic Life and Accidental Death and Dismemberment insurance to all eligible employees effective first of the month following thirty days of employment. The Basic Life benefit amount is equal to 1 ½ times your base annual salary plus \$10,000. The Accidental Death and Dismemberment amount is the same.

Voluntary Life Insurance – MetLife Group #95164

Utilities, Inc. offers the option of purchasing additional life insurance for yourself, your spouse and/or your child(ren). These benefits are available for purchase on a post-tax basis. Paying tax on the premiums allows benefit payments to be tax-free. The table below illustrates a summary of these benefits. Please note that MetLife requires the purchase of coverage in stated increments. Employees must purchase coverage for themselves before they are able to purchase coverage on dependents. Requests to enroll in this benefit must be made during your first 30 days with the Company to take advantage of the guarantee issue amounts. If you wish to enroll in this benefit after your new hire eligibility period, you may do so during any Open Enrollment period or within 30 days of a Qualifying Life Event as defined earlier. Enrollments in conjunction with an Open Enrollment period or Qualifying Life Event will require a Statement of Health and approval from the MetLife underwriting department before the benefit can be issued.

This benefit is portable upon termination. Requests to port this benefit must be made to HR within 30 days of your termination.

Voluntary Benefit Amounts

Employee	Sold in increments of \$10,000 Maximum issue amount = \$300,000
Spouse	Sold in increments of \$10,000 up to a maximum of \$150,000 Maximum issue amount = 100% of the voluntary employee life amount of \$150,000; whichever is less
Child(ren)	Issued as a flat amount equal to \$10,000

Guarantee Issue Amount*

Employee	\$50,000
Spouse	\$10,000
Child(ren)	Entire Benefit Amount

* Guarantee Issue refers to the amount of coverage you are eligible to purchase during your initial enrollment period without providing evidence of “good health”. However, if you do not enroll when initially eligible, you will be required to provide evidence of “good health” for any amount elected by completing a Statement of Health form. The Statement of Health form will be submitted to the underwriting department at MetLife for approval before the benefit can be issued.

Monthly Premiums for Voluntary Life Insurance

	Employee Cost	Spouse Cost
Age	Per \$10,000 of Coverage	
Under 30	\$0.94	\$0.94
30 - 34	\$1.16	\$1.16
35 - 39	\$1.59	\$1.59
40 - 44	\$2.20	\$2.20
45 - 49	\$3.95	\$3.95
50 - 54	\$5.89	\$5.89
55 - 59	\$8.24	\$8.24
60 - 64	\$12.96	\$12.96
65 - 69	\$20.06	\$20.06
Over 69	\$40.00	\$40.00
Monthly Cost for the Child(ren) Life equal to \$10,000 is \$1.19		



Supplemental Travel/Accident Insurance - ACE American Insurance

100% Company Paid

Plan Number: 01AH585

Policy Number: ADDN01062487

Utilities, Inc. provides travel accident insurance to further financially assist your family members in the event of loss of life while traveling for business.

The value of this benefit is based your position classification.

	Employee	Spouse	Dependents
Operations & Field	\$100,000	\$25,000	\$10,000
Office & Clerical	\$50,000	\$25,000	\$10,000



Aflac Supplemental Insurance Coverage*

Over 50 Million people worldwide have chosen Aflac supplemental insurance products because of their commitment to providing customers with the confidence that comes from knowing they have assistance in being prepared for whatever life may bring. Aflac's voluntary payroll deduction insurance coverage pays cash benefits when a policyholder has a covered accident or illness. UI offers two forms of voluntary, supplemental coverage as outlined below. Each plan offers employees the following:

- Receive cash benefits are paid directly to you, unless other wise assigned.
- Collect paid benefits regardless of any other insurance you may have.
- Additional coverage free without deductibles or copayments.
- No provider network restrictions.
- Freedom to choose any provider.
- Ability to use the cash benefits however you want.

***NOTE: UI can only offer voluntary coverage through Aflac for either plan if the minimum enrollment of 25 employees elect coverage in given plan year.**

Aflac Accident Advantage Plus Plan - Group Policy #23188

100% Voluntary

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you through the many stages of care, from the initial emergency treatment or hospitalization, to follow-up treatments or physical therapy.

In addition, your regular bills, such as the mortgage or rent, car payments and utility bills, don't stop when you're injured after a covered accident. Group accident insurance from Aflac offers benefits that are paid directly to you (unless you choose otherwise), so you can use them to help with your normal bills as well.

Benefit Summary

More than 50 events that trigger benefits payments, including fractures, dislocations, medical fees, hospital admission, ambulance, and physical therapy, among others.

- Medical Fees Benefit
- Accidental-Death Benefit
- Hospital Admission Benefit
- Hospital Confinement Benefit and more
- Accidental-death coverage.
- Wellness Benefit
- Guaranteed- issue coverage with no underwriting required.
- Portable coverage that allows employees to retain coverage at the same rate if their employment status changes (with certain stipulations).

To view a detailed plan description for the Aflac Accident Advantage Plus plan on the WaterMain, [please click here.](#)

Aflac Critical Illness Advantage - Group Policy #23188

100% Voluntary



The Aflac group critical illness insurance plan can help with the treatment costs of covered critical illnesses, such as cancer, a heart attack, or a stroke. More importantly, the plan helps you focus on recuperation instead of the distraction and stress over the costs of medical and personal bills. With the group critical illness insurance, you receive cash benefits directly (unless otherwise assigned) - giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Features and Plan Provisions	
Benefit Amounts	Employee: \$5,000 - \$30,000 Spouse: \$5,000 - \$15,000 Child: Up to 50% of the employee's face amount
Spouse Coverage	Up to 50% of the face amount elected by the employee
Guaranteed Issue Amounts	Employee: Up to \$30,000 Spouse: Up to \$15,000 Participation Requirement: % Guaranteed for 2 years
Pre-existing Condition Exclusion	None
Waiting Period	None
Eligibility	Work Week Hours: Employee must work at least 30 hours per week. Length of Employment: 30 days. Coverage begins 1st of month after 30 days.
Waiver of Premium	After 90 days of total disability for an employee due to a covered critical illness, premiums waived for the insured and any covered dependents up to 24 months
Separation Period - Additional Diagnosis/ Reoccurrence	Additional Diagnosis: 6 consecutive months Reoccurrence: 6 consecutive months <i>(for a cancer diagnosis, treatment-free from cancer for at least 12 months and in complete remission before the date of a subsequent cancer diagnosis)</i>
Issue Ages	Employee: 18+ Spouse: 18+ Children: Under age 26

Benefit Summary

- Lump-sum benefit for a covered critical illness such as: cancer, heart attack, stroke, major organ transplant, and end-stage renal failure
- Benefit for a recurrence of the same critical illness if separated by at least 12 months or an additional occurrence of a different critical illness if separated by at least 6 months, with no lifetime maximum

Coverage Type	Covered Conditions and Additional Benefits	Benefit Amount
Base Benefits	Coronary Artery Bypass Surgery, Non-Invasive Cancer	25%
	Heart Attack, Stroke, Kidney Failure (End-Stage Renal Failure), Major Organ Transplant, Bone Marrow Transplant (Stem Cell Transplant), Sudden Cardiac Arrest, Cancer (Internal or Invasive)	100%
Skin Cancer	Skin Cancer Diagnosis	\$250 per calendar year
Health Screening Benefit	Payable for health screening tests performed as the result of preventive care. Not payable for dependent children.	\$50 per calendar year
Additional Base Benefits	Coma, Severe Burns, Paralysis, Loss of Sight, Loss of Speech, Loss of Hearing	100%

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

To view a detailed plan description for the Aflac Critical Illness Advantage plan on the WaterMain, [please click here](#).

Aflac Hospital Indemnity Coverage - Group Policy #23188

100% Voluntary

The Aflac Group Hospital Indemnity Plan provides cash benefits *directly to you* (unless otherwise assigned) that help pay for some of the costs - medical and nonmedical - associated with a covered hospital stay due to a sickness or accidental injury.



Features and Plan Provisions	
Coverage	Available for all family members. Spouse-only and Child-only coverage is not available
Guaranteed Issue Amounts	Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first anniversary, late enrollees are eligible to enroll on a guaranteed-issue basis.
Enrollment	Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.
Pre-existing Condition Exclusion	None
Pregnancy Limitation	None
Waiting Period	None
Eligibility	Work Week Hours: Employee must work at least 30 hours per week. Length of Employment: 30 days. Coverage begins 1st of month after 30 days.
Issue Ages	Employee: 18+ Spouse: 18+ Children: Under age 26

Benefit Summary

Coverage Type	Covered Conditions and Additional Benefits	Benefit Amount
Hospital Admission (per confinement)	Once per covered sickness or accident per calendar year	\$1,000
Hospital Confinement (per day)	Maximum confinement period: 31 days per covered sickness or covered accident	\$150
Hospital Intensive Care (per day)	Maximum confinement period: 10 days per covered sickness or covered accident	\$150
Intermediate Intensive Care Step-Down Unit (per day)	Maximum confinement period: 10 days per covered sickness or covered accident	\$75
Health Screening Benefit	Payable once per calendar year per insured.	\$50

To view a detailed plan description for the Aflac Hospital Indemnity plan on the WaterMain, [please click here](#).

Aflac Employee Premium Information

Aflac Accident Advantage Plus Plan

To view employee premiums for the Accident Advantage Plus Plan [click here for Bi-Weekly \(Hourly\)](#) or [click here for Semi-Monthly \(Salaried\)](#).

Aflac Critical Illness Advantage Plan

To view employee premiums for the Critical Illness Advantage Plan [click here for Bi-Weekly \(Hourly\)](#) or [click here for Semi-Monthly \(Salaried\)](#).

Aflac Hospital Indemnity Plan

To view employee premiums for the Hospital Indemnity Plan [click here for Bi-Weekly \(Hourly\)](#) or [click here for Semi-Monthly \(Salaried\)](#).

Employee Assistance Program (EAP) – MetLife

100% Employer Paid



The EAP is a confidential and professional service that provides information, referral services and telephonic counseling by licensed professionals to all employees and members of their immediate families who may be experiencing personal difficulties in their lives.

The EAP provides confidential services without cost to employees and their immediate family members for a variety of work/life related issues including legal and financial issues, child and elder care assistance, identity theft recovery services, relationship, marriage or family issues, and alcohol and drug dependency.

To obtain these services, you can call the confidential hot-line (888) 319-7819 24 hours a day, 7 days a week.

Patient Advocacy - Health Advocate

100% Employer Paid

Health Advocate is a company that provides employees with access to trained professionals who understand the intricacies of the healthcare system and assist you in navigating through it.

Health Advocate services are provided by professional Health Advocates, typically registered nurses, backed up by a team of medical directors and administrative experts who will help you, your spouse, dependent children, parents or parents in-law.



You Are Already Enrolled At No Cost To You!

The Top 10 Reasons to Call Health Advocate

- **Find the best doctors**, hospitals, dentists and other leading healthcare providers anywhere in the country. This includes locating providers in the BlueCross BlueShield of Illinois network.
- **Schedule appointments** with providers including hard to reach specialists and critical care providers and arrange for specialized treatments and tests.
- **Help resolve insurance claims** and assist with negotiating billing and payment arrangements, and related administrative issues.
- **Assist with elder care** and related healthcare issues facing your parents and parents in-law.
- **Obtain unbiased health information** to help you make an informed decision. This includes pricing for an elective procedure to ensure you are controlling your healthcare expenses.
- **Work with insurance companies** to obtain appropriate approvals for needed services and to foster communications between physicians and insurance companies.
- **Answer questions** about test results, treatment recommendations and medications recommended or prescribed by your physician.
- **Assist in the transfer of medical records**, x-rays and lab results.
- **Locate and research the newest treatments** for a medical condition.
- **Assist and initiate appeals** for denied claims, disputes and issues related to care received. Providing members with guidance in filing a grievance or complaint to the insurance company.

This service is completely confidential and no information is exchanged between Health Advocate and Utilities, Inc. Advocates are available Monday through Friday from 9 a.m. To 8 P.m. Central time. An advocate is also available 24 hours a day, seven days a week to provide assistance that needs attention during non-business hours.

Help is just a phone call or click away.

Visit their website at <http://www.healthadvocate.com> or contact them at 1-866-695-8622

Professional Certification/Licensing, Training and Education Resources

Utilities, Inc. offers an environment where employees can advance through their career and develop professionally. To support that environment, full-time employees have a variety of options for Company sponsored professional development. Whether it is through certifications, licensing or training courses, we are committed to providing the resources described below in order ensure our employees have the skills and tools they need for their job as well as advancement and development opportunities.

Professional Certifications & Licenses

Utilities, Inc. requires certain positions to have the proper license and/or certifications for certain job titles (Water/Wastewater Operators, Staff Accountants, Financial Analysts, Etc.). These requirements are listed on the job description for each position, which are [located here on the WaterMain](#). Please contact a BU Executive about approval for any professional license or certification not identified below.

Coursework & Training

Utilities, Inc. will cover 100% of the costs associated with an employee's first attempt at any job-required or job-related coursework related to obtaining a professional certification or license. This coursework must be approved by a BU Executive prior to any classes being scheduled and/or taken. Should the employee need to retake the course, the cost associated with additional attempts will be the responsibility of the employee.

Exams

Utilities, Inc. will cover 100% of the costs associated with an employee's first attempt at completing an exam required to successfully obtain a professional certification or license. Should an employee not pass the exam on their first attempt, the cost associated with additional attempts will be the responsibility of the employee.

Certification/Licensing Pay

Some certifications and/or licenses qualify for additional compensation or "Certification Pay" upon being obtained or re-certified. Certification pay is a one-time payment per qualifying event. Certification Pay amounts vary depending on the level of that certification or license and the state in which they are obtained. Specific certification pay amounts are [listed here on the WaterMain](#). In order for an employee to be compensated for their achievement, a BU executive must submit approval via a [certification pay check request](#).

CPA Review & Exam Reimbursement

Utilities, Inc., at its sole discretion, may agree to reimburse an employee for CPA Review courses and/or CPA Exam fees that are deemed to be beneficial for the employee and the Company. This reimbursement would be subject to the stipulations outlined in the CPA Review & Reimbursement Agreement, [found here on the WaterMain](#).

Continuing Education Units or Credits (CEUs or CECs)

Utilities, Inc. will cover 100% of the costs associated CEUs or CECs needed to maintain a professional license. CEUs or CECs must be approved by a BU Executive to ensure that the license meets a business need or is relevant to that employee's position with UI.

Education Assistance

Full-time employees may continue their education in a related field, and Utilities, Inc. may reimburse some of the tuition costs. All courses and costs must be pre-approved by the manager and a BU Executive before taking the class and must be completed on the employee's own time. Once the course is complete, a certified transcript of your grades and the receipts for your expenses must be submitted. Utilities, Inc. will reimburse you for the portion of the tuition that was pre-approved on the following course by course basis:

Grade	Reimbursement
A	90% of the amount that was pre-approved
B	75% of the amount that was pre-approved
C	50% of the amount that was pre-approved

In cases where classes are graded based on a pass or fail, a passing grade will be reimbursed at 90% of the amount that was pre-approved. In order to qualify for this education assistance benefit you must:

- Advise your manager, prior to enrolling for the class that you intend to take a particular course. Your manager will advise you whether the course is of a nature that Utilities, Inc. will approve for reimbursement of tuition.
- The course must be job oriented and offered by an approved education institution.
- The course and maximum reimbursement amount must be approved by a BU Executive prior to the start of the course.
- You must receive a passing grade of "C" or better.
- You must have at least one (1) full year of prior service with Utilities, Inc.
- If you are eligible to receive educational benefits from other sources, such as the Veterans Administration, Utilities, Inc. will only consider some reimbursement of the part that remains unpaid after application of those benefits for your educational expenses.
- Utilities, Inc. will require you to sign an agreement stating that if you leave the Company within 12 months of completing a class, you will repay the amount you were reimbursed.

For income tax free purposes the course must meet IRS section 127 rules that state the education is required by the employer or by law for the employee to keep his or her present salary, status, or job. The required education must serve a bona fide business purpose of the employer or the education maintains or improves skills needed in the job.

Corix Affiliated Companies (US) 401(k) Plan – JP Morgan Plan Number 168231-01



Employer Matching – You are eligible to contribute 100% of your salary up to the IRS maximum through pre-tax payroll deductions for your 401(k) Plan as long as you are at least 21 years of age and have completed one month of employment. If you are 50 years of age or older, you are allowed an additional \$6,000 in catch up contributions to the plan. If you elect to make contributions to the 401(k) Plan, the company will make a matching contribution to your 401(k) account. Prior to the beginning of each year, the Company will announce the applicable matching level and cap for that year. For 2017, the Company will match employee contributions using the following formula:

UI will match your contributions 100%, dollar for dollar, on the first 3% you contribute to the 401(k) plan. UI will make an additional matching contribution of \$.50 on every \$1.00 you contribute to the 401(k) Plan up to a maximum contribution on 5% (equal to 4%) of your base annual compensation. Matching contributions will be made in the same pay period in which you make your contributions. If you do not contribute to the 401(k) Plan you will not be eligible for a matching contribution.

Non-Elective Company Contribution – For employees hired on or before 11/30/2017, a non-elective contribution (NEC) by the Company equal to 3% of your eligible wages will be deposited into your 401(k) account on a per pay period basis regardless of whether you have contributed any savings of your own as long as the NEC eligibility requirements have been satisfied (see below).

New Hire Non-Elective Eligibility Requirements – Employees hired on or after 12/1/2017, are eligible to receive the NEC on a per pay period basis beginning on the plan entry dates of January 1 or July 1 following the date in which the participant has reached age 21 and has completed 12 months of service.

Automatic Enrollment – New hires are automatically enrolled in the plan with a default deferral of 3%. A new employee may opt out or increase their deferral at the time of hire. These contributions will begin on the 1st of the month following the completion of one month of service.

Vesting – All contributions made to the 401(k) plan are vested at 100%. This includes both the Employer Matching contributions & 401(k) Non Elective Company contributions made by the Company.

To enroll in this benefit, you must login to the JP Morgan website at www.retirementlink.jpmorgan.com. To login for the first time, you will need your PIN which will be sent to you in the mail a month prior to initial eligibility to your home address. Information can be found on the Watermain in the HR/Payroll drop down under “Benefits”, “Forms” then “401(k).”

For more detailed plan and ERISA information, please refer to the Summary Plan Description. These documents can be obtained from HR, viewed on the Watermain or accessed via the JP Morgan website.

401(k) Plan Participant Services

TRUretirement offers FREE, comprehensive retirement plan consulting and wealth management services to businesses, organizations and individuals across the US. The company provides comprehensive investment fiduciary services for the company and are experienced at creating efficient plans for participants. They also provide educational tools and one-on-one financial planning.



TRUretirement Can Help

- Understanding the investment choices available within your retirement plan
- Determining your Investment Objective and Risk Tolerance
- Deciding how much to contribute from your paycheck into your Retirement Plan
- Investment Allocation based on your needs and Risk Tolerance

TRUretirement Provides

- Comprehensive Investment Review
- Complete Retirement Planning
- College Financial Planning
- Estate Planning
- Individual Retirement Accounts (IRAs)
- Consolidation of your Investment Accounts

Contact TRUretirement

Office: (425)454-401k
Toll Free: (800)303-1856
www.trueretirement.com

Paid Time Off (PTO)

Paid Time Off (PTO) is a time for you to rest, relax, pursue special interests, meet personal needs or care for a covered family member. The Company provides PTO to eligible employees as one of the many ways in which we show our appreciation for your loyalty and continued service. Only full-time employees and part-time employees are entitled to PTO. You are eligible to begin accruing PTO upon commencing employment and completing your first within your first completed month of service; however, you may not take PTO until you have completed 30 days of employment. View our complete [PTO policy on the WaterMain](#).

Completed Service Time (continuous years)	Hourly Employees (Full-time)* PTO Accrual	Hourly Employees (Part-time)* PTO Accrual	Salaried Employees* PTO Accrual
First Month of Employment	If hired on or between the 1st and 15th - 8 hours	If hired on or between the 1st and 15th - 4 hours	If hired on or between the 1st and 15th - 1 day
	If hired on or between the 16th and 31st - 4 hours	If hired on or between the 16th or 31st - 2 hours	If hired on or between the 16th or 31st - 1/2 day
Less than 2 Years of Service	8 hours for each completed calendar month of service	4 hours for each completed calendar month of service	1 day for each completed calendar month of service
2 Years of Service	104 hours annually (13 days)	52 hours annually	13 days annually
3 Years of Service	112 hours annually (14 days)	56 hours annually	14 days annually
4 Years of Service	120 hours annually (15 days)	60 hours annually	15 days annually
5 Years of Service	128 hours annually (16 days)	64 hours annually	16 days annually
6 Years of Service	136 hours annually (17 days)	68 hours annually	17 days annually
7 Years of Service	144 hours annually (18 days)	72 hours annually	18 days annually
8 Years of Service	152 hours annually (19 days)	76 hours annually	19 days annually
9 Years of Service	160 hours annually (20 days)	80 hours annually	20 days annually
10 Years of Service	168 hours annually (21 days)	84 hours annually	21 days annually
11 (or more) Years of Service	176 hours annually (22 days)	88 hours annually	22 days annually

* PTO Totals listed in the chart above represent annualized values, not a guaranteed amount. Employees accrue PTO on a monthly basis, for each month of service completed over the calendar year.

**Annual PTO accrual balances may not exceed a maximum total of 176 hours (22 days). Annual PTO balances including rollover (up to 5 days), may not exceed a maximum total of 216 hours. Exceptions to the maximum limit may only occur as the result of extraordinary circumstances during the plan year and require HR consultation and BU President approval.

Unused PTO Time

Employees are encouraged to use their paid time off each year. However, Utilities, Inc. does acknowledge that circumstances may arise which do not make that possible. If an employee has unused PTO time remaining at year-end, employees may carry up to 5 days (40 hours for full time/20 hours for part time), except where otherwise legally required by state or local law. Carry-over PTO must be used the following year, unless an exception is pre-approved by your manager and the HR manager. Unused roll-over PTO is not paid out upon termination.

Terminated Employees

At the time of employment termination, the amount of PTO accrued will be calculated by taking the number of full months worked during the current year times the amount of PTO time earned in one month. Any unused time will be prorated and paid upon termination. Unused PTO which rolled-over from the previous year will not be paid.

Holiday Pay

Utilities, Inc. is recognizing the following eight (8) holidays:

NEW YEAR'S DAY – Monday, January 1st • **MEMORIAL DAY** – Monday, May 28th • **INDEPENDENCE DAY** – Wednesday, July 4th

LABOR DAY – Monday, September 3rd • **THANKSGIVING DAY** – Thursday, November 22nd • **DAY AFTER THANKSGIVING** – Friday, November 23rd

CHRISTMAS EVE - Monday, December 24th • **CHRISTMAS DAY** - Tuesday, December 25th

All full-time employees receive the Company selected holiday benefit. Please note that the designated holidays may change each year. Be sure to watch for a revised holiday schedule prior to each New Year.

You may take time off to observe religious holidays. If available, PTO may be used for this purpose, otherwise the time off is without pay. You must notify your manager in advance.

Only full-time employees are eligible for holiday pay. You are not eligible to receive holiday pay during the first thirty (30) days of your employment, nor are you eligible to receive holiday pay if you are a part-time employee or a temporary employee.

Holiday Policies

If a holiday occurs during your scheduled PTO, you are permitted to take an extra day of PTO. To qualify for holiday pay, you must work the scheduled workday immediately before and after the holiday. Only scheduled PTO will be considered exceptions to this policy.

LifeLock Identity Theft Coverage

100% Voluntary

In today's world of online shopping, using public Wi-Fi and giving out Social Security numbers as a form of ID, our personal information can be exposed. Unfortunately, free credit monitoring simply alerts you to credit issues. LifeLock not only has proprietary technology to detect a range of identity threats, if you do have an identity theft problem, our U.S.-based team of Identity Restoration Specialists can help fix it. It pays to have the comprehensive protection of LifeLock.



Benefit Summary

Choose the LifeLock service that's right for you. To learn more about the features of each plan, [view the LifeLock Benefit Overview on the WaterMain](#).

- LIFELOCK BENEFIT ELITE** (only available as a payroll deducted employee benefit) includes searching millions of transactions per second every day for potential threats to your identity and to financial assets – your 401(k) and investment accounts.†
 LifeLock Benefit Elite also includes scanning for misuse of your Social Security number, change of address and court records scanning for use of your identity to commit crimes.
- LIFELOCK ULTIMATE PLUS™** membership provides some peace of mind knowing you have LifeLock's most comprehensive identity theft protection available. Enhanced services include bank account application and takeover alerts, online credit reports and credit scores.†
- LIFELOCK JUNIOR®** (if dependents under age 18 are enrolled) protection helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children.†† To learn more about LifeLock Junior® service, please visit LifeLock.com/products/lifelock-junior.

LifeLock Premium Rates

Bi-Weekly Premium Rates		
	LifeLock Benefit Elite	LifeLock Ultimate Plus
Employee Only (18 and Over)	\$3.92/Pay Period	\$11.77/Pay Period
Employee Plus (Employee plus up to 6 adult dependents and 6 Junior memberships)	\$7.84/Pay Period	\$23.52/Pay Period

Semi -Monthly Premium Rates		
	LifeLock Benefit Elite	LifeLock Ultimate Plus
Employee Only (18 and Over)	\$4.25/Pay Period	\$12.75/Pay Period
Employee Plus (Employee plus up to 6 adult dependents and 6 Junior memberships)	\$8.49/Pay Period	\$25.49/Pay Period

Discounted Pet Insurance

100% Voluntary

Should your pet ever get sick or have a serious accident, PetFirst's comprehensive pet insurance plans are always here for you. PetFirst strives to make the best pet insurance plans available to dogs and cats of all ages and breeds, providing them access to the best medical coverage and veterinary care options. Now, giving your loved ones the best pet insurance coverage is as easy as growing old together!



By enrolling through our Company's exclusive PetFirst site, employees will receive a **10% discount on pet insurance premiums!**

PetFirst calculates premium rates its policies based on age, breed and location of the pet. Their premium formula allows PetFirst's premiums to sustain over time and mitigates the possibility of extreme rate increases. PetFirst guarantees the premium price at the point of enrollment for a 12-month period. *(This discount is not available in Alaska, Hawaii, Maryland, Oregon or Tennessee).*

How Does Pet Insurance Work?

Pet insurance for dogs and cats works vastly different than human healthcare plans. Medical insurance for pets is owner reimbursement based. This works in favor for pet parents since it allows you to use any licensed veterinarian, emergency clinic or specialist in the United States. You don't have to worry if a provider is "in-network", because there are no networks. Click here to learn more.



Plan Options

What plan options are available for your pet? Review the [PetFirst Program Overview on the WaterMain](#) or [visit our dedicated PetFirst site](#) to review plan options and receive a premium quote for that special cat or dog in your life. Coverage for accidents begins at midnight EST following the activation of the policy, while illness coverage begins 14-days later.

How to Enroll

Employees have two different options to enroll their furry, four-legged family members in PetFirst:

- **Online** – [Click here to visit our Company's exclusive PetFirst site](#) to review plan options and enroll your pet in an insurance plan.
- **Phone** – Call PetFirst's knowledgeable associates to ask questions, discuss plan options and enroll your pet by telephone Monday-Friday, 8 am – 9 pm EST and Saturday, 10 am – 6 pm EST.

Billing

PetFirst directly bills members for this benefit. PetFirst accepts payment via credit card, debit card or auto-draft (ACH).



Contact Information

Vendor/Resource	Telephone	Website
BlueCross BlueShield of Illinois - Medical		
Medical Claim and Benefit Information	(800) 828-3116	www.bcbsil.com
Prime Therapeutics - Prescription Drugs		
Pharmacy and Prescription Drug Inquiries	(800) 423-1973	www.myprime.com
Rx 'n Go Free Generic Mail Order Maintenance Pharmacy		
Rx 'n Go/PBM Plus	(888) 697-9646	www.rxngo.com
Teladoc	1-800-Teladoc	www.teladoc.com
Benefits Value Advisor	(800) 828-3116	
Delta Dental of Illinois - Dental		
Dental Claim and Benefit Information	(800) 323-1743	www.deltadentalil.com
VSP Vision Benefits - Vision		
Vision Claim and Benefit Information	(800) 877-7195	www.vsp.com
MetLife - Life and Accidental Death & Dismemberment		
Life and AD&D Claims and Benefit Information	(800) 638-6420	www.metlife.com
MetLife - Short-Term Disability		
MetLife - Long-Term Disability		
Disability Claims and Benefit Information	(800) 300-4296	www.metlife.com
Discovery Benefits - Flexible Spending Accounts		
Healthcare and Dependent Day Care FSA Questions, Account Balances and Information	(866) 451-3399	www.discoverybenefits.com
Ace American Insurance - Travel Accident		
Inside the United States	(800) 243-6124	www.ACETravelAssistance.com
Outside the United States Call Collect	(202) 659-7803	
Aflac – Supplemental Accident, Critical Illness & Hospital Indemnity Coverage	(800) 433-3036	www.aflac.com/UI
MetLife - Employee Assistance Program Confidential assistance with personal, legal, financial or elder care issues.	(888) 319 - 7819	metlifeeap.lifeworks.com username: <i>metlifeeap</i> password: <i>eap</i>
JP Morgan - 401(k) Retirement		
Plan Details Enrollment Account/Balance Information	(855) 576-7526	www.retirementlink.jpmorgan.com
Health Advocate - Patient Advocacy	(866) 695-8622	www.healthadvocate.com
TRUEretirement – 401(k) Plan Participant Services	(800) 303-1856	www.trueretirement.com
LifeLock - Identity Theft Protection	(800) 416-0599	www.lifelock.com
PetFirst – Pet Insurance	(800) 416-0599	www.petfirst.com/utilities

This Employee Benefits Guide has been prepared to help you review and understand the key factors associated with our benefit plans. This guide does not provide all the provisions, limitations and exclusions included in our benefit plans and policies and should be considered only as a summary of our current benefits. If any differences exist between this summary and the official plan documents, the official plan documents shall control. Additionally, the benefits described herein are subject to change without notice. Neither this Employee Benefits Guide nor any of the benefits described herein constitute a contract of employment, nor should they be construed as giving you any legal rights to continue to be employed. Your employment with the Company is and will continue to be “at will.”

Rescission of Coverage

Utilities, Inc. reserves the right to terminate the health coverage of you/and your dependent(s) prospectively without notice for cause (as determined by **Utilities, Inc.**), if you and/or your dependent(s) are otherwise determined to be ineligible for coverage under the plan. In addition, if you or your dependent commits fraud or intentional misrepresentation in an application for health coverage under the plan, in connection with a benefit claim or appeal, or in response to any request for information by **Utilities, Inc.** Or its delegates (including **BlueCross BlueShield of Illinois**) **Utilities, Inc.** may terminate your coverage retroactively upon 30 days of notice. Failure to inform **Utilities, Inc.** that you or your dependent is covered under another group health plan or knowingly providing false information to obtain coverage for an ineligible dependent are examples of actions that constitute fraud under the plan.



2335 Sanders Road, Northbrook, IL 60062-6196



2019 Employee Benefits Guide



CORIX[®] Group of Companies



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This benefits guide summarizes the benefit plans offered to eligible employees. Every effort has been made to ensure that the information is presented clearly and accurately. However, this is only a partial list of benefit information. Refer to the provider contracts, policies, descriptions and other materials that constitute the plan's summary plan description (SPD) for more detailed information about the benefits.

In the event of any conflict between the information in this document and the provider contracts or SPDs, such other documents will govern. The Corix Group of Companies reserves the right to change or discontinue these benefits, in whole or in part, at any time. You will be notified if a program is changed or discontinued. This document does not constitute an employment agreement between you and the Company.

DID YOU KNOW?

You have the power to help control benefit costs and save money by:

- Using generic Rx instead of brand name
- Utilizing in-network providers
- Taking advantage of your preventive care benefits
- Knowing where your closest urgent care facility is and only utilizing the emergency room for true emergencies

The benefits program provided to you by the Corix Group of Companies, is designed to offer eligible employees the flexibility to select benefits that best suit their needs. Significant costs are assumed by the Corix Group of Companies as our continuing commitment to provide a comprehensive benefits program for you. This guide provides a broad and brief overview of the various programs being offered to you and your eligible dependents. Eligibility in any given benefit plan is subject to the terms and conditions of that benefit plan. For a complete description of each benefit plan, see the applicable summary plan description (SPD) or certificate of coverage (COC).

CORIX[®]
Group of Companies

ELIGIBILITY

You are eligible to participate in the Corix Group of Companies Benefit Programs if you are a full-time employee scheduled to work a minimum of 30 hours per week (with the exception of Limited Eligibility noted below). Temporary, seasonal and agency employees are *not* eligible to participate.

If you are eligible to participate in the Corix Group of Companies Benefit Programs, you may also enroll your legal spouse, domestic partner* (same and opposite sex) and dependent child(ren) for coverage. Please ensure you are making your elections carefully when enrolling dependents. A “dependent child” is the subscriber’s or spouse’s natural child, stepchild, foster child or legally adopted child. Children are generally considered dependents until:

- ❖ Age 26
- ❖ Any age, if they are mentally or physically disabled, chiefly dependent on the employee for support, and not capable of self-sustaining employment
- ❖ Age 30 if enlisted in the military



A summary of the benefits offered to you by the company are outlined in this guide. If you do not elect to enroll in coverage during the open enrollment period or when you are first eligible for benefits, you will not be allowed to enroll until the next open enrollment period unless you have a special enrollment event as defined by HIPPA (see “Qualifying Life Events” on the following page).

**If you are enrolling a domestic partner, please contact HR as there may be additional tax implications.*

Limited Eligibility:

An employee classified as part-time scheduled to work less than 30 hours per week and a minimum of 1,000 hours per calendar year, qualifies for participation in the 401(k) plan.

When Coverage Begins:

If you are a new hire, you must enroll in benefits within 31 days of your initial eligibility date. Health benefits begin on the 1st of the month following your hire date. If you fail to elect coverage under one or more of the optional plans within this time will be deemed to have voluntarily waived eligibility for coverage for the entire plan year. Once made, elections are irrevocable and remain in effect for the entire plan year unless a Qualifying Life Event (QLE) change occurs. Enrollment in the employer paid benefits is automatic.

The 401(k) Retirement Plan is effective the 1st of the month following one month of employment.

ENROLLMENT

Qualifying Life Events:

Your initial new hire eligibility period allows you 30 days from your date of hire to submit enrollment forms for the benefits you wish to enroll in. You can change your enrollment during the plan year only when you have a qualifying life event that significantly affects your benefit needs. Life events can include:

- ❖ Marriage or Divorce
- ❖ Birth or adoption of a child or placement of a child for adoption
- ❖ Death of a child or spouse
- ❖ Loss of or obtainment of other coverage
- ❖ Exhausting the maximum period of COBRA coverage

An employee wanting to change elections due to a qualifying life event should contact Human Resources as soon as possible following the event, but no later than 30 days following the event. Appropriate documentation will be required to substantiate a change and must be received within 30 days of the event. Effective date for changes will be the actual date of the event. Any change reported or supporting documentation received after 30 days of the qualifying life event will not be accepted. In such an instance, the next opportunity to make a change will be during the next open enrollment period.

Pre-Tax vs. Post-Tax Benefit Contributions:

Generally, the cost to participate in the Company's Health plans and/or reimbursement accounts is taken from your paycheck on a **pre-tax** basis. This means, you do not pay Federal Income Tax, Social Security Tax, and in most cases state/local taxes on those contributions.

Preventive Incentive:

To promote a health lifestyle, we encourage you to receive a routine annual physical with blood draw at initial eligibility and every 3 years. Having a routine preventive physical is a step toward taking control of your health. If you choose to enroll in our medical plan and complete a routine annual physical, you will be incentivized with lower premium rates. Both medical plans cover your physical and blood draw at 100% with no copay, if you receive this service through an in-network provider.

To qualify for this incentive, you and your spouse (if you choose to cover), must have a routine physical with a blood draw documented with a date of service within 60 days of your insurance becoming effective. A Routine Physical Verification Form must be completed for both you and your spouse by the physician and returned to HR within the given time frame. If the form is not returned, your premiums will increase to the non-preventive rates on the 61st day from the effective date.

MEDICAL BENEFIT SUMMARY

The Corix Group of Companies offers you the option to choose between two medical plans, administered by BlueCross BlueShield of Illinois. The Platinum (PPO) plan provides you the freedom to seek services from the provider of your choice. Certain services may require satisfying a deductible. Once the deductible is met, the plan will begin paying based on a co-share amount known as coinsurance. The out-of-pocket maximum is the most you will spend in a given plan year. Please refer to page 29 for employee contribution amounts.



Platinum Plan (PPO) Benefit Highlights:

BCBS Platinum Plan (PPO)	In-Network	Out-Of-Network
Deductible		
Individual	\$400	\$800
Family	\$1,200	\$2,400
Annual Out-of-Pocket Maximum (deductible embedded)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Covered Services		
Preventive Care	100%	60% after deductible
Primary Care Office Visit	\$20 copay	60% after deductible
Specialist Office Visit	\$20 copay	60% after deductible
Urgent Care	80% after deductible	60% after deductible
Diagnostic Tests	80% after deductible	60% after deductible
Emergency Room (copay waived if admitted)	80% after \$200 copay	
Inpatient Hospital Services	80% after deductible	60% after deductible
Outpatient Hospital Services	80% after \$20 copay/office visit	60% after deductible
Rehabilitation/Habilitation Services	80% after deductible	60% after deductible
Retail Prescription Drugs (34 days retail)		
Generic	\$10 copay	\$10 copay+25% coinsurance
Formulary brand name drugs	25% coinsurance Min: \$25 copay Max: \$75 copay	50% coinsurance Min: \$25 copay Max: \$75 copay
Non-formulary brand name drugs	50% coinsurance Min: \$25 copay Max: \$75 copay	75% coinsurance Min: \$25 copay Max: \$75 copay
Specialty	50% coinsurance Max: \$250 copay	Not Covered
Mail Order Prescription Drugs (90 days mail order)		
Generic	\$20 copay	\$20 copay+25% coinsurance
Formulary brand name drugs	25% coinsurance Min: \$50 copay Max: \$150 copay	50% coinsurance Min: \$50 copay Max: \$150 copay
Non-formulary brand name drugs	50% coinsurance Min: \$50 copay Max: \$150 copay	75% coinsurance Min: \$50 copay Max: \$150 copay
Specialty	50% coinsurance Max: \$500 copay	Not Covered

MEDICAL BENEFIT SUMMARY

The Corix Group of Companies offers you the option to elect the Gold (HDHP) Plan. This plan is a qualified High Deductible Health Plan, meaning you are eligible to contribute to a Health Savings Account (HSA) account with pre-tax dollars if you choose to do so. Refer to page 18 for additional information on HSAs. Please refer to page 29 for employee contribution amounts.

Gold Plan (HDHP) Benefit Highlights:



BCBS Gold Plan (PPO)	In-Network	Out-Of-Network
Deductible		
Individual	\$1,500	\$4,500
Family	\$3,000	\$13,500
Annual Out-of-Pocket Maximum (deductible embedded)		
Individual	\$6,000	\$12,000
Family	\$12,000	\$24,000
Covered Services		
Preventive Care	100%	70% after deductible
Primary Care Office Visit	90% after deductible	70% after deductible
Specialist Office Visit	90% after deductible	70% after deductible
Urgent Care	90% after deductible	70% after deductible
Diagnostic Tests	90% after deductible	70% after deductible
Emergency Room (copay waived if admitted)	90% after deductible	
Inpatient Hospital Services	90% after deductible	70% after deductible
Outpatient Hospital Services	90% after deductible	70% after deductible
Rehabilitation/Habilitation Services	90% after deductible	70% after deductible
Retail Prescription Drugs (34 days retail)		
Generic	90% after deductible	70% after deductible
Formulary brand name drugs	90% after deductible	70% after deductible
Non-formulary brand name drugs	90% after deductible	70% after deductible
Specialty	50% after deductible Max: \$250 copay	Not Covered
Mail Order Prescription Drugs (90 days mail order)		
Generic	90% after deductible	70% after deductible
Formulary brand name drugs	90% after deductible	70% after deductible
Non-formulary brand name drugs	90% after deductible	70% after deductible
Specialty	50% after deductible Max: \$500 copay	Not Covered

TelaDoc Benefit Highlight:

The Corix Group of Companies offers you and your eligible dependents enrolled in a medical plan access to TelaDoc. TelaDoc allows you to talk to a doctor anytime and anywhere by phone or video consult. TelaDoc is **free (no copay)** to you and offers a convenient service that you and eligible dependents can access for consultations and treatment (including prescriptions) for a wide variety of medical conditions without leaving your home. If necessary, Doctors can prescribe medication over the phone for you to pick up at a pharmacy most convenient to you. Visit TelaDoc's website at www.TelaDoc.com or call 1-800-Teladoc to request a consultation.

Speak with a physician with no copay!

- ❖ **Feel better faster** - TelaDoc provides you access to U.S. board certified physicians who can resolve most non-urgent medical issues via phone or online video
- ❖ **Available when you need care** - convenient alternative to urgent care or ER visits; access a physician anywhere, anytime, 24 hours a day, 7 days a week, 365 days a year
- ❖ **An alternative you can trust** - pay less to feel better quicker with a \$0 copay and the convenience of not leaving your home

How to sign up?

- ❖ Visit the TelaDoc website at www.TelaDoc.com and click on "Set Up Account" to begin the registration process. Remember to register in order to use this service when you are sick.
- ❖ Enter your first name, last name, date of birth, company code, member ID or promotional code and click "continue"
- ❖ Follow the directions online to complete the account setup phase and provide your medical history

Request a Visit

- ❖ Visit the TelaDoc website and click "Request a Visit"
- ❖ Select the type of consult you would like to have
- ❖ Talk to a doctor within one hour of setting up your consultation



RX 'N GO AND HEALTH ADVOCACY BENEFITS

Rx 'n Go



The Corix Group of Companies allows you and your enrolled dependents the opportunity to receive **free** generic maintenance medication by utilizing the Rx 'n Go mail order pharmacy service. Rx 'n Go offers a comprehensive listing of nearly 1,200 available generic maintenance medications. By filling your generic maintenance medication through Rx 'n Go, the Company will pay the entire cost of the medication. A ninety (90) day supply of medication will arrive directly at your home address or designated delivery location.

Please consult with your physician or health care provider if you are not currently taking a generic medication to determine if any of the prescriptions offered through the Rx 'n Go pharmacy may be an option.

Interested plan members are required to have their health care provider submit a complete Rx 'n Go prescription order form via email or fax (or the member may mail the original order form via regular mail). Please visit the Benefits folder on WaterMain Intranet site to locate these forms.



Health Advocate



Health Advocate provides you with access to trained professionals who understand the intricacies of the healthcare system and are there to help assist you in navigating it. This benefit is offered through the Company at **no cost** to you. A few of the services Health Advocate can assist with are:

- ❖ Finding the best doctors
- ❖ Working with insurance companies
- ❖ Scheduling appointments
- ❖ Answering a variety of questions
- ❖ Resolving Insurance claims
- ❖ Transferring medical records
- ❖ Helping find elder care
- ❖ Locating and researching newest treatments
- ❖ Obtaining unbiased health information
- ❖ Initiating appeals

This service is completely confidential, and no information is exchanged between Health Advocate and Corix Group of Companies. Health Advocate is available 24 hours a day, 7 days a week, 365 days a year. Visit their website at www.healthadvocate.com or call 866-695-8622 for assistance today.

DENTAL BENEFIT SUMMARY

The Corix Group of Companies offers you and your families a Dental PPO Plan administered by MetLife. You are eligible to participate in the dental plan within 31 days of eligibility. Benefits begin the 1st of the month following your hire date. The DPPO plan offers you the option to visit any licensed dentist or specialist without prior approval in or out-of-network for covered services. You do not have to designate a primary care dentist. You will generally save on the cost of covered dental care when you utilize an in-network dentist. Please refer to page 29 for employee contribution amounts. Below you will find a high level overview of the Dental Plan offered to you:



Dental PPO Benefit Highlights:

MetLife Dental PPO (<i>PDP Plus Network</i>)	In-Network	Out-Of-Network
Deductible (applies to Basic/Major)		
Individual		\$50
Family		\$100
Annual Benefit Maximum		
		\$1,750
Preventive Covered Services (Type A)		
Oral Examinations		100%
Cleanings		100%
Fluoride (children under 18)		100%
Bitewing and Full Mouth X-rays		100%
Sealants		100%
Basic Covered Services (Type B)		
Amalgam (silver) Fillings		80% after deductible
Composite Fillings		80% after deductible
Space Maintainers (1 per lifetime to age 16)		80% after deductible
Extractions (Non-surgical and Complex)		80% after deductible
Periodontics (scaling, root planning, surgery)		80% after deductible
Endodontics		80% after deductible
General Anesthesia		80% after deductible
Major Covered Services (Type C)		
Inlays/Onlays		50% after deductible
Crowns		50% after deductible
Full/Partial Dentures		50% after deductible
Prosthetic Maintenance/Repairs		50% after deductible
Bridges		50% after deductible
Implants		50% after deductible
Orthodontia Services (Type D) – Children 19 and Under		
Coinsurance		50%
Lifetime Benefit Maximum		\$1,500

VISION BENEFITS

The Corix Group of Companies offers you vision benefits administered by VSP at **no cost** to you. VSP offers you the option to see any licensed eye care professional. However, you will receive the highest level of benefits if you utilize an in-network provider. Vision coverage is effective on the 1st of the month following your date of hire. *Please note:* VSP does *not* provide ID cards.

Vision Benefit Highlights:



VSP Vision Plan	In-Network Copay	Out-Of-Network Reimbursement
Exams		
Optometrist	\$10	Up to \$25
Ophthalmologist	\$10	Up to \$25
Lenses		
Single Vision	\$25	Up to \$30
Bifocal	\$25	Up to \$35
Trifocal	\$25	Up to \$45
Frames		
Frames	\$130 allowance, 20% off remaining balance	Up to \$45
Contact Lenses		
Elective	\$130 retail allowance	Up to \$105
Medically Necessary	Covered	Up to \$210
Frequency		
Exams		Once every 12 months
Lenses		Once every 12 months
Frames		Once every 24 months
Frames (Children, excluding college students)		Once every 12 months
Contact Lenses		Once every 12 months



BASIC LIFE AND AD&D INSURANCE

The Corix Group of Companies provides all eligible employees Basic Life and Accidental Death and Dismemberment insurance effective the 1st of the month following your date of hire. While insured under this provision, your beneficiary will be paid a sum of two (2) times your base annual salary to a maximum of \$750,000. Evidence of insurability is required on amounts greater than \$650,000.

If, while covered under AD&D, you are accidentally injured and that injury is independent of illness and all other causes, then you will be paid a benefit based on the nature of the loss. The maximum benefit is an amount equal to two (2) times your base annual salary to a maximum of \$750,000.



When Basic Life/AD&D Insurance Applies:

The Corix Group of Companies provides employees a valuable Basic Term Life/AD&D plan, through MetLife. You must be actively at work on the date coverage is scheduled to become effective; otherwise, the effective date is delayed until you return to full-time active work.

Basic Life Insurance provides a benefit should you die of any cause. If employment terminates, employees may opt for conversion. The Basic Life benefit includes an accelerated benefit option. You may be eligible to receive the accelerated benefit if you have 24 months or less to live, you will receive up to 80% of your coverage, to a maximum of \$500,000.

Basic AD&D Insurance provides a benefit amount should you suffer the loss of life, sight, hand, or foot caused by an accidental bodily injury.



Things to think about:

- Life insurance and AD&D provides family members peace of mind by helping meet immediate financial needs arising from loss or injury of an employee
- Employee's who have spouses electing similar coverage through their employer may wish to compare plans to determine the best coverage and most affordable rate.

Age Reductions Apply:

- Basic life insurance includes an age reduction benefit formula in accordance with the Age Discrimination and Employment Act (ADEA)
- At the age of 65 benefits will be reduced by 35% of the benefit amount. At the age of 70 basic benefits will be reduced by 50% of the benefit amount. All coverage terminates at retirement.

VOLUNTARY LIFE INSURANCE

The Corix Group of Companies offers you the option to purchase additional life/AD&D insurance to supplement your basic benefits. Voluntary Life/AD&D insurance is available for you, your spouse and/or your child(ren) at group rates on a post-tax basis, allowing the benefit to be tax-free. Employees must purchase coverage for themselves before they are able to purchase coverage for dependents. If you are a newly eligible employee, you may enroll yourself as well as eligible dependents without evidence of insurability up to the guarantee issue level listed below. Any amount above your guarantee issue level will require evidence of insurability. Both benefits are portable upon termination. Requests to port this benefit must be made to HR within 30 days of your termination.

The table below illustrates a summary of these benefits. Please note that MetLife requires the purchase of coverage in stated increments.



Voluntary Life/AD&D Benefit Highlights:

	Voluntary Life Benefit Amounts
Employee	\$10,000 increments up to a maximum of \$500,000
Spouse	\$5,000 increments up to a maximum of \$150,000 not to exceed 50% of the employees elected amount
Child(ren)	15 days to 6 months old: \$1,000 6 months and older: Options of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
Guarantee Issue*	<i>Employee: \$200,000</i> <i>Spouse: \$50,000</i>

***Guarantee issue:** the amount of coverage you are eligible to purchase during your initial enrollment period without providing evidence of “good health”. However, if you do not enroll when initially eligible, you will be required to provide evidence of “good health” for any amount elected.



DISABILITY INSURANCE

The Corix Group of Companies provides all eligible employees short term and long term disability insurance at **no cost** to you, administered by MetLife. Disability insurance is provided in the unfortunate event you become disabled and unable to work. Eligibility for these plans is an employee's 31st day of employment.



Short Term Disability Insurance (STD):

STD insurance provides paid leave for off-the-job illness or injury. To qualify for Short Term Disability, you must file a claim with MetLife and submit written proof of your disability from a treatment provider. You may also need to provide MetLife with additional medical records concerning the details of your disability. Once approved, STD claims are paid by the Company. An outline of the STD benefit offered to you is below:

Employees Hired on or After 1/1/2017:

Short Term Disability Benefit	
Benefit	60% of your weekly earnings up to 26 weeks
Elimination Period	0 days accident / 8 days illness

Employees Hired on or Before 12/31/2016:

Completed Years of Service	Short Term Disability Benefit
0-5 Years	60% of your weekly earnings up to 26 weeks
6 Years	65% of your weekly earnings up to 26 weeks
7 Years	70% of your weekly earnings up to 26 weeks
8 Years	75% of your weekly earnings up to 26 weeks
9 Years	80% of your weekly earnings up to 26 weeks
10 Years	85% of your weekly earnings up to 26 weeks
11 Years	90% of your weekly earnings up to 26 weeks
12+ Years	100% of your weekly earnings up to 26 weeks
Elimination Period	0 days accident / 8 days illness

Long Term Disability Insurance (LTD):

In order to qualify for Long Term Disability insurance, you must satisfy all requirements set forth by MetLife during the application process. In the event of disability, it is suggested that you begin the application process to receive benefits no later than your twelfth week of continuous disability to ensure sufficient time for review. An outline of the LTD benefit offered to you is below:

Long Term Disability Benefit	
Monthly Benefit Amount	60% of pre-disability earnings
Maximum Monthly Benefit	\$10,000/month
Elimination Period	180 days or until the end of the STD maximum benefit period
Own Occupation Period	24 months

PARENTAL LEAVE AND ADOPTION BENEFIT

The Corix Group of Companies provides full-time eligible employees who have completed one year of service, up to six weeks of parental leave paid at 100% following the birth of an employee's child or the placement of a child with an employee in connection with adoption or foster care. The purpose of paid parental leave is to enable the employee to care for and bond with a newborn or newly adopted or newly placed child. This policy will run concurrently with Family and Medical Leave Act (FMLA) leave, as applicable.



Parental Leave Highlights:

- ❖ You will not receive more than six weeks of paid parental leave in a rolling 12-month period, regardless of whether more than one birth, adoption, or foster care placement event occurs within that 12-month time frame.
- ❖ Approved Parental Leave begins on the day the child is born* or adopted and must be taken within 90 calendar days of that event. Parental Leave can be taken in increments of no less than one hour (for hourly employees) or one half day (for salaried employees).
- ❖ Any leave beyond 6 weeks provided for Parental Leave will be covered as outlined under STD and will require completion of a Certification of Healthcare Provider Form.
- ❖ You must provide your manager or HR with notice of the request at least 30 days prior to the proposed date of leave or, if the leave was not foreseeable, as soon as possible. You will be required to complete all necessary HR forms to substantiate your request.
- ❖ The Company has the exclusive right to interpret this policy
- ❖ If you are on an unrelated STD leave when parental leave would begin, the guidelines for the STD benefit supersede those for parental leave.

*When complications or pre-mature birth occur and require extended hospitalization of a new born child, the 90-day parental leave eligibility period will begin on the date of discharge from the hospital. Documentation and HR approval required.

Adoption Benefit

Adoption benefits are available to full-time employees after one year of service. The adopted child must be 17 years of age or younger unless the child is physically or mentally incapable of caring for himself or herself. Eligible adoption related expenses* will be reimbursed as they are incurred during the adoption process up to a maximum of \$5,000 per child.

*Adoption related expenses include lawyer fees, private and/or public agency fees, foreign adoption fees, temporary foster care charges, transportation costs, counseling fees associated with placement and costs related to pre-placement visitation.



FLEXIBLE SPENDING ACCOUNTS (FSA)

Our Health Care Flexible Spending Account (FSA) and Dependent Care Account (DCA) administered by Discovery Benefits, allows you the option to use pre-tax dollars to reimburse yourself for a wide variety of health and/or dependent care expenses that are not covered through your other benefit plans. You may **not** contribute to a FSA account if you are contributing to a HSA account. You must re-enroll in the FSA each year if you would like to contribute for the next plan year. Your elections will not roll over.



Health Care Flexible Spending Account:

The Health Care FSA reimburses you for eligible healthcare FSA expenses incurred by yourself, your spouse and your dependents. This account can be used to pay for qualified medical, dental or vision expenses not covered by your insurance. Physician office visit and prescription copays are some examples of qualified expenses. Please note you may **not** contribute to the Health Care FSA account if you are contributing to a HSA account. You may contribute up to the 2019 federal maximum limit of **\$2,700**.

Dependent Care Flexible Spending Account:

With the Dependent Care Flexible Spending Account, you may contribute up to the 2019 federal maximum limit of \$5,000 each year on a pre-tax basis. The Dependent Care FSA can help you pay for work-related care of your eligible dependents, such as day care, after school care and elder care. This account is designed to help you pay for dependent care while you are at work or looking for work. This limit will be reduced to \$2,500 if you are married and filing separate tax returns.

Limited Purpose FSA:

If you contribute to the Gold (HDHP) plan and are contributing to a Health Savings Account, you are only eligible to contribute to a Limited Purpose FSA plan, up to the Federal IRS maximum. A Limited Purpose FSA allows you to set aside pre-tax dollars to cover out-of-pocket expenses **only** pertaining to dental, vision and preventive care. Your funds may be used for expenses incurred by you, your spouse or eligible dependents. Common eligible expenses are dental copays, vision copays and prescription glasses.

Eligible Health Care FSA Expenses:

- Laser eye surgery
- Prescription drugs
- Copays and coinsurance
- Deductibles
- Dental expenses
- Dermatology
- Eye exams, lenses, frames and contacts
- Hearing aids
- Cosmetic surgery to correct a medical condition
- Acupuncture
- Alcoholism and drug treatment center
- Artificial limbs and teeth
- Chiropractic care
- Insulin
- Smoking cessation Programs
- Wheelchairs

Deadline to Submit Claims:

Any dollar amount not reimbursed for expenses during the plan year will be forfeited. This is known as the “use it or lose it” rule. There is a grace period from January 1, 2020 through March 15, 2020 to incur expenses for the 2019 plan year. The deadline to submit all claims for the 2018 plan year is March 31, 2019.

Please note: Your election and contribution into an FSA plan is binding for the entire plan year and only a qualifying life event will allow you to change your election.

HEALTH SAVINGS ACCOUNT (HSA)



What is a Health Savings Account?

With an HSA, the unused dollars are yours to keep (even if you move out of the plan) to apply towards eligible medical, dental and vision expenses or to maintain as a retirement account. If you participate in a qualified High Deductible Health Plan (Gold Plan), you are eligible to contribute to a Health Savings Account (HSA), administered by Flexible Benefits. The HSA plan is a consumer driven health plan that provides you the opportunity to build your retirement savings through unused contributed funds.

Who is Eligible for an HSA?

You are eligible to contribute to a Health Savings Account if:

- ❖ You are enrolled in a high-deductible health plan
- ❖ You are not covered under another medical plan that is not a high-deductible health plan
- ❖ You are not entitled to (eligible and enrolled) Medicare benefits

What are the Advantages to Participate?

Cost Savings:

- ❖ The Tax Benefits – money is set aside of a pre-tax basis
- ❖ HSA Contributions are excluded from federal income tax
- ❖ Interest earnings and withdrawals are tax-exempt
- ❖ Reduction in medical employee premium contributions.

Long-Term Financial Benefits:

- ❖ Save for future medical expenses. After age 65, the money can be used for anything with no penalties if used for unqualified medical expenses. The money is taxed as ordinary income and remains tax-free if withdrawn for medical expenses.
- ❖ Funds roll over year to year
- ❖ Fully-portable, meaning you can take the account with you if you leave the company

You may contribute up to the 2019 federal maximums listed below:

- ❖ **Single Coverage:** \$3,500
- ❖ **Family Coverage:** \$7,000
- ❖ **Catch-Up Contribution for 55+:** \$1,000

For a full list of eligible medical expenses, refer to the IRS website at: www.irs.gov



VOLUNTARY BENEFITS



Accident Advantage Plus Insurance:

Corix Group of Companies offers you the option to purchase Accident Advantage Plus Insurance, administered by Aflac. Accident insurance is designed to help covered employees meet their out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. A lump sum benefit is paid regardless of any other insurance plans you are enrolled. Accident insurance pays a benefit to you if an accident occurs either on or off the job. Coverage of the plan is portable, meaning you may take the plan with you if you leave or retire from your job. You have the option to elect coverage for you and your family. Please refer to the table below for benefit amounts.

Accident Advantage Plus - Benefit Amounts	
Paralysis (Quadriplegia/Paraplegia)	\$10,000/\$5,000
Torn/Severed Tendon or Ligament	\$400 single/\$600 multiple
Concussion	\$200
Coma (lasting 30 days)	\$10,000
Hospital Admission	\$1,000
Hospital Confinement (per day)	\$200
Hospital Intensive Care (per day)	\$400
Emergency Room	\$200
Ambulance (Ground/Air)	\$200 / \$1,000



Critical Illness Advantage Insurance:

Corix Group of Companies offers you the option to purchase Critical Illness Advantage insurance, administered by Aflac. Critical Illness insurance provides you extra money to help cover expenses incurred due to a critical illness. A few examples of qualified critical illnesses covered under the plan are: invasive cancer, heart attack, stroke and major organ transplant. The proceeds of your approved claim may be used towards whatever you wish. Coverage of the plan is portable, meaning you may take the plan with you if you leave or retire from your job. You may elect coverage for your spouse and dependent(s) not to exceed 50% of your own election. Please refer to the table below for benefit amounts and rate information.

Critical Illness Advantage - Benefit Amounts	
Benefit Amounts	<i>Employee: \$5,000 - \$30,000</i> <i>Spouse: \$5,000 - \$15,000; not to exceed 50% of employee's face amount</i> <i>Child: Up to 50% of the employee's face amount</i>
Guaranteed Issue	<i>Employee: \$30,000</i> <i>Spouse: \$15,000</i>
Health Screening Benefit	<i>Employee: \$50</i> <i>Spouse: \$50</i>

VOLUNTARY BENEFITS



Hospital Indemnity Plan:

You have the option to enhance your medical plan with additional hospital benefits through Aflac. These benefits are designed to provide financial protection in the event of a hospital stay by paying a cash benefit of up to \$1,000 for hospital admission and \$75-150 per day for inpatient and ICU stays. Aflac group hospital indemnity insurance is designed to provide you with cash benefits to help with the following:

- ❖ Hospital Confinement
- ❖ Hospital Admission
- ❖ Hospital Intensive Care
- ❖ Intermediate Intensive Care Step-Down Unit
- ❖ Everyday living expenses, like your rent or mortgage, utility bills, groceries, and more

Hospital Indemnity provides coverage for newborn children for 60 days from the date of birth.

Identity Theft Protection:



The Corix Group of Companies offers you the option to purchase Identity Theft Protection for you and your family members in the unfortunate event you or a loved ones identity is stolen. Identity theft protection will actively monitor your banking/credit, loans, healthcare information, taxes, notify you if there is a breach in security and more. Below are the Identity Theft plan options you may elect:

- ❖ **LifeLock Benefit Elite:** Only available as a deducted payroll benefit, includes millions of transactions per second every day for potential threats to your identity and financial assets, includes screening for misuse of your Social Security number, change of address and court records scanning if your identity was used to commit crimes.
- ❖ **LifeLock Ultimate Plus:** Services include bank account application and takeover alerts, online credit reports and credit scores
- ❖ **LifeLock Junior:** If dependents under age 18 are enrolled, protection helps safeguard your child's Social Security number with proactive identity theft protection designed for children.

Find out more by visiting LifeLock at www.lifelock.com or call 800-416-0599.



VOLUNTARY BENEFITS



Pet Insurance:

The Corix Group of Companies offers employees Pet Insurance, administered by PetFirst. Pet insurance for cats and dogs is offered in the form of property and casualty insurance. Plan coverage options include lifetime accident and illness up to \$20,000 per year, as well as routine care coverage up to \$400 per year. Choose which coverage best suits you and your pet's needs. Visit www.petfirst.com/utilities or call 866-937-7387 to receive a 10% discount for enrolling through the Company. An overview of the benefits that are offered through PetFirst are outlined below:

Plan Name	Premier Accident & Illness	
Coverage	Accidents & Illness (including breed-specific, congenital and chronic)	
Eligible Pets	Cats and Dogs	
Eligible Ages	All ages	
Annual Limit Options (resets each year)	\$2,000	\$5,000
Per-Incident Limit	None	
Reimbursement	90%	
Deductible Options	\$100	\$250

How does PetFirst Pet Insurance work?

- Take your pet to the vet
- Pay your bill
- Send claim form and bill to PetFirst
- Get reimbursement in as little as two weeks



SUPPORT AND GUIDANCE RESOURCES

Employee Assistance Program (EAP)

Problems are just a part of everyday life and Corix Group of Companies wants to provide you resources to deal with them. In addition to the benefits provided under your MetLife Insurance coverage, you and your household members have access to MetLife's completely confidential Employee Assistance Program (EAP), at no cost to you.

The EAP provides you and your dependents access to resources targeted to assist with work/life issues ranging from financial advice to grief counseling. Access to resources and advisors are available online as well as telephonically. The program can assist with identity theft recovery, relationship help, assistance with end-of-life matters, funeral arrangements, family support, addressing grief and financial issues.



How to get started:

- Log on to members.mhn.com and enter the following company code: **metlifeeap**
- Speak with a clinician anytime or schedule an appointment by calling 1-888-319-7819

Support Services in a time of need:

- ❖ 24/7/365 telephone counseling and referral services
- ❖ Three face-to-face sessions with a licensed clinician per incident, per individual, per calendar year
- ❖ Call 1-888-319-7819 anytime to speak with a clinician or to schedule an appointment



Benefits Value Advisor (BVA)

Benefits Value Advisor (BVA) is a consumer advocacy program that guides members through the complex world of health care, at **no cost** to you. BVA helps prompt you to examine and weigh every aspect of your health care decisions. Call the customer service number on the back of your BCBSIL ID card to speak with a Benefits Value Advisor today!

According to BCBS, 90% of members who call BVA prior to having a procedure, resulted in lower cost options for their care. The price between an MRI at two different clinics in the same town can vary by several hundred, or even thousands of dollars. Let the experts do the research for you, saving you time and money.

What Can Blue Value Advisor do for you?

- ❖ Assist in helping you locate doctors and treatment centers and compare costs
- ❖ Connect you with clinical program staff and provide online educational tools to learn more about your condition
- ❖ Coordinate pre-certification procedures
- ❖ Understand claims, explain coverage guidelines, order ID cards and more!

Before your next procedure, call the customer service number on the back of your BCBS member ID card to speak with a Benefits Value Advisor!

PROFESSIONAL CERTIFICATION/LICENSES

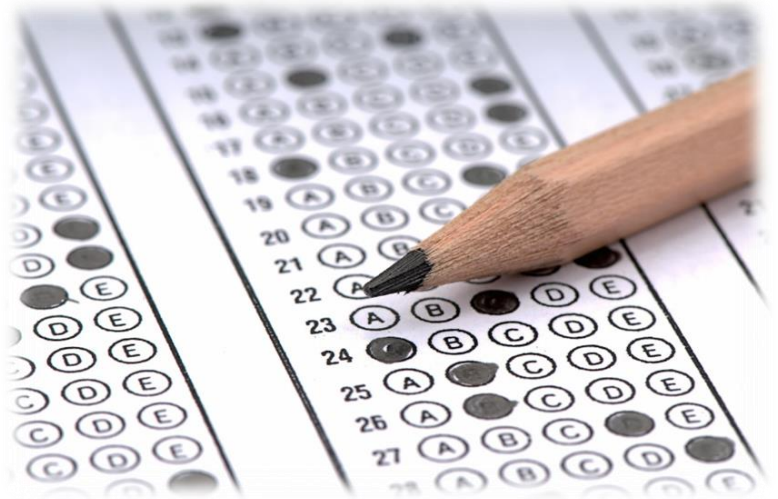
The Company requires certain positions to have the proper license and/or certifications for certain job titles. These requirements are listed on the job description for each position, which are on the WaterMain. Please contact a BU Executive about approval for any professional license or certification not identified below.

Coursework & Training:

The Corix Group of Companies will cover 100% of the costs associated with your first attempt at any job-required or job-related coursework related to obtaining a professional certification or license. This coursework must be approved by a BU Executive prior to any classes being scheduled and/or taken. Should the employee need to retake the course, the cost associated with additional attempts will be the responsibility of the employee.

Exams:

The Company will cover 100% of the costs associated with an employee's first attempt at completing an exam required to successfully obtain a professional certification or license. Should an employee not pass the exam on their first attempt, you will be responsible for the cost of the additional attempts.



Certification/Licensing Pay

Some certifications and/or licenses qualify for additional compensation or "Certification Pay" upon being obtained or re-certified. Certification pay is a one-time payment per qualifying event. Specific certification pay amounts are listed on the WaterMain. In order for an employee to be compensated for their achievement, a BU executive must submit approval via a certification pay check request.

CPA Review & Exam Reimbursement

The Company, at its sole discretion, may agree to reimburse an employee for CPA Review courses and/or CPA Exam fees that are deemed to be beneficial for the employee and the Company. This reimbursement would be subject to the stipulations outlined in the CPA Review & Reimbursement Agreement, found on the WaterMain.

Continuing Education Units or Credits (CEUs or CECs)

The Corix Group of Companies will cover 100% of the costs associated CEUs or CECs needed to maintain a professional license. CEUs or CECs must be approved by a BU Executive to ensure that the license meets a business need or is relevant to that employee's position.

EDUCATION ASSISTANCE

If you are a full-time employee, you may continue your education in a related field, and the Company may reimburse some of the tuition costs. All courses and costs must be pre-approved by the manager and a BU Executive and must be completed on your own time. Once the course is complete, a certified transcript of your grades and the receipts for your expenses must be submitted. You will be reimbursed for the portion of the tuition that was pre-approved on the following course by course basis:

Grade	Reimbursement
A	90% of the pre-approved reimbursement amount
B	75% of the pre-approved reimbursement amount
C	50% of the pre-approved reimbursement amount

In cases where classes are graded on a pass/fail basis, a passing grade will be reimbursed at 90%. To qualify for Education Assistance you must:

- ❖ Advise your manager prior to enrolling for approval of the course
- ❖ Ensure the course is job related and offered by an approved institution
- ❖ Have course and reimbursement approved by a BU Executive prior to the start of the course
- ❖ Receive a passing grade of a “C” or better
- ❖ Have at least one full year of prior service with the Company
- ❖ Sign an agreement stating that if you leave the Company within 12 months of completing the course, you must pay back the amount reimbursed

If you are eligible to receive educational benefits from another source, such as Veterans Administration, the Company will consider some reimbursement of the remaining unpaid amount of your educational expenses.



ADDITIONAL BENEFITS

Paid Time Off (PTO)

Having enough time off to rest, relax and recharge is an important part of a work-life balance. We know employees who take most or all of their vacation time each year perform better, are more productive and more satisfied in their jobs than those who do not. We want to ensure you are well-rested and the most productive you can be. Refer to the accrual schedule below for annual PTO amounts:

Completed Years of Service	Full-Time Annual PTO Accrual	Part-Time Annual PTO Accrual
<1	96 hours prorated from your start date	48 hours prorated from your start date
1	96 hours (12 days)	48 hours (6 days)
2	104 hours (13 days)	52 hours (6.5 days)
3	112 hours (14 days)	56 hours (7 days)
4	120 hours (15 days)	60 hours (7.5 days)
5	128 hours (16 days)	64 hours (8 days)
6	136 hours (17 days)	68 hours (8.5 days)
7	144 hours (18 days)	72 hours (9 days)
8	152 hours (19 days)	76 hours (9.5 days)
9	160 hours (20 days)	80 hours (10 days)
10	168 hours (21 days)	84 hours (10.5 days)
11+	176 hours (22 days)	88 hours (11 days)

*Annual PTO accrual may not exceed 176 hours (22 days). Annual balances, including rollover (up to 5 days) may not exceed 216 hours

Unused PTO Time

If you have unused PTO time remaining at year-end, you may carry up to 5 days (40 hours full-time, 20 hours part time), when otherwise legally required by state or local law. Carry-over must be used the following year and unused roll-over PTO is not paid out upon termination

Terminated Employees

At time of termination, accrued PTO will be calculated by taking the number of full months worked during the current year times the amount of PTO time earned in one month. Any unused time will be prorated and paid upon termination.

Paid Company Holidays:

Corix Group of Companies offers full-time employees eight (8) company paid holidays. Please note that the designated holidays may change each year. The scheduled holidays include:

- ❖ New Year’s Day
- ❖ Independence Day
- ❖ Thanksgiving Day
- ❖ Christmas Eve
- ❖ Memorial Day
- ❖ Labor Day
- ❖ Day after Thanksgiving
- ❖ Christmas Day

ADDITIONAL BENEFITS

J.P.Morgan

401(k) Retirement Savings Plan:

Employer Matching - You are eligible to contribute 100% of your salary up to the IRS maximum through pre-tax payroll deductions to your 401(k) Plan. If you are 50 years of age or older, you are allowed an additional \$6,000 in catch up contributions to the plan. If you elect to contribute to your 401(k) Plan, the company will make a matching to your account. Prior to the beginning of each year, the Company will announce the applicable matching level and cap for that year.

We will match your contributions 100%, dollar for dollar, on the first 3% you contribute to the 401(k) plan. The Company will make an additional matching contribution of \$.50 on every \$1.00 you contribute to the 401(k) Plan up to a maximum contribution on 5% (equal to 4%) of your base annual compensation. If you do not contribute to the 401(k) Plan you will not be eligible for a matching contribution.

Non-Elective Company Contribution - As of January 1, 2019, employees who meet the eligibility requirements of the 401(k) plan will receive a non-elective contribution (NEC) from the Company equal to 3% of their eligible wages which will be deposited into their 401(k) account on a per pay period basis regardless of whether they have made contributions of their own.

Automatic Enrollment – New hires are automatically enrolled in the plan with a default deferral of 3%. A new employee may opt out or increase their deferral at the time of hire. These contributions will begin on the 1st of the month following the completion of one month of service.

Vesting – All contributions made to the 401(k) plan are vested at 100%. This includes both the Employer Matching contributions & 401(k) Non-Elective Company contributions made by the Company.

To enroll, you must login to the JP Morgan website at www.retirementlink.jpmorgan.com. If you are logging in for the first time, you will need your PIN which will be sent to you in the mail a month prior to initial eligibility to your home address. Information can be found on the Watermain in the HR/Payroll drop down under “Benefits”, “Forms” then “401(k).”

Sound Consulting Services Retirement Plan Advisors (SCS)

SCS Retirement offers you free, one-on-one retirement plan consulting and wealth management services. SCS Retirement provide comprehensive investment fiduciary services and are experienced in creating efficient plans for participants.

SCS Retirement Can Help

- ❖ Understanding the investment choices available within your retirement plan
- ❖ Determining your Investment Objective and Risk Tolerance
- ❖ Deciding how much to contribute from your paycheck into your Retirement Plan
- ❖ Investment Allocation based on your needs and Risk Tolerance.

SCS Retirement Provides:

- ❖ Comprehensive Investment Review
- ❖ Complete Retirement Planning
- ❖ College Financial Planning and Estate Planning
- ❖ Individual Retirement Accounts (IRAs)
- ❖ Consolidation of your Investment Accounts

Contact SCS Retirement at: (800) 303-1856 or visit www.scsretirement.com.

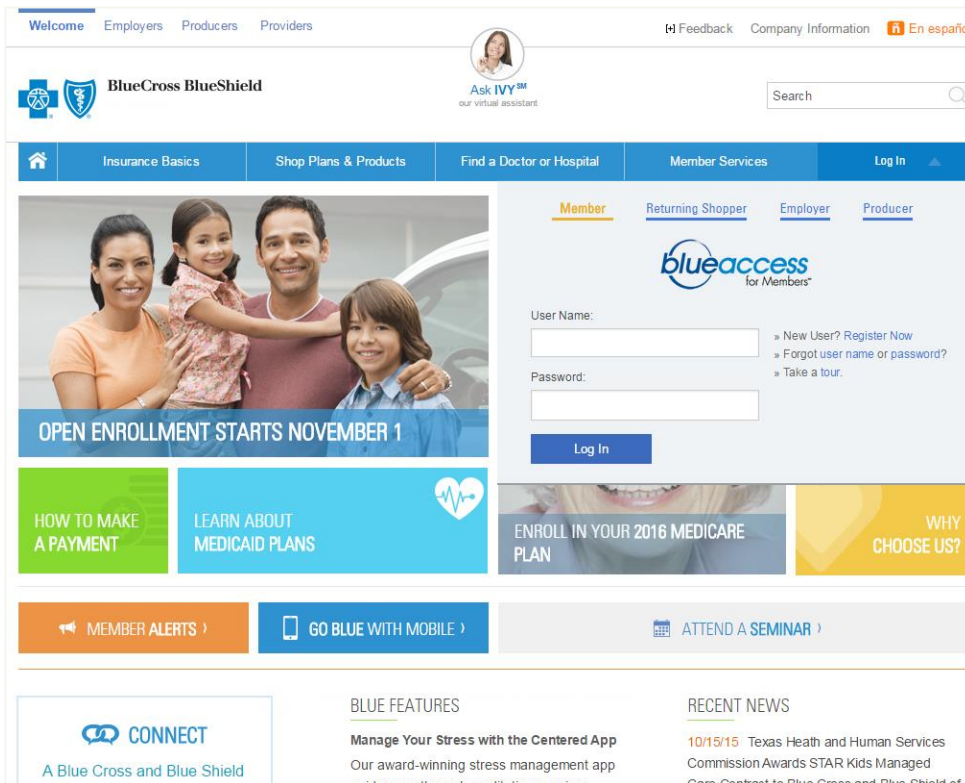
ADDITIONAL RESOURCES



Blue Access for Members (BAM):

If you are enrolled in a BCBSIL medical plan you have access to many of their online resources. Save time with self-service support tools and health and wellness resources on a convenient and secure online site. Below are just a few of the resources you have access to when you register online at bcbsil.com:

- ❖ Check claims and claims history
- ❖ Find an in-network provider
- ❖ Use the cost estimator tool for an expected cost range for your procedure
- ❖ View, save or print Explanation of Benefits (EOBs)
- ❖ Sign up for electronic EOBs, and turn off paper
- ❖ View benefits and covered dependents
- ❖ Check coverage details and Rx benefit information
- ❖ Manage mobile and texting preferences
- ❖ Request new ID cards or print temporary ID cards
- ❖ Access health and wellness information and guides
- ❖ Get details on wellness, discounts, 24/7 Nurseline



Go to bcbsil.com and log in to Blue Access for Members via web or mobile. Click **Register Now** for New Users

To register you will need your Identification number on the front of your ID card OR you can call the Customer Service number on the back of the card



To download the app, go to Google Play, the App Store or text **BCBSILAPP** to **33633**

ADDITIONAL RESOURCES



Well onTarget

Employees and dependents (age 18 and older) who are covered on one of the medical plans offered through BCBSIL have access to the Well OnTarget Fitness program. Well OnTarget provides discounts on gym memberships at over 9,000 fitness centers.

Fitness that Works for you

Well onTarget is available exclusively to BCBSIL members and their covered dependents (age 18 and older). The fitness program provides:

- ❖ **Flexible memberships** - no long-term contract required! Enroll for a one-time fee of \$25 and pay \$25 per month for a membership
- ❖ **Unlimited access** - nationwide network of more than 9,000 participating fitness centers
- ❖ **Online fitness center locator** - locate centers near you and views of your fitness center visits online
- ❖ **Easy online enrollment** - automatic monthly payment withdrawal
- ❖ **Access to discounts** - nationwide complementary and alternative medicine (CAM) network of 40,000 health and well-being providers such as massage therapists, personal trainers and nutrition counselors
- ❖ **Earn Life Points** - each week earn points for regular visits. You will earn a bonus 2,500 Life Points just for joining the program! Redeem points for apparel, books, electronics, health and personal care items, music and sporting goods.

Enroll online today by:

- ❖ logging on to Blue Access for Members (BAM) at bcbsil.com
- ❖ Calling 888-762-BLUE (2583) Monday-Friday 8am-9pm



Travel/Accident Insurance

Corix Group of Companies automatically provides you with travel/accident Insurance, at **no cost** to you, administered by ACE. We want to further financially assist your family members in the event of loss of life while traveling for business. The value of this benefit is based on your position classification outlined below:

Position	Employee	Spouse	Dependents
Operations & Field	\$100,000	\$25,000	\$10,000
Office & Clerical	\$50,000	\$25,000	\$10,000

Policy Number: ADDN01062487

EMPLOYEE CONTRIBUTIONS

All benefit and rate information outlined in this guide can be found on the HR Page of the Company Intranet Website.

Medical Plan Contributions - Preventive Rates

Platinum Plan	Bi-Weekly	Semi-Monthly
Employee Only	\$61.15	\$66.25
Employee + Spouse	\$160.46	\$173.84
Employee + Child(ren)	\$135.06	\$146.31
Family	\$234.01	\$253.52
Gold Plan	Bi-Weekly	Semi-Monthly
Employee Only	\$53.81	\$58.29
Employee + Spouse	\$140.40	\$152.11
Employee + Child(ren)	\$118.18	\$128.03
Family	\$204.76	\$211.83

Medical Plan Contributions - Non-Preventive Rates

Platinum Plan	Bi-Weekly	Semi-Monthly
Employee Only	\$152.36	\$165.05
Employee + Spouse	\$342.88	\$371.45
Employee + Child(ren)	\$226.26	\$245.12
Family	\$416.43	\$415.13
Gold Plan	Bi-Weekly	Semi-Monthly
Employee Only	\$75.67	\$81.97
Employee + Spouse	\$322.82	\$349.72
Employee + Child(ren)	\$209.38	\$226.83
Family	\$387.18	\$419.44

Dental Contributions

PPO Plan	Bi-Weekly	Semi-Monthly
Employee Only	\$3.14	\$3.40
Employee + Spouse	\$6.50	\$7.04
Employee + Child(ren)	\$7.64	\$8.28
Family	\$11.84	\$12.82

IMPORTANT NOTICES

General Notice of COBRA Continuation Rights

This Notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. Please read it carefully.

Introduction

You are receiving this Notice because you have recently become covered (or may soon become covered) under a group health plan (the “Plan”). This Notice contains important information about your rights to COBRA continuation coverage, which is a temporary extension of coverage under the Plan.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event”. Specific qualifying events are listed later in this Notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary”. You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for this coverage. If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct

General Notice of COBRA Continuation Rights Continued

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happen:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both); or,
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- The parent/employee dies;
- The parent/employee’s hours of employment are reduced;
- The parent/employee’s employment ends for any reason other than his or her gross misconduct;
- The parent/employee becomes entitled to Medicare benefits (under Part A, Part B or both);
- The parents become divorced or legally separated; or,
- The child is no longer eligible for coverage under the Plan as a “dependent child”.

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualified event has occurred. When the qualifying event is the end of employment or reduction of hours, disability, death of an employee or the employee’s becoming entitled to Medicare benefits, the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events, such as divorce or legal separation or the dependent child losing eligibility under the Plan, you must notify the Plan Administrator within 60 days of the qualifying event occurring. You must provide this notice, along with any requested documentation to Human Resources

Marriage, Birth, or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption. Example: When you were hired by us, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 31 days from the date of your marriage.

IMPORTANT NOTICES

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualifying beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee becoming entitled to Medicare benefits, divorce or legal separation, or a dependent child losing eligibility under the Plan, COBRA continuation coverage lasts for up to a total of 36 months.

When the qualifying event is the end of employment or reduction in the employee's hours of employment and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. *For example*, if a covered employee becomes entitled to Medicare 8 months before the date on which his or her employment terminates, COBRA continuation coverage for his spouse and dependent children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event. Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and any family members covered under the Plan may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability must have started at some time before the 60th day of COBRA continuation coverage and must last until the end of the 18-month period of coverage. You must provide this notice of disability, along with any requested documentation to Corix Infrastructure.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children can receive up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, provided notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits, becomes divorced or legally separated or if the dependent child is no longer eligible as a dependent child under the Plan, but only if this second event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Questions

Questions concerning your Plan or your COBRA coverage continuation rights should be addressed to the Plan contact. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA) and any other laws or regulations affecting group health plans, contact the nearest regional or district office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) or visit the EBSA website at www.dol.gov/ebsa.

Keep the Plan Informed of Any Address Changes

In order to protect your rights and the rights of your family, you should keep the Plan Administrator informed of any changes in the addresses of covered family members. You should also keep a copy for your records of any notices you send to the Plan Administrator.

Health Insurance Portability and Accountability Act of 1996 - Privacy

The *Health Insurance Portability and Accountability Act of 1996* (HIPAA) requires health plans to maintain the privacy of your health information and to provide you with a notice of the plan's legal duties and privacy practices with respect to your health information. The notice describes how the plan may use or disclose your health information, under what circumstances it may share your health information without your authorization (generally to carry out treatment, payment, or health care operations), and your rights with respect to your health information.

As required by HIPAA, Corix Infrastructure maintains the confidentiality of your health information and has policies and procedures in place to help protect it from improper use and disclosure.

IMPORTANT NOTICES

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice is being provided to insure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his/her employment. If you notify Corix Infrastructure within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Corix Infrastructure and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Corix Infrastructure has determined that the prescription drug coverage offered by the Corix Infrastructure Health and Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Corix Infrastructure coverage will be affected. If you decide to elect Part D coverage, coverage under the Corix Infrastructure plan will end for the individual and all covered dependents if you do decide to join a Medicare drug plan and drop your current Corix Infrastructure coverage, be aware that you and your dependents will not be able to get this coverage back (except during certain open enrollment periods).

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Corix Infrastructure and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

IMPORTANT NOTICES

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. Note that you will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Corix Infrastructure changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Medicaid or CHIP

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

IMPORTANT NOTICES

<p align="center">ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIP (855-692-7447)</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>
<p align="center">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p align="center">IOWA – Medicaid</p> <p>Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Website: https://chfs.ky.gov Phone: 1-800-635-2570</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancpremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462</p>

IMPORTANT NOTICES

NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

IMPORTANT NOTICES

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under this Act. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Newborns' and Mothers' Health Protection Act of 1996

The Newborns' Act and its regulations provide that health plans and insurance issuers may not restrict a mother's or newborn's benefits for a hospital length of stay that is connected to childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. However, the attending provider (who may be a physician or nurse midwife) may decide, after consulting with the mother, to discharge the mother or newborn child earlier. The Newborns' Act, and its regulations, prohibit incentives (either positive or negative) that could encourage less than the minimum protections under the Act as described above.

A mother cannot be encouraged to accept less than the minimum protections available to her under the Newborns' Act and an attending provider cannot be induced to discharge a mother or newborn earlier than 48 or 96 hours after delivery. In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing the length of stay not in excess of 48 hours or 96 hours, as the case may be.

Genetic Information Non-Discrimination Act of 2008 (GINA)

The Genetic Information Non-Discrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family members of the individual, except as specifically allowed by this law. To comply with this law, Corix Infrastructure will generally never require a benefits participant to provide any genetic information when responding to any request for medical information in connection with enrollment in any Corix Infrastructure benefits plan or accessing any of your Corix Infrastructure plan benefits. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic test, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. For more information about GINA, visit www.dol.gov/ebsa/faqs/faq-GINA.html

Uniformed Services Employment & Reemployment Rights Act (USERRA)

The Uniformed Services Employment and Reemployment Rights Act (USERRA) was enacted in 1994 following U.S. military action in the Persian Gulf. USERRA prohibits discrimination against individuals on the basis of membership in the uniformed services with regard to any aspect of employment. Since its enactment, USERRA has been modified and expanded by additional federal laws, such as the Veterans Benefits Improvement Act of 2008.

Maintenance of Benefits During Leave

A person who is reemployed upon returning from completion of uniformed service is entitled to the rights and benefits that he or she would have attained if he or she had remained continuously employed.

Health Benefits

An employer must allow individuals absent due to uniformed services to elect to continue health insurance coverage for themselves and their dependents. Health insurance coverage must be continued until the earlier of:

- 24 months beginning on the date when the absence began; or

- The day after the date the employee fails to apply for return to work following completion of their service.

IMPORTANT NOTICES

Individuals who are absent from work for less than 31 days may not be required to pay more for coverage than the employee share charged to employees that are actively at work. Employers may charge all other individuals no more than 102 percent of the full premium under the plan.

If benefits are cancelled because the employee did not elect to continue coverage or failed to pay premiums, the employer must restore to the employee benefits equivalent to those the employee would have had if leave had not been taken, including family or dependent coverage. The employee cannot be required to serve a new pre-existing condition waiting period, wait for open enrollment or pass a medical examination to obtain reinstatement of coverage.

Exchange Notice

Beginning in 2014, there is a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

The 2019 open enrollment period for health insurance coverage through the Marketplace begins on Nov. 1, 2018 and will end on Dec. 15, 2018. Individuals must have enrolled or changed plans prior to Dec. 15, 2018, for coverage starting as early as Jan. 1, 2018. After Dec. 15, 2018, you can get coverage through the Marketplace for 2019 if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 % of your household income for the year (9.56 % for 2018), or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact or contact your HR department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

IMPORTANT NOTICES

Patient Protection Notice and Selection

Corix Infrastructure allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Humana Resources. For children, you may designate a pediatrician as the primary care provider.

The Mental Health Parity and Addiction Equity Act of 2008

The *Mental Health Parity and Addiction Equity Act of 2008* (MHPAEA) requires group health plans to apply the same treatment limits on mental health or substance-related disorder benefits as they do for medical and surgical benefits. The MHPAEA also extends this parity requirement to inpatient and outpatient services, whether in-network or out-of-network, and to emergency care services and prescription drugs. MHPAEA revised the definition of “mental health benefits” to include substance use disorder benefits. The MHPAEA also requires group health plans to apply the same beneficiary financial requirements to mental health or substance use disorder benefits as they apply for medical and surgical benefits, including limits on deductibles, co-payments and out-of-pocket expenses. Plan administrators are also required to make the criteria for “medical necessity” determinations with respect to mental health and substance use disorder benefits available to plan participants, beneficiaries or providers upon request.

Notice Regarding WSC Preventative Incentive Program

The Water Service Corporation (WSC) Preventative Incentive is a voluntary wellness program based solely on participation. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. WSC does not require employees to participate in the wellness program. Furthermore, participation in the Preventative Incentive wellness program is not a condition for involvement in the health plan.

Upon your initial enrollment in the Water Service Corporation medical plan you have will 60 days to schedule a preventative visit with your medical provider and return the completed Routine Physical Verification Form to HR. While preventative visits are covered annually at no cost to you, Water Service Corporation will only require you to complete a physical with your physician at least once every 3 years. HR will track the expiration date of your form and give you 30 days advanced notice plus a 30 day grace period from the 3-year anniversary date of your last routine physical. Whether you complete a preventative physical once a year, once every other year or once every third year (maximum) is a decision between you and your physician. That decision will likely hinge on several factors including your age, gender, medical history and known health risks. Having a completed, up-to-date verification form on file with HR will ensure your participation in the Preventive Incentive healthcare rates. Without the completed form, your rate will default to the NON-Preventive rates.

Employees who choose to participate in the Preventative Incentive wellness program can receive an incentive which reduces medical premiums. Although you are not required to complete a routine physical as outlined above, only employees who do so will receive the Preventative Incentive premiums for healthcare.

If you or your covered spouse are unable to participate in the routine physical and blood draw, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting WSC HR Generalist Jennifer Ortega at: jortega@uiwater.com.

WSC does not collect or require you to submit any personal health information to the Company in order receive the Preventative Incentive rates. The information from your health assessment and the results from your routine physical and blood draw are to be used between you and your doctor in order to provide you with information to help you understand your current health and potential risks.

IMPORTANT NOTICES

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. The wellness program does not collect, nor will it ever disclose any of your personal information either publicly or to WSC, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) health coaches or others directly involved in the wellness program in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Nate Meyers, HR Director, at (847) 897-6443 or nkmeyers@uiwater.com.

CONTACT INFORMATION

Carrier	Group Number	Phone Number	Website/Email
BCBSIL Medical Plans			
PPO (Platinum) Plan		800-828-3116	www.bcbsil.com
HDHP (Gold) Plan			
MetLife Dental			
Dental	5954815	800-942-0854	www.metlife.com
VSP Vision Plan			
Vision	12159678	800-877-7195	www.vsp.com
MetLife Life & Disability Plans			
Life & Disability STD/LTD	5954815	800-858-6506	www.metlife.com
Aflac Accident/Critical Illness Insurance			
Accident			
Critical Illness	23188	800-992-3522	www.aflac.com
Hospital Indemnity			
LifeLock Identity Theft			
Identity Theft	N/A	800-416-0599	www.lifelock.com
TeleDoc			
TelaDoc	N/A	800-835-2362	www.teladoc.com
Rx 'n Go			
Rx 'n Go	N/A	888-697-9646	www.rxngo.com
Health Advocate			
Health Advocate	N/A	866-695-8622	www.healthadvocate.com
PetFirst Pet Insurance			
Pet Insurance	9999206256	866-937-7387	www.petfirst.com/corix
Discovery Benefits Flexible Spending Accounts (FSA)			
FSA	N/A	866-451-3399	www.discoverybenefits.com
JP Morgan 401(k)			
401(k) Plan	168231-01	855-576-7526	www.retiremlink.jpmorgan.com
MetLife Employee Assistance Program			
LifeWorks EAP	5954815	888-319-7819	www.metlifeeap.lifeworks.com
FLEX Health Savings Account (HSA)			
HSA	N/A	888-345-7990	www.flexiblebenefit.com
SCS Retirement Services			
SCS Retirement	N/A	800-303-1856	www.scsretirement.com
Benefits Value Advisor (BVA)			
Benefits Advisor	N/A	800-828-3116	www.bcbsil.com

CORIX[®]

Group of Companies



2020 Employee Benefits Guide



CORIX[®] Group of Companies



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This benefits guide summarizes the benefit plans offered to eligible employees. Every effort has been made to ensure that the information is presented clearly and accurately. However, this is only a partial list of benefit information. Refer to the provider contracts, policies, descriptions and other materials that constitute the plan's summary plan description (SPD) for more detailed information about the benefits.

In the event of any conflict between the information in this document and the provider contracts or SPDs, such other documents will govern. The Corix Group of Companies reserves the right to change or discontinue these benefits, in whole or in part, at any time. You will be notified if a program is changed or discontinued. This document does not constitute an employment agreement between you and the Company.

DID YOU KNOW?

You have the power to help control benefit costs and save money by:

- Using generic Rx instead of brand name
- Utilizing in-network providers
- Taking advantage of your preventive care benefits
- Knowing where your closest urgent care facility is and only utilizing the emergency room for true emergencies

The benefits program provided to you by the Corix Group of Companies, is designed to offer eligible employees the flexibility to select benefits that best suit their needs. Significant costs are assumed by the Corix Group of Companies as our continuing commitment to provide a comprehensive benefits program for you. This guide provides a broad and brief overview of the various programs being offered to you and your eligible dependents. Eligibility in any given benefit plan is subject to the terms and conditions of that benefit plan. For a complete description of each benefit plan, see the applicable summary plan description (SPD) or certificate of coverage (COC).

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ELIGIBILITY

You are eligible to participate in the Corix Group of Companies Benefit Programs if you are a full-time employee scheduled to work a minimum of 30 hours per week (with the exception of Limited Eligibility noted below). Temporary, seasonal and agency employees are *not* eligible to participate.

If you are eligible to participate in the Corix Group of Companies Benefit Programs, you may also enroll your legal spouse, domestic partner* (same and opposite sex) and dependent child(ren) for coverage. Please ensure you are making your elections carefully when enrolling dependents. A “dependent child” is the subscriber’s or spouse’s natural child, stepchild, foster child or legally adopted child. Children are generally considered dependents until:

- ❖ Age 26
- ❖ Any age, if they are mentally or physically disabled, chiefly dependent on the employee for support, and not capable of self-sustaining employment
- ❖ Age 30 if enlisted in the military



A summary of the benefits offered to you by the company are outlined in this guide. If you do not elect to enroll in coverage during the open enrollment period or when you are first eligible for benefits, you will not be allowed to enroll until the next open enrollment period unless you have a special enrollment event as defined by HIPPA (see “Qualifying Life Events” on the following page).

**If you are enrolling a domestic partner, please contact HR as there may be additional tax implications.*

Limited Eligibility:

An employee classified as part-time scheduled to work less than 30 hours per week and a minimum of 1,000 hours per calendar year, qualifies for participation in the 401(k) plan.

When Coverage Begins:

If you are a new hire, you must enroll in benefits within 31 days of your initial eligibility date. Health benefits begin on the 1st of the month following your hire date. If you fail to elect coverage under one or more of the optional plans within this time will be deemed to have voluntarily waived eligibility for coverage for the entire plan year. Once made, elections are irrevocable and remain in effect for the entire plan year unless a Qualifying Life Event (QLE) change occurs. Enrollment in the employer paid benefits is automatic.

The 401(k) Retirement Plan is effective the 1st of the month following one month of employment.

ENROLLMENT

Qualifying Life Events:

Your initial new hire eligibility period allows you 30 days from your date of hire to submit enrollment forms for the benefits you wish to enroll in. You can change your enrollment during the plan year only when you have a qualifying life event that significantly affects your benefit needs. Life events can include:

- ❖ Marriage or Divorce
- ❖ Birth or adoption of a child or placement of a child for adoption
- ❖ Death of a child or spouse
- ❖ Loss of or obtainment of other coverage
- ❖ Exhausting the maximum period of COBRA coverage

An employee wanting to change elections due to a qualifying life event should contact Human Resources as soon as possible following the event, but no later than 30 days following the event. Appropriate documentation will be required to substantiate a change and must be received within 30 days of the event. Effective date for changes will be the actual date of the event. Any change reported or supporting documentation received after 30 days of the qualifying life event will not be accepted. In such an instance, the next opportunity to make a change will be during the next open enrollment period.

Pre-Tax vs. Post-Tax Benefit Contributions:

Generally, the cost to participate in the Company's Health plans and/or reimbursement accounts is taken from your paycheck on a **pre-tax** basis. This means, you do not pay Federal Income Tax, Social Security Tax, and in most cases state/local taxes on those contributions.

Preventive Incentive:

To promote a health lifestyle, we encourage you to receive a routine annual physical with blood draw at initial eligibility and every 3 years. Having a routine preventive physical is a step toward taking control of your health. If you choose to enroll in our medical plan and complete a routine annual physical, you will be incentivized with lower premium rates. Both medical plans cover your physical and blood draw at 100% with no copay, if you receive this service through an in-network provider.

To qualify for this incentive, you and your spouse (if you choose to cover), must have a routine physical with a blood draw documented with a date of service within 60 days of your insurance becoming effective. A Routine Physical Verification Form must be completed for both you and your spouse by the physician and returned to HR within the given time frame. If the form is not returned, your premiums will increase to the non-preventive rates on the 61st day from the effective date.

MEDICAL BENEFIT SUMMARY

The Corix Group of Companies offers you the option to choose between two medical plans, administered by BlueCross BlueShield of Illinois. The PPO plan provides you the freedom to seek services from the provider of your choice. Certain services may require satisfying a deductible. Once the deductible is met, the plan will begin paying based on a co-share amount known as coinsurance. The out-of-pocket maximum is the most you will spend in a given plan year. Please refer to page 30 for employee contribution amounts.

PPO Plan Benefit Highlights:



BCBS PPO Plan	In-Network	Out-Of-Network
Deductible		
Individual	\$400	\$800
Family	\$1,200	\$2,400
Annual Out-of-Pocket Maximum (deductible embedded)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Covered Services		
Preventive Care	100%	60% after deductible
Primary Care Office Visit	\$20 copay	60% after deductible
Specialist Office Visit	\$20 copay	60% after deductible
Urgent Care	80% after deductible	60% after deductible
Diagnostic Tests	80% after deductible	60% after deductible
Emergency Room (copay waived if admitted)	80% after \$200 copay	
Inpatient Hospital Services	80% after deductible	60% after deductible
Outpatient Hospital Services	80% after \$20 copay/office visit	60% after deductible
Rehabilitation/Habilitation Services	80% after deductible	60% after deductible
Retail Prescription Drugs (34 days retail)		
Generic	\$10 copay	\$10 copay+25% coinsurance
Formulary brand name drugs	25% coinsurance Min: \$25 copay Max: \$75 copay	50% coinsurance Min: \$25 copay Max: \$75 copay
Non-formulary brand name drugs	50% coinsurance Min: \$25 copay Max: \$75 copay	75% coinsurance Min: \$25 copay Max: \$75 copay
Specialty	50% coinsurance Max: \$250 copay	Not Covered
Mail Order Prescription Drugs (90 days mail order)		
Generic	\$20 copay	\$20 copay+25% coinsurance
Formulary brand name drugs	25% coinsurance Min: \$50 copay Max: \$150 copay	50% coinsurance Min: \$50 copay Max: \$150 copay
Non-formulary brand name drugs	50% coinsurance Min: \$50 copay Max: \$150 copay	75% coinsurance Min: \$50 copay Max: \$150 copay
Specialty	50% coinsurance Max: \$500 copay	Not Covered

MEDICAL BENEFIT SUMMARY

The Corix Group of Companies offers you the option to elect the HDHP Plan. This plan is a qualified High Deductible Health Plan, meaning you are eligible to contribute to a Health Savings Account (HSA) account with pre-tax dollars if you choose to do so. Refer to page 18 for additional information on HSAs. Please refer to page 30 for employee contribution amounts.

HDHP Plan Benefit Highlights:



BCBS HDHP Plan	In-Network	Out-Of-Network
Deductible		
Individual	\$1,500	\$4,500
Family	\$3,000	\$13,500
Annual Out-of-Pocket Maximum (deductible embedded)		
Individual	\$6,000	\$12,000
Family	\$12,000	\$24,000
Covered Services		
Preventive Care	100%	70% after deductible
Primary Care Office Visit	90% after deductible	70% after deductible
Specialist Office Visit	90% after deductible	70% after deductible
Urgent Care	90% after deductible	70% after deductible
Diagnostic Tests	90% after deductible	70% after deductible
Emergency Room (copay waived if admitted)	90% after deductible	
Inpatient Hospital Services	90% after deductible	70% after deductible
Outpatient Hospital Services	90% after deductible	70% after deductible
Rehabilitation/Habilitation Services	90% after deductible	70% after deductible
Retail Prescription Drugs (34 days retail)		
Generic	90% after deductible	70% after deductible
Formulary brand name drugs	90% after deductible	70% after deductible
Non-formulary brand name drugs	90% after deductible	70% after deductible
Specialty	50% after deductible Max: \$250 copay	Not Covered
Mail Order Prescription Drugs (90 days mail order)		
Generic	90% after deductible	70% after deductible
Formulary brand name drugs	90% after deductible	70% after deductible
Non-formulary brand name drugs	90% after deductible	70% after deductible
Specialty	50% after deductible Max: \$500 copay	Not Covered

TelaDoc Benefit Highlight:

The Corix Group of Companies offers you and your eligible dependents enrolled in a medical plan access to TelaDoc. TelaDoc allows you to talk to a doctor anytime and anywhere by phone or video consult. TelaDoc is **free (no copay)** to you and offers a convenient service that you and eligible dependents can access for consultations and treatment (including prescriptions) for a wide variety of medical conditions without leaving your home. If necessary, doctors can prescribe medication over the phone for you to pick up at a pharmacy most convenient to you. Visit TelaDoc's website at www.TelaDoc.com or call 1-800-Teladoc to request a consultation.

Speak with a physician with no copay!

- ❖ **Feel better faster** - TelaDoc provides you access to U.S. board certified physicians who can resolve most non-urgent medical issues via phone or online video
- ❖ **Available when you need care** - convenient alternative to urgent care or ER visits; access a physician anywhere, anytime, 24 hours a day, 7 days a week, 365 days a year
- ❖ **An alternative you can trust** - pay less to feel better quicker with a \$0 copay and the convenience of not leaving your home

How to sign up?

- ❖ Visit the TelaDoc website at www.TelaDoc.com and click on "Set Up Account" to begin the registration process. Remember to register in order to use this service when you are sick.
- ❖ Enter your first name, last name, date of birth, zip code, email and gender and click "continue"
- ❖ Follow the directions online to complete the account setup phase and provide your medical history

Request a Visit

- ❖ Visit the TelaDoc website and click "Request a Visit"
- ❖ Select the type of consult you would like to have
- ❖ Talk to a doctor within one hour of setting up your consultation



RX 'N GO AND HEALTH ADVOCACY BENEFITS

Rx 'n Go



The Corix Group of Companies allows you and your enrolled dependents the opportunity to receive **free** generic maintenance medication by utilizing the Rx 'n Go mail order pharmacy service. Rx 'n Go offers a comprehensive listing of nearly 1,200 available generic maintenance medications. By filling your generic maintenance medication through Rx 'n Go, the Company will pay the entire cost of the medication. A ninety (90) day supply of medication will arrive directly at your home address or designated delivery location.

Please consult with your physician or health care provider if you are not currently taking a generic medication to determine if any of the prescriptions offered through the Rx 'n Go pharmacy may be an option.

Interested plan members are required to have their health care provider submit a complete Rx 'n Go prescription order form via email or fax (or the member may mail the original order form via regular mail). Please visit the Benefits folder on the WaterMain Intranet site to locate these forms.



DENTAL BENEFIT SUMMARY

The Corix Group of Companies offers you and your families a Dental PPO Plan administered by MetLife. You are eligible to participate in the dental plan within 31 days of eligibility. Benefits begin the 1st of the month following your hire date. The DPPO plan offers you the option to visit any licensed dentist or specialist without prior approval in or out-of-network for covered services. You do not have to designate a primary care dentist. You will generally save on the cost of covered dental care when you utilize an in-network dentist. Please refer to page 30 for employee contribution amounts. Below you will find a high level overview of the Dental Plan offered to you:



Dental PPO Benefit Highlights:

MetLife Dental PPO	In-Network	Out-Of-Network
Deductible (applies to Basic/Major)		
Individual		\$50
Family		\$100
Annual Benefit Maximum		
		\$1,750
Preventive Covered Services (Type A)		
Oral Examinations		100%
Cleanings		100%
Fluoride (children under 18)		100%
Bitewing and Full Mouth X-rays		100%
Sealants		100%
Basic Covered Services (Type B)		
Amalgam (silver) Fillings		80% after deductible
Composite Fillings		80% after deductible
Space Maintainers (1 per lifetime to age 16)		80% after deductible
Extractions (Non-surgical and Complex)		80% after deductible
Periodontics (scaling, root planning, surgery)		80% after deductible
Endodontics		80% after deductible
General Anesthesia		80% after deductible
Major Covered Services (Type C)		
Inlays/Onlays		50% after deductible
Crowns		50% after deductible
Full/Partial Dentures		50% after deductible
Prosthetic Maintenance/Repairs		50% after deductible
Bridges		50% after deductible
Implants		50% after deductible
Orthodontia Services (Type D) – Children 19 and Under		
Coinsurance		50%
Lifetime Benefit Maximum		\$1,500

VISION BENEFITS

The Corix Group of Companies offers you vision benefits administered by VSP at **no cost** to you. VSP offers you the option to see any licensed eye care professional. However, you will receive the highest level of benefits if you utilize an in-network provider. Vision coverage is effective on the 1st of the month following your date of hire. *Please note:* VSP does *not* provide ID cards.

Vision Benefit Highlights:



VSP Vision Plan	In-Network Copay	Out-Of-Network Reimbursement
Exams		
Optometrist	\$10	Up to \$25
Ophthalmologist	\$10	Up to \$25
Lenses		
Single Vision	\$25	Up to \$30
Bifocal	\$25	Up to \$35
Trifocal	\$25	Up to \$45
Frames		
Frames	\$130 allowance, 20% off remaining balance	Up to \$45
Contact Lenses		
Elective	\$130 retail allowance	Up to \$105
Medically Necessary	Covered	Up to \$210
Frequency		
Exams	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	
Frames (Children, excluding college students)	Once every 12 months	
Contact Lenses	Once every 12 months	



BASIC LIFE AND AD&D INSURANCE

The Corix Group of Companies provides all eligible employees Basic Life and Accidental Death and Dismemberment insurance effective the 1st of the month following your date of hire. While insured under this provision, your beneficiary will be paid a sum of two (2) times your base annual salary to a maximum of \$750,000. Evidence of insurability is required on amounts greater than \$650,000.

If, while covered under AD&D, you are accidentally injured and that injury is independent of illness and all other causes, then you will be paid a benefit based on the nature of the loss. The maximum benefit is an amount equal to two (2) times your base annual salary to a maximum of \$750,000.

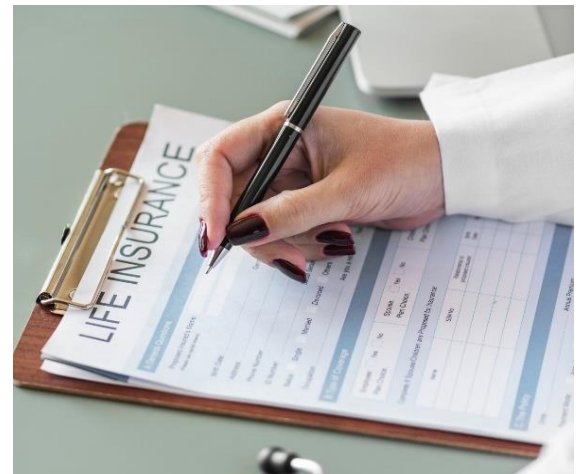


When Basic Life/AD&D Insurance Applies:

The Corix Group of Companies provides employees a valuable Basic Term Life/AD&D plan, through MetLife. You must be actively at work on the date coverage is scheduled to become effective; otherwise, the effective date is delayed until you return to full-time active work.

Basic Life Insurance provides a benefit should you die of any cause. If employment terminates, employees may opt for conversion. The Basic Life benefit includes an accelerated benefit option. You may be eligible to receive the accelerated benefit if you have 24 months or less to live. In which case you may receive up to 80% of your coverage, to a maximum of \$500,000.

Basic AD&D Insurance provides a benefit amount should you suffer the loss of life, sight, hand, or foot caused by an accidental bodily injury.



Things to think about:

- Life insurance and AD&D provides family members peace of mind by helping meet immediate financial needs arising from loss or injury of an employee.
- Employee's who have spouses electing similar coverage through their employer may wish to compare plans to determine the best coverage and most affordable rate.

Age Reductions Apply:

- Basic life insurance includes an age reduction benefit formula in accordance with the Age Discrimination and Employment Act (ADEA)
- At the age of 65 benefits will be reduced by 35% of the benefit amount. At the age of 70 basic benefits will be reduced by 50% of the benefit amount. All coverage terminates at retirement.

VOLUNTARY LIFE INSURANCE

The Corix Group of Companies offers you the option to purchase additional Life/AD&D insurance to supplement your basic benefits. Voluntary Life/AD&D insurance is available for you, your spouse and/or your child(ren) at group rates on a post-tax basis, allowing the benefit to be tax-free. Employees must purchase coverage for themselves before they are able to purchase coverage for dependents. If you are a newly eligible employee, you may enroll yourself as well as eligible dependents without evidence of insurability up to the guarantee issue level listed below. Any amount above your guarantee issue level will require evidence of insurability. Both benefits are portable upon termination. Requests to port this benefit must be made to HR within 30 days of your termination.

The table below illustrates a summary of these benefits. Please note that MetLife requires the purchase of coverage in stated increments.



Voluntary Life/AD&D Benefit Highlights:

	Voluntary Life Benefit Amounts
Employee	\$10,000 increments up to a maximum of \$500,000
Spouse	\$5,000 increments up to a maximum of \$150,000 not to exceed 50% of the employees elected amount
Child(ren)	15 days to 6 months old: \$1,000 6 months and older: Options of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
Guarantee Issue*	<i>Employee: \$200,000</i> <i>Spouse: \$50,000</i>

***Guarantee issue:** the amount of coverage you are eligible to purchase during your initial enrollment period without providing evidence of “good health”. However, if you do not enroll when initially eligible, you will be required to provide evidence of “good health” for any amount elected.



DISABILITY INSURANCE

The Corix Group of Companies provides all eligible employees short term and long term disability insurance at **no cost** to you, administered by MetLife. Disability insurance is provided in the unfortunate event you become disabled and unable to work. Eligibility for these plans is an employee's 31st day of employment.

Short Term Disability Insurance (STD):



STD insurance provides paid leave for off-the-job illness or injury. To qualify for Short Term Disability, you must file a claim with MetLife and submit written proof of your disability from a treatment provider. You may also need to provide MetLife with additional medical records concerning the details of your disability. Once approved, STD claims are paid by the Company. An outline of the STD benefit offered to you is below:

Employees Hired on or After 1/1/2017:

Short Term Disability Benefit	
Benefit	60% of your weekly earnings up to 26 weeks
Elimination Period	0 days accident / 8 days illness

Employees Hired on or Before 12/31/2016:

Completed Years of Service	Short Term Disability Benefit
0-5 Years	60% of your weekly earnings up to 26 weeks
6 Years	65% of your weekly earnings up to 26 weeks
7 Years	70% of your weekly earnings up to 26 weeks
8 Years	75% of your weekly earnings up to 26 weeks
9 Years	80% of your weekly earnings up to 26 weeks
10 Years	85% of your weekly earnings up to 26 weeks
11 Years	90% of your weekly earnings up to 26 weeks
12+ Years	100% of your weekly earnings up to 26 weeks
Elimination Period	0 days accident / 8 days illness

Long Term Disability Insurance (LTD):

In order to qualify for Long Term Disability insurance, you must satisfy all requirements set forth by MetLife during the application process. In the event of disability, it is suggested that you begin the application process to receive benefits no later than your twelfth week of continuous disability to ensure sufficient time for review. An outline of the LTD benefit offered to you is below:

Long Term Disability Benefit	
Monthly Benefit Amount	60% of pre-disability earnings
Maximum Monthly Benefit	\$10,000/month
Elimination Period	180 days or until the end of the STD maximum benefit period
Own Occupation Period	24 months

PARENTAL LEAVE AND ADOPTION BENEFIT

The Corix Group of Companies provides full-time eligible employees who have completed one year of service, up to six weeks of parental leave paid at 100% following the birth of an employee's child or the placement of a child with an employee in connection with adoption or foster care. The purpose of paid parental leave is to enable the employee to care for and bond with a newborn or newly adopted or newly placed child. This policy will run concurrently with Family and Medical Leave Act (FMLA) leave, as applicable.



Parental Leave Highlights:

- ❖ You will not receive more than six weeks of paid parental leave in a rolling 12-month period, regardless of whether more than one birth, adoption, or foster care placement event occurs within that 12-month time frame.
- ❖ Approved Parental Leave begins on the day the child is born* or adopted and must be taken within 90 calendar days of that event. Parental Leave can be taken in increments of no less than one hour (for hourly employees) or one half day (for salaried employees).
- ❖ Any leave beyond 6 weeks provided for Parental Leave will be covered as outlined under STD and will require completion of a Certification of Healthcare Provider Form.
- ❖ You must provide your manager or HR with notice of the request at least 30 days prior to the proposed date of leave or, if the leave was not foreseeable, as soon as possible. You will be required to complete all necessary HR forms to substantiate your request.
- ❖ The Company has the exclusive right to interpret this policy
- ❖ If you are on an unrelated STD leave when parental leave would begin, the guidelines for the STD benefit supersede those for parental leave.

*When complications or pre-mature birth occur and require extended hospitalization of a new born child, the 90-day parental leave eligibility period will begin on the date of discharge from the hospital. Documentation and HR approval required.

Adoption Benefit

Adoption benefits are available to full-time employees after one year of service. The adopted child must be 17 years of age or younger unless the child is physically or mentally incapable of caring for himself or herself. Eligible adoption related expenses* will be reimbursed as they are incurred during the adoption process up to a maximum of \$5,000 per child.

*Adoption related expenses include lawyer fees, private and/or public agency fees, foreign adoption fees, temporary foster care charges, transportation costs, counseling fees associated with placement and costs related to pre-placement visitation.



FLEXIBLE SPENDING ACCOUNTS (FSA)

Our Health Care Flexible Spending Account (FSA) and Dependent Care Account (DCA) administered by Discovery Benefits, allows you the option to use pre-tax dollars to reimburse yourself for a wide variety of health and/or dependent care expenses that are not covered through your other benefit plans. You may **not** contribute to a FSA account if you are contributing to a HSA account. You must re-enroll in the FSA each year if you would like to contribute for the next plan year. Your elections will not roll over.

Health Care Flexible Spending Account:



The Health Care FSA reimburses you for eligible healthcare FSA expenses incurred by yourself, your spouse and your dependents. This account can be used to pay for qualified medical, dental or vision expenses not covered by your insurance. Physician office visit and prescription copays are some examples of qualified expenses. Please note you may **not** contribute to the Health Care FSA account if you are contributing to a HSA account. You may contribute up to the 2020 federal maximum limit of \$2,700.

Dependent Care Flexible Spending Account:

With the Dependent Care Flexible Spending Account, you may contribute up to the 2020 federal maximum limit of \$5,000 each year on a pre-tax basis. The Dependent Care FSA can help you pay for work-related care of your eligible dependents, such as day care, after school care and elder care. This account is designed to help you pay for dependent care while you are at work or looking for work. This limit will be reduced to \$2,500 if you are married and filing separate tax returns.

Limited Purpose FSA:

If you contribute to the HDHP plan and are contributing to a Health Savings Account, you are only eligible to contribute to a Limited Purpose FSA plan, up to the Federal IRS maximum. A Limited Purpose FSA allows you to set aside pre-tax dollars to cover out-of-pocket expenses **only** pertaining to dental, vision and preventive care. Your funds may be used for expenses incurred by you, your spouse or eligible dependents. Common eligible expenses are dental copays, vision copays and prescription glasses.

Eligible Health Care FSA Expenses:

- Laser eye surgery
- Prescription drugs
- Copays and coinsurance
- Deductibles
- Dental expenses
- Dermatology
- Eye exams, lenses, frames and contacts
- Hearing aids
- Cosmetic surgery to correct a medical condition
- Acupuncture
- Alcoholism and drug treatment center
- Artificial limbs and teeth
- Chiropractic care
- Insulin
- Smoking cessation Programs
- Wheelchairs

Deadline to Submit Claims:

Any dollar amount not reimbursed for expenses during the plan year will be forfeited. This is known as the “use it or lose it” rule. There is a grace period from January 1, 2021 through March 15, 2021 to incur expenses for the 2020 plan year. The deadline to submit all claims for the 2019 plan year is March 31, 2020.

Please note: Your election and contribution into an FSA plan is binding for the entire plan year and only a qualifying life event will allow you to change your election.

HEALTH SAVINGS ACCOUNT (HSA)



What is a Health Savings Account?

With an HSA, the unused dollars are yours to keep (even if you move out of the plan) to apply towards eligible medical, dental and vision expenses or to maintain as a retirement account. If you participate in a qualified High Deductible Health Plan, you are eligible to contribute to a Health Savings Account (HSA), administered by Flexible Benefits. The HSA plan is a consumer driven health plan that provides you the opportunity to build your retirement savings through unused contributed funds.

Who is Eligible for an HSA?

You are eligible to contribute to a Health Savings Account if:

- ❖ You are enrolled in a high-deductible health plan
- ❖ You are not covered under another medical plan that is not a high-deductible health plan
- ❖ You are not entitled to (eligible and enrolled) Medicare benefits

What are the Advantages to Participate?

Cost Savings:

- ❖ The Tax Benefits – money is set aside of a pre-tax basis
- ❖ HSA Contributions are excluded from federal income tax
- ❖ Interest earnings and withdrawals are tax-exempt
- ❖ Reduction in medical employee premium contributions.

Long-Term Financial Benefits:

- ❖ Save for future medical expenses. After age 65, the money can be used for anything with no penalties if used for unqualified medical expenses. The money is taxed as ordinary income and remains tax-free if withdrawn for medical expenses.
- ❖ Funds roll over year to year
- ❖ Fully-portable, meaning you can take the account with you if you leave the company

You may contribute up to the 2020 federal maximums listed below:

- ❖ **Single Coverage:** \$3,550
- ❖ **Family Coverage:** \$7,100
- ❖ **Catch-Up Contribution for 55+:** \$1,000

For a full list of eligible medical expenses, refer to the IRS website at: www.irs.gov



VOLUNTARY BENEFITS



Accident Advantage Plus Insurance:

Corix Group of Companies offers you the option to purchase Accident Advantage Plus Insurance, administered by Aflac. Accident insurance is designed to help covered employees meet their out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. A lump sum benefit is paid regardless of any other insurance plans you are enrolled. Accident insurance pays a benefit to you if an accident occurs either on or off the job. Coverage of the plan is portable, meaning you may take the plan with you if you leave or retire from your job. You have the option to elect coverage for you and your family. Please refer to the table below for benefit amounts.

Accident Advantage Plus - Benefit Amounts	
Paralysis (Quadriplegia/Paraplegia)	\$10,000/\$5,000
Torn/Severed Tendon or Ligament	\$400 single/\$600 multiple
Concussion	\$200
Coma (lasting 30 days)	\$10,000
Hospital Admission	\$1,000
Hospital Confinement (per day)	\$200
Hospital Intensive Care (per day)	\$400
Emergency Room	\$200
Ambulance (Ground/Air)	\$200 / \$1,000



Critical Illness Advantage Insurance:

Corix Group of Companies offers you the option to purchase Critical Illness Advantage insurance, administered by Aflac. Critical Illness insurance provides you extra money to help cover expenses incurred due to a critical illness. A few examples of qualified critical illnesses covered under the plan are: invasive cancer, heart attack, stroke and major organ transplant. The proceeds of your approved claim may be used towards whatever you wish. Coverage of the plan is portable, meaning you may take the plan with you if you leave or retire from your job. You may elect coverage for your spouse and dependent(s) not to exceed 50% of your own election. Please refer to the table below for benefit amounts and rate information.

Critical Illness Advantage - Benefit Amounts	
Benefit Amounts	<i>Employee: \$5,000 - \$30,000</i> <i>Spouse: \$5,000 - \$15,000; not to exceed 50% of employee's face amount</i> <i>Child: Up to 50% of the employee's face amount</i>
Guaranteed Issue	<i>Employee: \$30,000</i> <i>Spouse: \$15,000</i>
Health Screening Benefit	<i>Employee: \$50</i> <i>Spouse: \$50</i>

VOLUNTARY BENEFITS



Hospital Indemnity Plan:

You have the option to enhance your medical plan with additional hospital benefits through Aflac. These benefits are designed to provide financial protection in the event of a hospital stay by paying a cash benefit of up to \$1,000 for hospital admission and \$75-150 per day for inpatient and ICU stays. Aflac group hospital indemnity insurance is designed to provide you with cash benefits to help with the following:

- ❖ Hospital Confinement
- ❖ Hospital Admission
- ❖ Hospital Intensive Care
- ❖ Intermediate Intensive Care Step-Down Unit
- ❖ Everyday living expenses, like your rent or mortgage, utility bills, groceries, and more
- ❖ Hospital Indemnity provides coverage for newborn children for 60 days from the date of birth.

Identity Theft Protection:



The Corix Group of Companies offers you the option to purchase Identity Theft Protection for you and your family members in the unfortunate event you or a loved ones identity is stolen. Identity theft protection will actively monitor your banking/credit, loans, healthcare information, taxes, notify you if there is a breach in security and more. Below are the Identity Theft plan options you may elect:

- ❖ **LifeLock Benefit Elite:** Only available as a deducted payroll benefit, includes millions of transactions per second every day for potential threats to your identity and financial assets, includes screening for misuse of your Social Security number, change of address and court records scanning if your identity was used to commit crimes.
- ❖ **LifeLock Ultimate Plus:** Services include bank account application and takeover alerts, online credit reports and credit scores
- ❖ **LifeLock Junior:** If dependents under age 18 are enrolled, protection helps safeguard your child's Social Security number with proactive identity theft protection designed for children.

Find out more by visiting LifeLock at www.lifelock.com or call 800-416-0599.



VOLUNTARY BENEFITS



Pet Insurance:

The Corix Group of Companies offers employees Pet Insurance, administered by PetFirst. Pet insurance for cats and dogs is offered in the form of property and casualty insurance. Plan coverage options include lifetime accident and illness up to \$20,000 per year, as well as routine care coverage up to \$400 per year. Choose which coverage best suits you and your pet's needs. Visit www.petfirst.com/utilities or call 866-937-7387 to receive a 10% discount for enrolling through the Company. An overview of the benefits that are offered through PetFirst are outlined below:

Plan Name	Premier Accident & Illness	
Coverage	Accidents & Illness (including breed-specific, congenital and chronic)	
Eligible Pets	Cats and Dogs	
Eligible Ages	All ages	
Annual Limit Options (resets each year)	\$2,000	\$5,000
Per-Incident Limit	None	
Reimbursement	90%	
Deductible Options	\$100	\$250

How does PetFirst Pet Insurance work?

- Take your pet to the vet
- Pay your bill
- Send claim form and bill to PetFirst
- Get reimbursement in as little as two weeks



SUPPORT AND GUIDANCE RESOURCES

Employee Assistance Program (EAP)

Problems are just a part of everyday life and Corix Group of Companies wants to provide you resources to deal with them. In addition to the benefits provided under your MetLife Insurance coverage, you and your household members have access to MetLife's completely confidential Employee Assistance Program (EAP), at no cost to you.

The EAP provides you and your dependents access to resources targeted to assist with work/life issues ranging from financial advice to grief counseling. Access to resources and advisors are available online as well as telephonically. The program can assist with identity theft recovery, relationship help, assistance with end-of-life matters, funeral arrangements, family support, addressing grief and financial issues.



How to get started:

- Log on to metlifegc.lifeworks.com and enter the following username: **metlifeeap** and password: **eap**
- Speak with a clinician anytime or schedule an appointment by calling 1-888-319-7819

Support Services in a time of need:

- ❖ 24/7/365 telephone counseling and referral services
- ❖ Three face-to-face sessions with a licensed clinician per incident, per individual, per calendar year
- ❖ Call 1-888-319-7819 anytime to speak with a clinician or to schedule an appointment



Benefits Value Advisor (BVA)

Benefits Value Advisor (BVA) is a consumer advocacy program that guides members through the complex world of health care, at **no cost** to you. BVA helps prompt you to examine and weigh every aspect of your health care decisions. Call the customer service number on the back of your BCBSIL ID card to speak with a Benefits Value Advisor today!

According to BCBS, 90% of members who call BVA prior to having a procedure, resulted in lower cost options for their care. The price between an MRI at two different clinics in the same town can vary by several hundred, or even thousands of dollars. Let the experts do the research for you, saving you time and money.

What Can Blue Value Advisor do for you?

- ❖ Assist in helping you locate doctors and treatment centers and compare costs
- ❖ Connect you with clinical program staff and provide online educational tools to learn more about your condition
- ❖ Coordinate pre-certification procedures
- ❖ Understand claims, explain coverage guidelines, order ID cards and more!

Before your next procedure, call the customer service number on the back of your BCBS member ID card to speak with a Benefits Value Advisor!

PROFESSIONAL CERTIFICATION/LICENSES

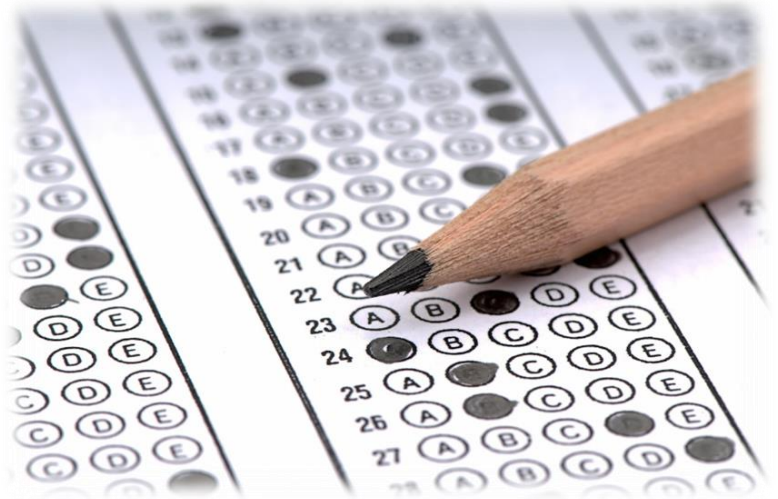
The Company requires certain positions to have the proper license and/or certifications for certain job titles. These requirements are listed on the job description for each position, which are on the WaterMain. Please contact a BU Executive about approval for any professional license or certification not identified below.

Coursework & Training:

The Corix Group of Companies will cover 100% of the costs associated with your first attempt at any job-required or job-related coursework related to obtaining a professional certification or license. This coursework must be approved by a BU Executive prior to any classes being scheduled and/or taken. Should the employee need to retake the course, the cost associated with additional attempts will be the responsibility of the employee.

Exams:

The Company will cover 100% of the costs associated with an employee's first attempt at completing an exam required to successfully obtain a professional certification or license. Should an employee not pass the exam on their first attempt, you will be responsible for the cost of the additional attempts.



Certification/Licensing Pay

Some certifications and/or licenses qualify for additional compensation or "Certification Pay" upon being obtained or re-certified. Certification pay is a one-time payment per qualifying event. Specific certification pay amounts are listed on the WaterMain. In order for an employee to be compensated for their achievement, a BU executive must submit approval via a certification pay check request.

CPA Review & Exam Reimbursement

The Company, at its sole discretion, may agree to reimburse an employee for CPA Review courses and/or CPA Exam fees that are deemed to be beneficial for the employee and the Company. This reimbursement would be subject to the stipulations outlined in the CPA Review & Reimbursement Agreement, found on the WaterMain.

Continuing Education Units or Credits (CEUs or CECs)

The Corix Group of Companies will cover 100% of the costs associated CEUs or CECs needed to maintain a professional license. CEUs or CECs must be approved by a BU Executive to ensure that the license meets a business need or is relevant to that employee's position.

EDUCATION ASSISTANCE

If you are a full-time employee, you may continue your education in a related field, and the Company may reimburse some of the tuition costs. All courses and costs must be pre-approved by the manager and a BU Executive and must be completed on your own time. Once the course is complete, a certified transcript of your grades and the receipts for your expenses must be submitted. You will be reimbursed for the portion of the tuition that was pre-approved on the following course by course basis:

Grade	Reimbursement
A	90% of the pre-approved reimbursement amount
B	75% of the pre-approved reimbursement amount
C	50% of the pre-approved reimbursement amount

In cases where classes are graded on a pass/fail basis, a passing grade will be reimbursed at 90%. To qualify for Education Assistance you must:

- ❖ Advise your manager prior to enrolling for approval of the course
- ❖ Ensure the course is job related and offered by an approved institution
- ❖ Have course and reimbursed approved by a BU Executive prior to the start of the course
- ❖ Receive a passing grade of a “C” or better
- ❖ Have at least one full year of prior service with the Company
- ❖ Sign an agreement stating that if you leave the Company within 12 months of completing the course, you must pay back the amount reimbursed

If you are eligible to receive educational benefits from another source, such as VeteransAdministration, the Company will consider some reimbursement of the remaining unpaid amount of your educational expenses.



ADDITIONAL BENEFITS

Paid Time Off (PTO)

Having enough time off to rest, relax and recharge is an important part of a work-life balance. We know employees who take most or all of their vacation time each year perform better, are more productive and more satisfied in their jobs than those who do not. We want to ensure you are well-rested and the most productive you can be. Refer to the accrual schedule below for annual PTO amounts:

Completed Years of Service	Hours Accrued Per Bi-Weekly Period	Hours Accrued Per Semi-Monthly Period	Annual PTO Hours (Days Available)
Less than 2 Years	5.54	6.00	144 hours (18 days)
2 to 5 Years	6.15	6.67	160 hours (20 days)
6 to 8 Years	7.69	8.33	200 hours (25 days)
9 to 10 Years	8.31	9.00	216 hours (27 days)
11 to 14 Years	8.92	9.67	232 hours (29 days)
15 to 24 Years	9.23	10.00	240 hours (30 days)
25+ Years	9.85	10.67	256 hours (32 days)

*Annual PTO accrual may not exceed 256 hours (32 days). Annual balances, including rollover (up to 5 days) may not exceed 296 hours.

Unused PTO Time

If you have unused PTO time remaining at year-end, you may carry up to 5 days (40 hours full-time, 20 hours part time), when otherwise legally required by state or local law. Carry-over must be used the following year and unused roll-over PTO is not paid out upon termination

Terminated Employees

At time of termination, any accrued, unused PTO will be pro-rated (through your last full pay period worked) and paid out on your final check. For employees voluntarily terminating, PTO cannot be used during the two-week notice period, as the employee is typically required to work during this time, train their replacement, or perform other duties as required.

Paid Company Holidays:

Corix Group of Companies offers full-time employees eleven (11) company paid holidays, including 2 Floating Holidays*. Please note that the designated holidays may change each year. The scheduled holidays include:

- ❖ New Year's Day
- ❖ Memorial Day
- ❖ Labor Day
- ❖ Christmas Eve
- ❖ Martin Luther King Day
- ❖ Independence Day
- ❖ Thanksgiving Day
- ❖ Christmas Day
- ❖ Day after Thanksgiving
- ❖ 2 Floating Holidays

*Two additional days (16 hours) provided as a substitute for a public holiday to be taken on a date chosen by the employee and approved by her/his manager. Floating holidays must be used within the calendar year and do not carry over.

ADDITIONAL BENEFITS



401(k) Retirement Savings Plan:

Plan Eligibility – You become eligible to make Elective Deferral Contributions, receive Safe Harbor Matching Contributions and Non-Elective Contributions as of the first of the month following the date you attain age 21 and you complete 1 month of service, measured from your date of hire, provided that you are an Eligible Employee as of that date.

Active Enrollment – If you are logging in for the first time, you will need your PIN which will be sent to your home address by mail a month prior to initial eligibility. To enroll, you must login to the JP Morgan website at www.retirementlink.jpmorgan.com. Additional information can be found on the WaterMain in the HR/Payroll drop down under “Benefits”, “Forms” then “401(k).”

Employee Contributions – You may elect to make a contribution to the Plan on a pre-tax basis and/or on an after-tax Roth basis. These pre-tax and/or after-tax Roth contributions are known as Elective Deferral Contributions. You may elect to defer up to 100% of your Compensation on a pre-tax basis and/or after-tax Roth basis.

Automatic Enrollment – New hires are automatically enrolled in the plan with a default deferral of 3%. A new employee may opt out or increase their deferral at the time of hire. These contributions will begin through a payroll deduction on the 1st of the month following the completion of one month of service.

Employer Matching - You are eligible to contribute 100% of your salary up to the IRS maximum through pre-tax payroll deductions to your 401(k) Plan. If you are 50 years of age or older, you are allowed an additional \$6,000 in catch up contributions to the plan. If you elect to contribute to your 401(k) Plan, the company will make a matching contribution to your account. Prior to the beginning of each year, the Company will announce the applicable matching level and cap for that year.

We will match your contributions 100%, dollar for dollar, on the first 3% you contribute to the 401(k) plan. The Company will make an additional matching contribution of \$.50 on every \$1.00 you contribute to the 401(k) Plan up to a maximum contribution on 5% (equal to 4%) of your base annual compensation. If you do not contribute to the 401(k) Plan you will not be eligible for a matching contribution.

Non-Elective Company Contribution - As of January 1, 2019, employees who meet the eligibility requirements of the 401(k) plan will receive a non-elective contribution (NEC) from the Company equal to 3% of their eligible wages which will be deposited into their 401(k) account on a per pay period basis regardless of whether they have made contributions of their own.

Vesting – All contributions made to the 401(k) plan are vested at 100%. This includes both the Employer Matching contributions & 401(k) Non-Elective Company contributions made by the Company.

ADDITIONAL RESOURCES

Sound Consulting Services Retirement Plan Advisors (SCS):

SCS Retirement offers you free, one-on-one retirement plan consulting and wealth management services. SCS Retirement provide comprehensive investment fiduciary services and are experienced in creating efficient plans for participants.

SCS Retirement Can Help:

- ❖ Understanding the investment choices available within your retirement plan
- ❖ Determining your Investment Objective and Risk Tolerance
- ❖ Deciding how much to contribute from your paycheck into your Retirement Plan
- ❖ Investment Allocation based on your needs and Risk Tolerance

SCS Retirement Provides:

- ❖ Comprehensive Investment Review
- ❖ Complete Retirement Planning
- ❖ College Financial Planning and Estate Planning
- ❖ Individual Retirement Accounts (IRAs)
- ❖ Consolidation of your Investment Accounts

Contact SCS Retirement at: (425) 454-4015 or visit www.scsretirement.com.

Blue Access for Members (BAM):

If you are enrolled in a BCBSIL medical plan you have access to many of their online resources. Save time with self-service support tools and health and wellness resources on a convenient and secure online site. Below are just a few of the resources you have access to when you register online at bcbsil.com:

- ❖ Check claims and claims history
- ❖ Find an in-network provider
- ❖ Use the cost estimator tool for an expected cost range for your procedure
- ❖ View, save or print Explanation of Benefits (EOBs)
- ❖ Sign up for electronic EOBs, and turn off paper
- ❖ View benefits and covered dependents
- ❖ Check coverage details and Rx benefit information
- ❖ Manage mobile and texting preferences
- ❖ Request new ID cards or print temporary ID cards
- ❖ Access health and wellness information and guides
- ❖ Get details on wellness, discounts, 24/7 Nurseline

Go to bcbsil.com and log in to Blue Access for Members via web or mobile. Click **Register Now** for New Users

To register you will need your Identification number on the front of your ID card OR you can call the Customer Service number on the back of the card.



To download the app, go to Google Play, the App Store or text **BCBSILAPP** to **33633**

ADDITIONAL RESOURCES



Well onTarget

Employees and dependents (age 18 and older) who are covered on one of the medical plans offered through BCBSIL have access to the Well onTarget Fitness program. Well onTarget provides discounts on gym memberships at over 9,000 fitness centers.

Fitness that Works for you

Well onTarget is available exclusively to BCBSIL members and their covered dependents (age 18 and older). The fitness program provides:

- ❖ **Flexible memberships** - no long-term contract required! Enroll for a one-time fee of \$25 and pay \$25 per month for a membership
- ❖ **Unlimited access** - nationwide network of more than 9,000 participating fitness centers
- ❖ **Online fitness center locator** - locate centers near you and views of your fitness center visits online
- ❖ **Easy online enrollment** - automatic monthly payment withdrawal
- ❖ **Access to discounts** - nationwide complementary and alternative medicine (CAM) network of 40,000 health and well-being providers such as massage therapists, personal trainers and nutrition counselors
- ❖ **Earn Life Points** - each week earn points for regular visits. You will earn a bonus 2,500 Life Points just for joining the program! Redeem points for apparel, books, electronics, health and personal care items, music and sporting goods.

Enroll online today by:

- ❖ logging on to Blue Access for Members (BAM) at bcbsil.com
- ❖ Calling 888-762-BLUE (2583) Monday-Friday 8am-9pm



Travel/Accident Insurance

Corix Group of Companies automatically provides you with travel/accident Insurance, at **no cost** to you, administered by ACE. We want to further financially assist your family members in the event of loss of life while traveling for business. The value of this benefit is based on your position classification outlined below:

Position	Employee	Spouse	Dependents
Operations & Field	\$100,000	\$25,000	\$10,000
Office & Clerical	\$50,000	\$25,000	\$10,000

Policy Number: ADDN01062487

ADDITIONAL RESOURCES

PerkSpot Discount Program

Corix offers you the option to save money on items that you may already be using! PerkSpot is a one-stop-shop discount program that provides you with exclusive discounts at hundreds of national and local merchants. Access your perks at hays.perkspot.com and browse dozens of categories that fit your lifestyle.

Your discount program is a one-stop-shop for **exclusive discounts** at hundreds of national and local merchants!



access your perks at
HAYS.PERKSPOT.COM

Dozens of great categories like



HOTELS



COMPUTERS



TICKETS



CELL PHONES



RESTAURANTS



AUTOMOTIVE



APPAREL



TOYS & KIDS



GIFTS



WELLNESS

and many more!

EMPLOYEE CONTRIBUTIONS

All benefit and rate information outlined in this guide can be found on the HR Page of the Company Intranet Website.

Medical Plan Contributions - Preventive Rates

PPO Plan	Bi-Weekly	Semi-Monthly
Employee Only	\$64.02	\$69.36
Employee + Spouse	\$165.28	\$179.05
Employee + Child(ren)	\$139.11	\$150.70
Family	\$241.03	\$261.12
HDHP Plan	Bi-Weekly	Semi-Monthly
Employee Only	\$56.23	\$60.92
Employee + Spouse	\$144.62	\$156.67
Employee + Child(ren)	\$121.72	\$131.87
Family	\$210.90	\$228.48

Medical Plan Contributions - Non-Preventive Rates

PPO Plan	Bi-Weekly	Semi-Monthly
Employee Only	\$148.21	\$160.56
Employee + Spouse	\$333.65	\$361.46
Employee + Child(ren)	\$223.30	\$241.90
Family	\$409.41	\$443.53
HDHP Plan	Bi-Weekly	Semi-Monthly
Employee Only	\$77.28	\$83.72
Employee + Spouse	\$313.00	\$339.08
Employee + Child(ren)	\$205.91	\$223.07
Family	\$379.28	\$410.89

Dental Contributions

PPO Plan	Bi-Weekly	Semi-Monthly
Employee Only	\$3.36	\$3.64
Employee + Spouse	\$6.96	\$7.54
Employee + Child(ren)	\$8.18	\$8.86
Family	\$12.67	\$13.72

IMPORTANT NOTICES

General Notice of COBRA Continuation Rights

This Notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. Please read it carefully.

Introduction

You are receiving this Notice because you have recently become covered (or may soon become covered) under a group health plan (the “Plan”). This Notice contains important information about your rights to COBRA continuation coverage, which is a temporary extension of coverage under the Plan.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event”. Specific qualifying events are listed later in this Notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary”. You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for this coverage. If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct

General Notice of COBRA Continuation Rights Continued

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happen:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both); or,
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- The parent/employee dies;
- The parent/employee’s hours of employment are reduced;
- The parent/employee’s employment ends for any reason other than his or her gross misconduct;
- The parent/employee becomes entitled to Medicare benefits (under Part A, Part B or both);
- The parents become divorced or legally separated; or,
- The child is no longer eligible for coverage under the Plan as a “dependent child”.

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualified event has occurred. When the qualifying event is the end of employment or reduction of hours, disability, death of an employee or the employee’s becoming entitled to Medicare benefits, the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events, such as divorce or legal separation or the dependent child losing eligibility under the Plan, you must notify the Plan Administrator within 60 days of the qualifying event occurring. You must provide this notice, along with any requested documentation to Human Resources

Marriage, Birth, or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption. Example: When you were hired by us, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 31 days from the date of your marriage.

IMPORTANT NOTICES

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualifying beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee becoming entitled to Medicare benefits, divorce or legal separation, or a dependent child losing eligibility under the Plan, COBRA continuation coverage lasts for up to a total of 36 months.

When the qualifying event is the end of employment or reduction in the employee's hours of employment and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. *For example*, if a covered employee becomes entitled to Medicare 8 months before the date on which his or her employment terminates, COBRA continuation coverage for his spouse and dependent children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event. Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and any family members covered under the Plan may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability must have started at some time before the 60th day of COBRA continuation coverage and must last until the end of the 18-month period of coverage. You must provide this notice of disability, along with any requested documentation to Corix Infrastructure.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children can receive up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, provided notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits, becomes divorced or legally separated or if the dependent child is no longer eligible as a dependent child under the Plan, but only if this second event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Questions

Questions concerning your Plan or your COBRA coverage continuation rights should be addressed to the Plan contact. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA) and any other laws or regulations affecting group health plans, contact the nearest regional or district office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) or visit the EBSA website at www.dol.gov/ebsa.

Keep the Plan Informed of Any Address Changes

In order to protect your rights and the rights of your family, you should keep the Plan Administrator informed of any changes in the addresses of covered family members. You should also keep a copy for your records of any notices you send to the Plan Administrator.

Health Insurance Portability and Accountability Act of 1996 - Privacy

The *Health Insurance Portability and Accountability Act of 1996* (HIPAA) requires health plans to maintain the privacy of your health information and to provide you with a notice of the plan's legal duties and privacy practices with respect to your health information. The notice describes how the plan may use or disclose your health information, under what circumstances it may share your health information without your authorization (generally to carry out treatment, payment, or health care operations), and your rights with respect to your health information.

As required by HIPAA, Corix Infrastructure maintains the confidentiality of your health information and has policies and procedures in place to help protect it from improper use and disclosure.

IMPORTANT NOTICES

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice is being provided to insure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his/her employment. If you notify Corix Infrastructure within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Corix Infrastructure and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Corix Infrastructure has determined that the prescription drug coverage offered by the Corix Infrastructure Health and Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Corix Infrastructure coverage will be affected. If you decide to elect Part D coverage, coverage under the Corix Infrastructure plan will end for the individual and all covered dependents if you do decide to join a Medicare drug plan and drop your current Corix Infrastructure coverage, be aware that you and your dependents will not be able to get this coverage back (except during certain open enrollment periods).

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Corix Infrastructure and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

IMPORTANT NOTICES

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. Note that you will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Corix Infrastructure changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Medicaid or CHIP

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

IMPORTANT NOTICES

<p align="center">ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIP (855-692-7447)</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>
<p align="center">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p align="center">IOWA – Medicaid</p> <p>Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Website: https://chfs.ky.gov Phone: 1-800-635-2570</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancpremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462</p>

IMPORTANT NOTICES

NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

IMPORTANT NOTICES

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under this Act. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Newborns' and Mothers' Health Protection Act of 1996

The Newborns' Act and its regulations provide that health plans and insurance issuers may not restrict a mother's or newborn's benefits for a hospital length of stay that is connected to childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. However, the attending provider (who may be a physician or nurse midwife) may decide, after consulting with the mother, to discharge the mother or newborn child earlier. The Newborns' Act, and its regulations, prohibit incentives (either positive or negative) that could encourage less than the minimum protections under the Act as described above.

A mother cannot be encouraged to accept less than the minimum protections available to her under the Newborns' Act and an attending provider cannot be induced to discharge a mother or newborn earlier than 48 or 96 hours after delivery. In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing the length of stay not in excess of 48 hours or 96 hours, as the case may be.

Genetic Information Non-Discrimination Act of 2008 (GINA)

The Genetic Information Non-Discrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family members of the individual, except as specifically allowed by this law. To comply with this law, Corix Infrastructure will generally never require a benefits participant to provide any genetic information when responding to any request for medical information in connection with enrollment in any Corix Infrastructure benefits plan or accessing any of your Corix Infrastructure plan benefits. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic test, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. For more information about GINA, visit www.dol.gov/ebsa/faqs/faq-GINA.html

Uniformed Services Employment & Reemployment Rights Act (USERRA)

The Uniformed Services Employment and Reemployment Rights Act (USERRA) was enacted in 1994 following U.S. military action in the Persian Gulf. USERRA prohibits discrimination against individuals on the basis of membership in the uniformed services with regard to any aspect of employment. Since its enactment, USERRA has been modified and expanded by additional federal laws, such as the Veterans Benefits Improvement Act of 2008.

Maintenance of Benefits During Leave

A person who is reemployed upon returning from completion of uniformed service is entitled to the rights and benefits that he or she would have attained if he or she had remained continuously employed.

Health Benefits

An employer must allow individuals absent due to uniformed services to elect to continue health insurance coverage for themselves and their dependents. Health insurance coverage must be continued until the earlier of:

- 24 months beginning on the date when the absence began; or

- The day after the date the employee fails to apply for return to work following completion of their service.

IMPORTANT NOTICES

Individuals who are absent from work for less than 31 days may not be required to pay more for coverage than the employee share charged to employees that are actively at work. Employers may charge all other individuals no more than 102 percent of the full premium under the plan.

If benefits are cancelled because the employee did not elect to continue coverage or failed to pay premiums, the employer must restore to the employee benefits equivalent to those the employee would have had if leave had not been taken, including family or dependent coverage. The employee cannot be required to serve a new pre-existing condition waiting period, wait for open enrollment or pass a medical examination to obtain reinstatement of coverage.

Exchange Notice

Beginning in 2014, there is a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

The 2020 open enrollment period for health insurance coverage through the Marketplace begins on Nov. 1, 2019 and will end on Dec. 15, 2019. Individuals must have enrolled or changed plans prior to Dec. 15, 2019, for coverage starting as early as Jan. 1, 2019. After Dec. 15, 2019, you can get coverage through the Marketplace for 2020 if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.78% of your household income for the year (9.86% for 2019), or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact or contact your HR department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

IMPORTANT NOTICES

Patient Protection Notice and Selection

Corix Infrastructure allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Humana Resources. For children, you may designate a pediatrician as the primary care provider.

The Mental Health Parity and Addiction Equity Act of 2008

The *Mental Health Parity and Addiction Equity Act of 2008* (MHPAEA) requires group health plans to apply the same treatment limits on mental health or substance-related disorder benefits as they do for medical and surgical benefits. The MHPAEA also extends this parity requirement to inpatient and outpatient services, whether in-network or out-of-network, and to emergency care services and prescription drugs. MHPAEA revised the definition of “mental health benefits” to include substance use disorder benefits. The MHPAEA also requires group health plans to apply the same beneficiary financial requirements to mental health or substance use disorder benefits as they apply for medical and surgical benefits, including limits on deductibles, co-payments and out-of-pocket expenses. Plan administrators are also required to make the criteria for “medical necessity” determinations with respect to mental health and substance use disorder benefits available to plan participants, beneficiaries or providers upon request.

Notice Regarding WSC Preventative Incentive Program

The Water Service Corporation (WSC) Preventative Incentive is a voluntary wellness program based solely on participation. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. WSC does not require employees to participate in the wellness program. Furthermore, participation in the Preventative Incentive wellness program is not a condition for involvement in the health plan.

Upon your initial enrollment in the Water Service Corporation medical plan you have will 60 days to schedule a preventative visit with your medical provider and return the completed Routine Physical Verification Form to HR. While preventative visits are covered annually at no cost to you, Water Service Corporation will only require you to complete a physical with your physician at least once every 3 years. HR will track the expiration date of your form and give you 30 days advanced notice plus a 30 day grace period from the 3-year anniversary date of your last routine physical. Whether you complete a preventative physical once a year, once every other year or once every third year (maximum) is a decision between you and your physician. That decision will likely hinge on several factors including your age, gender, medical history and known health risks. Having a completed, up-to-date verification form on file with HR will ensure your participation in the Preventive Incentive healthcare rates. Without the completed form, your rate will default to the NON-Preventive rates.

Employees who choose to participate in the Preventative Incentive wellness program can receive an incentive which reduces medical premiums. Although you are not required to complete a routine physical as outlined above, only employees who do so will receive the Preventative Incentive premiums for healthcare.

If you or your covered spouse are unable to participate in the routine physical and blood draw, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting WSC HR Generalist Jennifer Ortega at: jortega@uiwater.com.

WSC does not collect or require you to submit any personal health information to the Company in order receive the Preventative Incentive rates. The information from your health assessment and the results from your routine physical and blood draw are to be used between you and your doctor in order to provide you with information to help you understand your current health and potential risks.

IMPORTANT NOTICES

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. The wellness program does not collect, nor will it ever disclose any of your personal information either publicly or to WSC, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) health coaches or others directly involved in the wellness program in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Nate Meyers, HR Director, at (847) 897-6443 or nkmeyers@uiwater.com.

CONTACT INFORMATION

Carrier	Group Number	Phone Number	Website/Email
BCBSIL Medical Plans			
PPO Plan	PG2979	800-828-3116	www.bcbsil.com
HDHP Plan	PG2984		
MetLife Dental			
Dental	5954815	800-942-0854	www.metlife.com
VSP Vision Plan			
Vision	12159678	800-877-7195	www.vsp.com
MetLife Life & Disability Plans			
Life & Disability STD/LTD	5954815	800-858-6506	www.metlife.com
Aflac Accident/Critical Illness Insurance			
Accident Critical Illness Hospital Indemnity	23188	800-992-3522	www.aflac.com
LifeLock Identity Theft			
Identity Theft	N/A	800-416-0599	www.lifelock.com
TeleDoc			
TelaDoc	N/A	800-835-2362	www.teladoc.com
Rx 'n Go			
Rx 'n Go	N/A	888-697-9646	www.rxngo.com
Health Advocate			
Health Advocate	N/A	866-695-8622	www.healthadvocate.com
PetFirst Pet Insurance			
Pet Insurance	9999206256	866-937-7387	www.petfirst.com/utilities
Discovery Benefits Flexible Spending Accounts (FSA)			
FSA	N/A	866-451-3399	www.discoverybenefits.com
JP Morgan 401(k)			
401(k) Plan	168231-01	855-576-7526	www.retirementlink.jpmorgan.com
MetLife Employee Assistance Program			
LifeWorks EAP	5954815	888-319-7819	www.metlifeeap.lifeworks.com
Discovery Benefits Health Savings Account (HSA)			
HSA	N/A	866-451-3399	www.discoverybenefits.com
Sound Consulting Services			
Sound Consulting Services	N/A	800-303-1856	www.scsretirement.com
Benefits Value Advisor (BVA)			
Benefits Advisor	N/A	800-828-3116	www.bcbsil.com

GLOSSARY OF TERMS

Copayment

- ❖ The amount you pay to the provider each time you receive a service

Deductible

- ❖ The amount of eligible expenses you must pay each year before the plan begins to pay benefits

Coinsurance

- ❖ The portion of eligible medical expenses for which you have financial responsibility in excess of the plan's deductible.

Maximum Out-of-Pocket

- ❖ This term defines the maximum limit you pay for eligible services, out of your own pocket in a given calendar year

Participating Provider

- ❖ A health care provider (including doctors, hospitals, labs and urgent care facilities) that is a member of the Blue Cross Blue Shield network

Non-Participating Provider

- ❖ A health care provider that is not a member of the Blue Cross Blue Shield network.

Summary Plan Description

- ❖ A detailed document that describes your medical, dental, vision, critical illness, life, accidental death and dismemberment, and disability benefits for covered participants.



CORIX[®]

Group of Companies

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

17. List separately the budgeted and actual numbers of full- and part-time employees by employee group, by month and by year, for 2016 through 2020.

Response: Please see the attached file labeled “*Response to Staff DR 1.17 - Employee Headcount*” for the Company’s response.

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

18. Provide complete details of Other Post-retirement Employee Benefits package(s) offered by Water Service Corporation and its affiliates.

Response: Neither Water Service Corporation nor its affiliates offers Other Post-Retirement Employee Benefits packages.

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

19. Provide all current labor contracts and the most recent contracts previously in effect.

Response: Water Service Corporation of Kentucky does not have any labor contracts.

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

20. Provide a copy of each group medical insurance policy that Water Service Corporation and its affiliates currently maintain.

Response: Please refer to the 2020 Benefits Guide provided in response to Staff DR 1.16.

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

21. List each property leased to Water Service Kentucky and state the amount of the annual lease payment.

Response: Please see below:

<u>Vendor</u>	<u>Annual Lease Payment</u>	<u>Lease</u>
416F2 Caterpillar Backhoe Loader	\$ 19,870	Backhoe Rental
416F2 Caterpillar Backhoe Loader	\$ 19,870	Backhoe Rental
RAILROAD MANAGEMENT CO. IV LLC	\$ 10,757	Railroad Easements
Lou Edith Yeary	\$ 6,365	Warehouse Rental

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

22. Provide a calculation of federal and state income tax expense, including a reconciliation of book to taxable income for 2019 and 2020 in the format provided in Schedule 22, as shown at the end of this Appendix.

Response: Please see the attached file entitled "Response to Staff DR 1.22 - Schedule 22 Federal Taxes 2019".

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

23. a. Provide each service agreement or contract that Water Service Kentucky has with an affiliate company.
- b. Describe the pricing policies of Water Service Kentucky and its affiliates regarding affiliate company transactions.

- Response:
- a. Please see the attached file labeled “Response to Staff DR 1.23 – Water Service Corporation of Kentucky Agreement”.
- b. Please refer to “Appendix B” in the file provided in response to Staff DR 1.23a. Also, refer to the “Allocations” direct testimony provided by Company Witness Lubertozi as well as Company Witness Shawn Elicegui’s direct testimony. Witness Baryenbruch also developed a cost comparison study to assess the reasonableness of costs allocated to WSCK.

Witness – Rob Guttormsen

AGREEMENT

Agreement dated December 19, 2007 between Water Service Corp., a Delaware corporation (hereinafter called the "**Service Company**") and Water Service Corporation of Kentucky (hereinafter called the "**Operating Company**");

WHEREAS, both the Service Company and the Operating Company are subsidiaries of or affiliated with Utilities, Inc., an Illinois corporation (hereinafter called the "**Parent**"); and

WHEREAS, the Service Company maintains an organization which includes among its officers and employees, persons who are familiar with the development, business and property of the Operating Company and are experienced in the conduct, management, financing, construction, accounting and operation of water and sewer properties and are qualified to be of great aid and assistance to the Operating Company through the services to be performed under this Agreement; and

WHEREAS, the Service Company has or proposes to enter into agreements similar to this Agreement with certain affiliated water and/or sewer companies (hereinafter referred to collectively as the "**Operating Companies**"); and

WHEREAS, the services to be rendered under this Agreement are to be rendered at cost and without profit to the Service Company;

NOW, THEREFORE, in consideration of the premises and the mutual agreements herein contained, the parties hereto agree as follows:

The Service Company will furnish to the Operating Company, upon the terms and conditions hereinafter set forth, the following services:

- A. EXECUTIVE: The principal executive officers of the Service Company, such as the Chairman of the Board, President and Vice Presidents, and Treasurer will assist and advise the Operating Company in respect to corporate, financial, operating, engineering, organization, regulatory, and other

problems. They will keep themselves informed in regard to the operation, maintenance and financial condition of, and other matters relating to, the Operating Company through contacts with the officers, directors and other representatives of the Operating Company. Such officers of the Service Company will visit the property of the Operating Company when necessary to the proper furnishing of the services provided for in this Agreement. They will also supervise the personnel of the Service Company to the end that services under this Agreement shall be performed efficiently, economically and satisfactorily to the Operating Company.

- B. ENGINEERING: The Service Company will supply engineering services as required in all areas of design, construction, operation and management of the Operating Company.
- C. OPERATING: The Service Company will furnish competent personnel to perform and/or control all normal operating functions, including pumping, treatment, and distribution as well as maintenance of all equipment and facilities. These responsibilities will include testing and record keeping to insure compliance with all state and local regulatory agency requirements.
- D. ACCOUNTING: The Service Company will provide total accounting service, including bookkeeping, payroll, tax determination, financial statement preparation, budgets, credit, P.S.C. annual reports, etc. Periodic analyses will be made for purposes of planning and measurement of efficiency.
- E. LEGAL: The Service Company will employ general counsel as necessary to advise and assist it in the performance of the services herein provided for and to aid the operating company in all matters where such assistance may be desired.
- F. BILLING AND CUSTOMER RELATIONS: The Service Company will handle all billing and collections. It will serve as the link between the customer and

the Operating Company in all areas such as new accounts, deposits, meter reading, inquiries, and complaints.

G. CONSTRUCTION: The Service Company will perform directly or supervise all construction, including customer connections, meter installations, main extensions, plant expansions, or capital additions of any nature as required by the Operating Company.

H. ALL OTHER SERVICES AS PROVIDED FOR IN APPENDIX A: In addition to items (A) through (G), the Service Company will employ or provide personnel to perform the attached services, or in the instance of assets, liabilities, and associated non-cash items, has incurred costs associated with providing service to the corporate headquarters, regional areas, or to all operating companies as a whole. The allocated costs from these services will be for costs attributable to all operating companies, costs attributable to the Service Company, or for costs that cannot, without excessive effort and expense, be directly identified and related to services rendered to a particular operating company.

In consideration for the services to be rendered by the Service Company as hereinabove provided, the Operating Company agrees to pay to the Service Company the cost of said services. Said cost shall not include a markup for profit. In addition, the investment in the Service Company rate base, including depreciation, amortization, interest on debt and a return on the equity invested.

All costs of the Service Company, including salaries and other expenses, incurred in connection with services rendered by the Service Company for the Operating Companies which can, without excessive effort or expense, be identified and related to services rendered to a particular Operating Company, shall be charged directly to such company. Examples of such costs to be directly allocated include salary and other expenses incurred for specific projects such as rate cases, construction projects, legal proceedings, etc. Similarly, all such costs which may be identified and related to

services rendered to a particular group of the Operating Companies shall be charged directly to such group of the Operating Companies.

All such costs which, because of their nature, cannot, without excessive effort or expense, be identified and related to services rendered to a particular Operating Company, shall be allocated among all the Operating Companies, in the manner hereinafter set forth.

First, the allocable costs shall be distributed on a monthly basis, unless the Parent should elect to make a supplementary analysis for a special purpose.

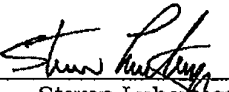
Secondly, these costs will be prorated on the basis of the proportion of active Equivalent Residential Customers ("ERCs") served by the Operating Company to the total number of active ERCs served by the Parent and its affiliates (including, without limitation, the Operating Company), determined as of the end of each month. For purposes of this Agreement, the number of ERCs attributable to each water and sewer connection maintained by the Parent and its affiliates (including, without limitation, the Operating Company) will be determined by applying the formulae set forth in Appendix B.

The Service Company will also at any time, upon request of the Operating Company, furnish to it any and all information required by the Operating Company or by any governmental authorities having jurisdiction over the Operating Company with respect to the services rendered by the Service Company hereunder, the cost thereof and the allocation of such cost among the Operating Companies. In the case of services in connection with construction, the Service Company will, to the extent practicable, furnish to the Operating Company such information as shall be necessary to permit the allocation of charges for such services to particular work orders.

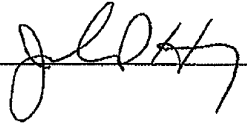
This Agreement shall be in full force and effect from the date as hereinabove mentioned and shall continue in full force and effect until termination by either of the parties hereto upon ninety days notice in writing.

IN WITNESS WHEREOF, the Service Company and the Operating Company have caused these presence to be signed in their respective corporate names by their respective Presidents or Vice Presidents, and attest by their respective Secretaries or Assistant Secretaries, all as of the day and year first above written.

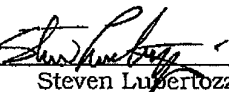
Water Service Corporation

BY  _____
Steven Luberzozzi
Vice President and Chief Financial
Officer

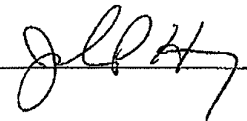
Attest

 _____

Water Service Corporation of Kentucky

BY  _____
Steven Luberzozzi
Vice President and Chief Financial
Officer

Attest

 _____

**AFFILIATE AGREEMENT
APPENDIX A**

The following list includes expense accounts at the Water Service Corporation level which have dollars booked to them and allocated to all Utilities, Inc. operating companies at a business unit level.

JDE Object Number	Account Description
5505	Agency Expense
5525	Bill Stock
5530	Billing Computer Supplies
5535	Billing Envelopes
5540	Billing Postage
5545	Customer Service Printing
5625	401K/ESOP Contributions
5630	Dental Premiums
5635	Dental Ins Reimbursements
5640	Emp Pensions & Benefits
5645	Employee Ins Deductions
5650	Health Costs & Other
5655	Health Ins Reimbursements
5660	Other Emp Pensions/Benefits
5665	Pension Contributions
5670	Term Life Ins
5675	Term Life Ins - Opt
5680	Depend Life Ins - Opt
5685	Supplemental Life Ins
5690	Tuition
5700	Insurance - Vehicle
5705	Insurance - Gen Liab
5710	Insurance - Workers Comp
5715	Insurance - Other
5735	Computer Maintenance
5740	Computer Supplies
5745	Computer Amort & Prog Cost
5750	Internet Supplier
5755	Microfilming
5760	Website Development
5785	Advertising/Marketing
5790	Bank Service Charges
5795	Contributions
5800	Letter of Credit Fee
5805	License Fees
5810	Memberships
5815	Penalties/Fines
5820	Traveling Expense
5825	Other Misc Expense
5855	Answering Service
5855	Answering Service
5860	Cleaning Supplies
5865	Copy Machine
5870	Holiday Events/Picnics
5875	Kitchen Supplies
5880	Office Supply Stores
5885	Printing/Blueprints
5890	Publ Subscriptions/Tapes
5895	Shipping Charges
5900	Other Office Expenses
5930	Office Electric
5935	Office Gas
5940	Office Water
5945	Office Telecom
5950	Office Garbage Removal
5955	Office Landscape / Mow / Plow
5960	Office Alarm Sys Phone Exp
5965	Office Maintenance
5970	Office Cleaning Service
5975	Office Machine/Heat&Cool
5980	Other Office Utilities
5985	Telemetering Phone Expense
6005	Accounting Studies
6010	Audit Fees
6015	Employ Finder Fees
6020	Engineering Fees
6025	Legal Fees
6030	Management Fees
6035	Payroll Services
6040	Tax Return Review
6045	Temp Employ - Clerl
6050	Other Outside Serv
6075	Water Resource Conserve Exp
6090	Rent
6105	Salaries - System Project
6110	Salaries - Acctg/Finance
6115	Salaries - Admin
6120	Salaries - Offices/Skhdtr
6125	Salaries - HR
6130	Salaries - MIS

The following list includes asset and liability accounts at the Water Service Corporation level which have dollars booked to them and allocated to all Utilities, Inc. operating companies:

JDE Object Number	Subsidiary Number	Account Description
1030		Land & Land Rights Pump
1035		Land & Land Rights Wtr Tri
1040		Land & Land Rights Trans Dist
1045		Land & Land Rights Gen Plt
1175		Office Struct & Imprv
1180		Office Furn & Eqpt
1190		Tool Shop & Misc Eqpt
1205		Communication Eqpt
1260		Land & Land Rights Inlang Plt
1265		Land & Land Rights Coll Plt
1270		Land & Land Rights Trann Plt
1275		Land & Land Rights Reclaim Wip
1280		Land & Land Rights Resl Dist Plt
1285		Land & Land Rights Gen Plt
1455		Office Struct & Imprv
1460		Office Furn & Eqpt
1470		Tool Shop & Misc Eqpt
1485		Communication Eqpt
1575		Desktop Computer Wtr
1580		Mainframe Computer Wtr
1585		Mini Computers Wtr
1590		Comp Sys Cost Wtr
1595		Micro Sys Cost Wtr
1605		Desktop Computer Swr
1610		Mainframe Computer Swr
1615		Mini Computers Swr
1620		Comp Sys Cost Swr
1625		Micro Sys Cost Swr
1741		Other Plant In Process History
1745	00301	Wip-Cap Time Office Renovation
1745	00302	Wip-Cap Time Electrical
1745	00303	Wip-Cap Time Lab Expansion
1745	00304	Wip-Cap Time Computer Equipmnt
1745	00305	Wip-Cap Time Computer Software
1745	00306	Wip-Cap Time Radio Equipment
1746	00301	Wip - Interest During Constr
1746	00302	Wip - Interest During Constr
1746	00303	Wip - Interest During Constr
1746	00304	Wip - Interest During Constr
1746	00305	Wip - Interest During Constr
1746	00306	Wip - Interest During Constr
1747	00303	Wip - Labor/Installation
1747	00304	Wip - Labor/Installation
1747	00305	Wip - Labor/Installation
1748	00302	Wip - Equipment
1748	00303	Wip - Equipment
1748	00304	Wip - Equipment
1748	00305	Wip - Equipment
1749	00301	Wip - Material
1749	00302	Wip - Material
1749	00303	Wip - Material
1749	00304	Wip - Material
1749	00305	Wip - Material
1749	00306	Wip - Material
1750	00301	Wip - Electrical
1751	00301	Wip - Site Work
1752	00301	Wip - Contractor/Labor
1752	00302	Wip - Contractor/Labor
1753	00301	Wip - Architect/Designer
1753	00302	Wip - Architect/Designer
1753	00303	Wip - Architect/Designer
1754	00303	Wip - Building Addition
1755	00301	Wip - Furniture
1755	00302	Wip - Furniture
1756	00301	Wip - Heating/Air Condition
1756	00302	Wip - Heating/Air Condition
1757	00301	Wip - Interior Finish
1757	00302	Wip - Interior Finish
1758	00305	Wip - Modification/Convert
1759	00304	Wip - Remodeling
1769	00301	Wip - Transfer To Fixed Assets
1769	00302	Wip - Transfer To Fixed Assets
1769	00303	Wip - Transfer To Fixed Assets
1769	00304	Wip - Transfer To Fixed Assets
1769	00305	Wip - Transfer To Fixed Assets
1769	00306	Wip - Transfer To Fixed Assets
1771		Deferred Plant In Process History
1775	00401	Wip-Cap Time Water Tower Paint
1775	00402	Wip-Cap Time W/S Plt Paint
1775	00403	Wip-Cap Time Water Tank Paint
1775	00404	Wip-Cap Time Clean Sewer Line

**AFFILIATE AGREEMENT
APPENDIX A**

The following list includes expense accounts at the Water Service Corporation level which have dollars booked to them and allocated to all Utilities, Inc. operating companies at a business unit level

JDE Object Number	Account Description
6135	Salaries - Leadership Ops
6140	Salaries - Regulatory
6145	Salaries - Customer Service
6185	Travel Lodging
6190	Travel Airfare
6195	Travel Transportation
6200	Travel Meals
6205	Travel Entertainment
6207	Travel Other
6355	Deferred Maint Expense
6360	Communication Expense
6365	Equipment Rentals
6385	Uniforms
6390	Weather/Hurricane Costs
6580	Deprec-Office Structure
6585	Deprec-Office Furn/Eqpt
6610	Deprec-Communication Eqpt
6615	Deprec-Misc Equipment
6820	Deprec-Office Structures
6825	Deprec-Office Furn/Eqpt
6850	Deprec-Communication Eqpt
6855	Deprec-Misc Equipment
6920	Deprec-Computer
7510	FICA Expense
7515	Federal Unemployment Tax
7520	State Unemployment Tax
7535	Franchise Tax
7540	Gross Receipts Tax
7545	Personal Property/ICT Tax
7550	Property/Other General Tax
7555	Real Estate Tax
7560	Sales/Use Tax Expense
7565	Special Assessments
7665	Extraordinary Gain/Loss
7670	Extraordinary Deductions
7680	Rental Income
7685	Interest Income
7690	Sale of Equipment

The following list includes asset and liability accounts at the Water Service Corporation level which have dollars booked to them and allocated to all Utilities, Inc. operating companies:

JDE Object Number	Subsidiary Number	Account Description
1030		Land & Land Rights Pump
1775	00405	Wip-Cap Time Chng Filter Media
1775	00406	Wip-Cap Time TV Sewer Main
1775	00407	Wip-Cap Time Sludge & Hauling
1775	00408	Wip-Cap Time W/S Ph Landscape
1776	00401	Wip - Interest Dming Constr
1776	00402	Wip - Interest During Constr
1776	00403	Wip - Interest During Constr
1776	00404	Wip - Interest During Constr
1776	00405	Wip - Interest During Constr
1776	00406	Wip - Interest During Constr
1776	00407	Wip - Interest During Constr
1776	00408	Wip - Interest During Constr
1777	00408	Wip - Engineering
1778	00401	Wip - Labor/Installation
1779	00401	Wip - Equipment
1779	00404	Wip - Equipment
1779	00406	Wip - Equipment
1780	00401	Wip - Material
1780	00402	Wip - Material
1780	00403	Wip - Material
1780	00404	Wip - Material
1780	00405	Wip - Material
1780	00406	Wip - Material
1780	00407	Wip - Material
1780	00408	Wip - Material
1781	00408	Wip - Site Work
1782	00401	Wip - Contractor/Labor
1782	00402	Wip - Contractor/Labor
1782	00403	Wip - Contractor/Labor
1782	00405	Wip - Contractor/Labor
1782	00406	Wip - Contractor/Labor
1783	00404	Wip - Grouting/Sealing
1784	00404	Wip - Jet Cleaning
1785	00407	Wip - Pump & Haul Sludge
1786	00404	Wip - Rental/Machine
1786	00405	Wip - Rental/Machine
1787	00402	Wip - Repair
1787	00403	Wip - Repair
1799	00401	Wip - Transfer To Fixed Assets
1799	00402	Wip - Transfer To Fixed Assets
1799	00403	Wip - Transfer To Fixed Assets
1799	00404	Wip - Transfer To Fixed Assets
1799	00405	Wip - Transfer To Fixed Assets
1799	00406	Wip - Transfer To Fixed Assets
1799	00407	Wip - Transfer To Fixed Assets
1799	00408	Wip - Transfer To Fixed Assets
1970		Acc Depr-Office Structure
1975		Acc Depr-Office Furn/Eqpt
1983		Acc Depr-Tool Shop & Misc Eqpt
2000		Acc Depr-Communication Eqpt
2215		Acc Depr-Office Structure
2220		Acc Depr-Office Furn/Eqpt
2230		Acc Depr-Tool Shop & Misc Eqpt
2245		Acc Depr-Communication Eqpt
2315		Acc Depr-Desktop Computer Wtr
2320		Acc Depr-Mainframe Comp Wtr
2325		Acc Depr-Mid Comp Wtr
2330		Comp Sys Amortization Wtr
2335		Micro Sys Amortization Wtr
2345		Acc Depr-Desktop Computer Swr
2350		Acc Depr-Mainframe Comp Swr
2355		Acc Depr-Mid Comp Swr
2360		Comp Sys Amortization Swr
2365		Micro Sys Amortization Swr
2950		Def Chgs-Landscaping
2955		Def Chgs-Customer Complaints
2960		Def Chgs-Tank Maint&Rep Wtr
2965		Def Chgs-Relocation Expenses
2970		Def Chgs-Attorney Fee
2975		Def Chgs-Hurricane/Storms Cost
2980		Def Chgs-Emp Fees
2985		Def Chgs-Other
3000		Def Chgs-Other Wtr & Swr
3005		Def Chgs-Voc Testing
3020		Def Chgs-Sludge Hauling
3025		Def Chgs-Pr Wash/ot Swr Mains
3030		Def Chgs-TV Sewer Mains
3040		Def Chgs-Tank Maint&Rep Swr
3080		Amort - Landscaping
3090		Amort - Customer Complaints

**AFFILIATE AGREEMENT
APPENDIX A**

The following list includes expense accounts at the Water Service Corporation level which have dollars booked to them and allocated to all Utilities, Inc. operating companies at a business unit level:

JDE Object Number Account Description

The following list includes asset and liability accounts at the Water Service Corporation level which have dollars booked to them and allocated to all Utilities, Inc. operating companies:

<u>JDE Object Number</u>	<u>Subsidiary Number</u>	<u>Account Description</u>
1030		Land & Land Rights Pump
3110		Amort - Tank Maint&Rep Wir
3120		Amort - Relocation Exp
3125		Amort - Attorney Fee
3130		Amort - Hurricane/Storms
3135		Amort - Employee Fees
3140		Amort - Other
3155		Amort - Other Wir & Swr
3160		Amort - Voc Testing
3175		Amort - Sludge Hauling
3180		Amort - Pr Wash/Lej Swr Mains
3185		Amort - Tv Sewer Mains
3195		Amort - Tank Maint&Rep Swr
4367		Accum Def Income Tax-Fed
4369		Def Fed Tax - Clac Pre 1987
4371		Def Fed Tax - Tap Fee Post 2000
4373		Def Fed Tax - Idc
4375		Def Fed Tax - Rate Case
4377		Def Fed Tax - Def Maint
4379		Def Fed Tax - Other Operation
4381		Def Fed Tax - Sold Co
4383		Def Fed Tax - Orgn Exp
4385		Def Fed Tax - Bad Debt
4387		Def Fed Tax - Depreciation
4389		Def Fed Tax - Nol
4391		Def Fed Tax - Cont Prop
4393		Def Fed Tax - Amt
4395		Def Fed Tax - Pre Acrs
4397		Def Fed Tax - Res Cap Fee
4417		Accum Def Income Tax - St
4419		Def St Tax - Clac Pre 1987
4421		Def St Tax - Tap Fee Post 2000
4423		Def St Tax - Idc
4425		Def St Tax - Rate Case
4427		Def St Tax - Def Maint
4429		Def St Tax - Other Operation
4431		Def St Tax - Sold Co
4433		Def St Tax - Orgn Exp
4435		Def St Tax - Bad Debt
4437		Def St Tax - Depreciation
4439		Def St Tax - Nol
4441		Def St Tax - Cont Prop
4443		Def St Tax - Amt
4445		Def St Tax - Res Cap Fee

**AFFILIATE AGREEMENT
APPENDIX B**

The formula used to calculate all allocations is as follows:

Expenses:

Active ERC count for business unit/Active ERC count for all UI operating business units

Assets/Liabilities:

Active ERC count for company/Active ERC count for all UI operating companies

Water Service Corporation of Kentucky
Water Service Corporation - Affiliate Charges
Office Salaries and Wages by Functional Category
at December 31, 2012

	Annualized Salaries	Allocation % to WSCK	Allocated Amount
Functional Cost:			
Accounting	\$705,811	2.7753%	\$19,589
Administration	259,973	2.7753%	7,215
Accounts Payable	263,293	2.7753%	7,307
Customer Billing & Collection	210,297	2.7753%	5,836
Finance	425,001	2.7753%	11,795
Human Resources	294,625	2.7753%	8,177
Information Technologies	357,140	2.7753%	9,912
Legal	310,986	2.7753%	8,631
Management	784,793	2.7753%	21,781
Regulatory	1,100,967	2.7753%	30,556
Customer Service	1,341,560	2.7753%	37,233
Total Functional Salaries & Wages	\$6,054,446		\$168,032
Deduct:			
Capitalized Salaries & Wages			\$31,152
Total WSCK Allocated Salaries & Wages			\$136,880
Percent of Total Functional Costs			2.2608%
Monthly Cost Per Customer			\$1.55

Water Service Corporation of Kentucky

Comparison of Annual Operating Revenues with Similar Sized
Kentucky Water Utilities

Water System	Total Operating Revenues 2011	Total Operating Revenues 2012	Number of Customers	Annual Cost Per Customer	Monthly Cost Per Customer
Muhlenberg County Water District	\$3,003,131		5,983	\$501.94	\$41.83
McCreary County Water District	2,878,024		6,192	464.80	38.73
Grayson County Water District		\$3,239,287	6,389	507.01	42.25
Henderson County Water District		2,827,068	6,384	442.84	36.90
Henry County Water District	3,383,411		6,261	540.39	45.03
Southeast Daviess County Water District	1,840,663		6,568	280.25	23.35
Bullock Pen Water District		3,966,563	6,742	588.34	49.03
Green River Valley Water District	4,265,256		6,791	628.07	52.34
Rowan Water, Inc.		2,587,625	6,855	377.48	31.46
South Eastern Water Association	3,689,670		7,781	474.19	39.52
Oldham County Water District		4,897,917	7,797	628.18	52.35
Western Pulaski County Water District	2,344,308		8,046	291.36	24.28
Totals	\$21,404,463	\$17,518,460	81,789	\$475.89	\$39.66
Water Service Corporation of Kentucky	\$2,252,368		7,388	\$304.87	\$25.41

Exhibit C

Water Service Corporation of Kentucky

Comparison of Annual Salaries & Wages with Similar Sized
Kentucky Water Utilities

Water System	Total Salaries & Wages 2011	2012	Number of Customers	Annual Cost Per Customer	Monthly Cost Per Customer
Muhlenberg County Water District	\$686,497		5,983	\$114.74	\$9.56
McCreary County Water District	726,214		6,192	117.28	9.77
Grayson County Water District		\$0	6,389	0.00	0.00
Henderson County Water District		685,938	6,384	107.45	8.95
Henry County Water District	654,313		6,261	104.51	8.71
Southeast Daviess County Water District	256,385		6,568	39.04	3.25
Bullock Pen Water District		656,865	6,742	97.43	8.12
Green River Valley Water District	818,725		6,791	120.56	10.05
Rowan Water, Inc.		514,079	6,855	74.99	6.25
South Eastern Water Association	298,205		7,781	38.32	3.19
Oldham County Water District		802,357	7,797	102.91	8.58
Western Pulaski County Water District	258,657		8,046	32.15	2.68
Totals	\$3,698,996	\$2,659,239	81,789	\$77.74	\$6.48
Less:					
Grayson County Water District		\$0	6,389		
	\$3,698,996	\$2,659,239	75,400	\$84.33	\$7.03
Water Service Corporation of Kentucky	\$491,593		7,388	\$66.54	\$5.54

Water Service Corporation of Kentucky

Comparison of Annual Salaries & Wages - Officers and Directors with Similar Sized
Kentucky Water Utilities

Water System	Officers & Directors Total Salaries & Wages		Number of Customers	Annual Cost Per Customer	Monthly Cost Per Customer
	2011	2012			
Muhlenberg County Water District	\$18,000		5,983	\$3.01	\$0.25
McCreary County Water District	15,100		6,192	2.44	0.20
Grayson County Water District		\$0	6,389	0.00	0.00
Henderson County Water District		10,500	6,384	1.64	0.14
Henry County Water District	28,800		6,261	4.60	0.38
Southeast Daviess County Water District	59,378		6,568	9.04	0.75
Bullock Pen Water District		13,000	6,742	1.93	0.16
Green River Valley Water District	14,600		6,791	2.15	0.18
Rowan Water, Inc.		20,211	6,855	2.95	0.25
South Eastern Water Association	43,000		7,781	5.53	0.46
Oldham County Water District		30,000	7,797	3.85	0.32
Western Pulaski County Water District	12,200		8,046	1.52	0.13
Totals	\$191,078	\$73,711	81,789	\$3.24	\$0.27
Less:					
Grayson County Water District		\$0	6,389		
	\$191,078	\$73,711	75,400	\$3.51	\$0.29
Water Service Corporation of Kentucky	\$59,748		7,388	\$8.09	\$0.67

Water Service Corporation of Kentucky						
Comparison of Annual Salaries & Wages - Combined Reporting of Costs For Similar Sized Kentucky Water Utilities						
Water System	Officers & Directors Total Salaries & Wages		Number of Customers	Annual Cost Per Customer	Monthly Cost Per Customer	
	2011	2012				
Muhlenberg County Water District	\$704,497	\$0	5,983	\$117.75	\$9.81	
McCreary County Water District	741,314		6,192	119.72	9.98	
Grayson County Water District		\$0	6,389	0.00	0.00	
Henderson County Water District	696,438		6,384	109.09	9.09	
Henry County Water District	683,113		6,261	109.11	9.09	
Southeast Daviess County Water District	315,763		6,568	48.08	4.01	
Bullock Pen Water District		669,865	6,742	99.36	8.28	
Green River Valley Water District	833,325		6,791	122.71	10.23	
Rowan Water, Inc.		534,290	6,855	77.94	6.50	
South Eastern Water Association	341,205		7,781	43.85	3.65	
Oldham County Water District		832,357	7,797	106.75	8.90	
Western Pulaski County Water District	270,857		8,046	33.66	2.81	
Totals	\$3,890,074	\$2,732,950	81,789	\$80.98	\$6.75	
Less:						
Grayson County Water District		\$0	6,389			
	\$3,890,074	\$2,732,950	75,400	\$87.84	\$7.32	
Water Service Corporation of Kentucky	\$551,341		7,388	\$74.63	\$6.22	

Water Service Corporation of Kentucky
Muhlenberg County Water District - Case No. 2006-00248
*Staff Recommended And Commission Approved Office Salaries & Wages
Order Entered April 17, 2007*

December 31, 2005 Test Year Expenses:		2005	2006	2007	2008	2009	2010	2011	2012
Superintendent		\$46,009	\$47,481	\$48,811	\$50,666	\$50,463	\$51,270	\$52,911	\$54,022
Asst. Superintendent		39,342	40,601	41,738	43,324	43,150.5	43,841	45,244	46,194
Office Manager		31,096	32,091	32,990	34,243	34,106.3	34,652	35,761	36,512
Clerical		24,170	24,943	25,642	26,616	26,509.8	26,934	27,796	28,380
Clerical		24,170	24,943	25,642	26,616	26,509.8	26,934	27,796	28,380
Clerical		24,170	24,943	25,642	26,616	26,509.8	26,934	27,796	28,380
Clerical		12,085	12,472	12,821	13,308	13,254.9	13,467	13,898	14,190
Total		\$201,042	\$207,475	\$213,285	\$221,389	\$220,504	\$224,032	\$231,201	\$236,056

Annual Cost Per Customer
Monthly Cost Per Customer

\$39.45
\$3.29

CPIU:

2006	3.20%
2007	2.80%
2008	3.80%
2009	-0.40%
2010	1.60%
2011	3.20%
2012	2.10%

Number of Customers

5,983

Water Service Corporation of Kentucky

Jackson County Water Association - Case No. 2006-00467

*Staff Recommended And Commission Approved Office Salaries & Wages
Order Entered April 13, 2007*

December 31, 2005 Test Year Expenses:

	2005	2006	2007	2008	2009	2010	2011	2012
Office Manager	\$28,926	\$29,852	\$30,687	\$31,854	\$31,726.19	\$32,234	\$33,265	\$33,964
General Manager	51,952	53,614	55,116	57,210	\$56,981.22	57,893	59,745	61,000
Office	22,889	23,621	24,283	25,206	\$25,104.77	25,506	26,323	26,875
Bookkeeper	14,618	15,086	15,508	16,097	\$16,033.10	16,290	16,811	17,164
Billing Clerk	15,676	16,178	16,631	17,263	\$17,193.52	17,469	18,028	18,406
Total	\$134,061	\$138,351	\$142,225	\$147,629	\$147,039	\$149,391	\$154,172	\$157,410

Annual Cost Per Customer
Monthly Cost Per Customer

\$34.38
\$2.87

CPIU:

2006	3.20%
2007	2.80%
2008	3.80%
2009	-0.40%
2010	1.60%
2011	3.20%
2012	2.10%

Number of Customers

4,578

Water Service Corporation of Kentucky

Henry County Water District - Case No. 2009-00370

Audited Financial Statements in Support of the District's
Rate Filing - November 2009

December 31, 2008 Test Year Expenses:

	2008	2009	Inflation Adjusted Costs		
	2008	2009	2010	2011	2012
Accounting and Collecting Expense	\$109,294	\$108,857	\$110,599	\$114,138	\$116,535
Commissioner Salaries	26,100	25,996	26,412	27,257	27,829
Total	\$135,394	\$134,852	\$137,010	\$141,394	\$144,364

Annual Cost Per Customer
Monthly Cost Per Customer

\$23.06
\$1.92

CPIU:

2008	3.80%
2009	-0.40%
2010	1.60%
2011	3.20%
2012	2.10%

Number of Customers

6,261

Water Service Corporation of Kentucky

Bullock Pen Water District - Case No. 2008-00170

Staff Recommended And Commission Approved Office Salaries & Wages
Order Entered April 13, 2007

December 31, 2008 Test Year Expenses:

	Inflation Adjusted Costs				
	2008	2009	2010	2011	2012
Clerical	\$27,637	\$27,526	\$27,967	\$28,862	\$29,468
Clerical	33,027	32,895	33,421	34,491	35,215
Clerical	20,800	20,717	21,048	21,722	22,178
Clerical	38,334	38,181	38,792	40,033	40,874
Asst. Office Manager	15,676	15,613	15,863	16,371	16,715
Clerical	20,800	20,717	21,048	21,722	22,178

Total \$156,274 \$155,649 \$158,139 \$163,200 \$166,627

Annual Cost Per Customer

Monthly Cost Per Customer

\$24.71

\$2.06

Number of Customers

CPIU:

2008	3.80%
2009	-0.40%
2010	1.60%
2011	3.20%
2012	2.10%

Number of Customers

6,742

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

24. a. List and describe each good or service that is provided to Water Service Kentucky by any affiliated company.

b. Describe the benefits that Water Service Kentucky derives from an affiliate providing the goods or services identified in Item 24.a. above.

c. List and describe each good or service that Water Service Kentucky provides to an affiliated company.

Response: a. Please refer to the attached file labeled “Response to Staff DR 1.24 – Affiliate Services” for a listing of all goods and services provided by WSC to WSCK. Also, please refer to the direct testimony of Shawn Elicegui for a description of the services being provided by Corix.

b. There are numerous benefits derived from the services provided by WSC and Corix, which are listed below (1-3). Also, please refer to the services listed in the Agreement provided in response to Staff DR 1.24, as well as, the direct testimony of Company witness Shawn Elicegui for a description of the services being provided by Corix.

1. WSCK has access to a large pool of human resources from which to draw upon. There are experts in various critical areas, such as construction, engineering operations, accounting, data processing, billing, regulation, customer service, etc. Affiliation with WSC affords WSCK's customers UI's combination of expertise and level of experience in a cost-effective manner. All of these services are essential to operations of WSCK. Any charge that can be directly assigned to WSCK will be charged as such, while other expenses that cannot be directly assigned “without excessive effort

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION’S ORDER DATED JUNE 26, 2020

and expense” are allocated among the various UI subsidiaries. If WSCK were to operate as a “stand-alone” company, it could not afford its own regulatory counsel, accountants, data processors, billing professionals, etc. WSC creates economies of scale which could not be achieved by any of the companies on “stand-alone” basis.

2. Capital is available for improvements and expansion at a favorable cost. With increasingly more stringent health and environmental standards, ready access to capital will prove vital to continued quality service in the water and sewer utility business.
3. Affiliation can share software and computer costs, thereby saving them time and money by not having to hire consultants, and not having separate accounting and billing software systems for each individual company. The Service Company’s professional staff handles all areas of operations for WSCK and all of UI’s affiliated companies.

c. WSCK does not provide services to any affiliated companies

Witness – Rob Guttormsen

**Services Provided by
Water Service Corporation**

Accounting Studies	Employee Pensions & Benefits	Office Gas	Sales/Use Tax Exp.	Operators - Other Office Exp
AFLAC	Engineering Fees	Office Telephone	Sal-IL Customer Service	Operators - Publications/Subs
Agency Expense	Envelopes	Office Telephone - Long Dist	Sal-IL Office	Operators Transp Reimb
Answering Serv	ESOP Contributions	Office Utilities - Other	Sal-IL Office Exempt	Gasoline
Audit Fees	FICA Expense	Office Water	SUTA-IL	Auto Repairs & Tires
Bank Serv Charges	Franchise Tax	Operators - Memberships	SUTA-NC	Auto Licenses
Bill Stock	FUTA	Operators - Memberships	Tax Return Review	Other Trans. Exp.
Cap Sal - Admin	Health Costs & Other	Operators - Other Office Exp	Temp Empl.	Depreciation - Computer
Cleaning Supplies	Health Ins. Premiums	Operators Telephones	Term Life Ins.	Temp Empl.
Computer Maint	Health Ins. Reimb	Other Emp Pens & Benefits	Term Life Ins. - OPT	Publ Subscriptions & Tapes
Computer Maint	Income Taxes - Federal	Other Insurance	UPS & Air Freight	Answering Serv
Computer Salaries	Interest - Interco.	Other Insurance	Xerox	Computer Supplies
Computer Supplies	Interest During Const	Other Misc General	Chemicals	Printing & Blueprints
Computer Supplies	Interest Income	Other Office Expense	Publ Subscriptions & Tapes	Postage
Computer Supplies - Billing	Internet Supplier	Other Office Maint	Printing & Blueprints	UPS & Air Freight
Computer Supplies - Billing	Internet Supplier	Other Outside Services	UPS & Air Freight	Xerox
Computer-Amort & Prog. Cost	Landscaping, Mowing, Snow	Other Trans. Exp.	Reim of Off Emp Exp.	Off Supply Stores
Computer-Amort & Prog. Cost	Legal Fees	Payroll Services	Memberships - Office Employee	Reim of Off Emp Exp.
Decor & Repaint Structures	Meals & Related Exp	Pension Contributions	Other Office Expense	Cleaning Supplies
Deferred Inc. Taxes - Federal	Memberships	Postage	Operations Telephone - LD	Other Office Expense
Dental Ins. Reimbursements	Microfilming	Printing & Blueprints	Memberships - Company	Office Telephone
Dental Premiums	Microfilming	Printing Customer Service	Meals & Related Exp	Office Telephone - LD
Depend Life Ins.- OPT & AFLAC	Misc. Income	Publ Subscriptions & Tapes	Bank Serv Charges	Alarm System Phone Expense
Depreciation - Computer	Non-Utility Salaries	Real Estate Tax	Other Misc General	Office Cleaning Serv
Depreciation - Computer	Off Supply Stores	Reim of Off Emp Exp.	Operators Exp	Office Education/Train Exp
Depreciation - Office Furn.	Office Cleaning Serv	Rental Income	Communication Exp	Other Misc General
Depreciation - Office Struct.	Office Comp Phone Line	Repair Off Mach & Heating	Operators Ed Exp	
Depreciation - Telephones	Office Comp Phone Line	S/T Int Exp Other	Uniform Rent & Cleaning	
Director Fees	Office Education/Train Exp	Salaries - Office	Operators - Postage	
Disability Insurance	Office Electric	Salaries - Operations	Oper. - Office Supply Stores	
Employ Finder Fees	Office Fax Phone Line	Sal-Computer	Operators - Memberships	
Employee Ins. Deductions	Office Garbage Removal	Sale of Trans Equipment	Operators - Cleaning Supplies	

Land & Land Rights
Office Structure & Improv.
Office Furniture & Equip.
Telephones
Tools Shop & Misc. Eqpt
Communication Eqpt
A/D - Office Structures
A/D - Office Furniture & Equip.
A/D - Telephones
A/D - Tools Shop & Misc. Eqpt
A/D - Communication Eqpt
Water Plant in Progress
Other Plant in Progress
Def Chgs - Emp Fees
Def Chgs - Other
Misc. Regulatory Comm. Exp.
Mainframe Computer
Mini Computer
Comp System Cost
Micro System Cost
A/D - Mainframe Computer
A/D - Mini Computer
Comp System Amortization
Micro System Amortization
Accumulated Deferred Income Taxes

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

25. a. Provide a schedule that lists the allocated expenses from Water Service Corporation, or another affiliate, to Water Service Kentucky by month for the test period.

b. Provide a schedule that lists the direct charges from Water Service Corporation, or another affiliate, to Water Service Kentucky's direct expenses by month for the test period. Provide the information requested in 25(a) and 27(b) in Excel spreadsheet format with all formulas unprotected and all rows and columns fully accessible.

Response: a. Please see the attached filed labeled "*Response to Staff DR 1.25 - Allocated Monthly Transactions*", tab grouping "Allocations to WSCK" which shows the calculation of allocated expenses to WSCK from the Shared Service ("WSC"), President ("Midwest" (IL, IN, KY, MD, NJ, PA, VA)), Regional (IL, IN, KY), and State (KY) cost centers for each month of the test period.

b. Please see the attached filed labeled "*Response to Staff DR 1.25 - Allocated Monthly Transactions*", tab grouping "Direct Charge at Cost Center" which shows the expenses booked directly at the Shared Service ("WSC"), President ("Midwest" (IL, IN, KY, MD, NJ, PA, VA)), Regional (IL, IN, KY), and State (KY) cost centers before allocations to the operating companies for each month of the test period.

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

26. Provide each monthly invoice that Water Service Corporation, or another affiliate, issued to Water Service Kentucky for the test period.

Response: Affiliates do not issue invoices to WSCK, costs are automatically allocated in the accounting system each month from cost centers by ERC. Attached are the monthly reports "Response to Staff DR 1.26 - WSCKY WSC Allocation – 2019" and "Response to Staff DR 1.26 - WSCKY WSC Allocation – 2020" through the test year that are reviewed for reasonableness and prudence by local operations in Kentucky on a monthly basis.

Witness – Rob Guttormsen

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

27. a. Identify the electric utility that serves Water Service Kentucky's facilities in Middlesboro.
- b. Provide the monthly bills that were rendered to Water Service Kentucky during the test period for electric service to its facilities in Middlesboro.
- c. State the rate schedule(s) under which the electric utility provides electric service to WATER SERVICE KENTUCKY facilities in Middlesboro. If service is provided under more than one rate schedule, list for each rate schedule the facilities that are served under that rate schedule.

- Response:
- a. Middlesboro is served by Kentucky Utilities.
- b. Please see the attached labeled "*Response to Staff DR 1.27b - Middlesboro Electric Invoices*" for all electric invoices included in the test-year period.
- c. Please see the attached labeled "*Response to Staff DR 1.27c - Middlesboro Electric*" for a statement of rate schedules.

Witness – Rob Guttormsen



a PPL company

3 408698

Mailed 3/21/19 for Account # 3000-0597-6059

AMOUNT DUE
\$3,231.55

DUE DATE
4/12/19

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	42°	48°
Number of Days Billed	29	29
Avg. Electric Charges per Day	\$102.06	\$113.90
Avg. Electric Usage per Day (kWh)	1,037.48	1,032.28

Account Name: WATER SVC CORP OF KY
Service Address: 102 Water Plant Rd Filt Pit
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 4/3/19 - 4/5/19 (Meter Read Portion 03)

Batch 330663
Doc 1046298

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					3,597.92
Payment(s) Received					-3,597.92
Balance as of 3/20/19					\$0.00
Power Service Secondary	570521	2/4/19	3/5/19	29	3,174.09
LS 428: OH HPS Open Bottom 9500L Fixture	568489	2/5/19	3/5/19	29	9.42
LS 451: OH MH Directional 32000L Fixture	570506	2/5/19	3/5/19	29	48.04
Total Current Charges as of 3/20/19					\$3,231.55
Total Amount Due					\$3,231.55

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MAR 25 2019

345202-5465-00



⚡ CURRENT METER AND USAGE INFORMATION

Contract: 570521 **Rate:** Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802625	2/4/19	24517	3/5/19	25262	R	40	29,800			
kW-BS	2802625	2/4/19		3/5/19	2.7140	R	40		108.6		
Total Usage								29,800			

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 570521 **Rate:** Power Service Secondary

Basic Service Charge	90.00
Energy Charge (\$0.0327 x 29,800 kWh)	974.46
Base Demand Charge (\$18.81 x 108.6 kW)	2,042.77
Electric DSM (\$0.00059 x 29,800 kWh)	17.58
Fuel Adjustment (\$-0.00095 x 29,800 kWh)	-28.31
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 29,800 kWh)	-125.76
Environmental Surcharge (2.86% CR x (\$2,999.05 - \$777.48))	-63.54
Rate Increase For School Tax (3.00% x \$2,907.20)	87.22
Sales Tax (6.00% x \$2,994.42)	179.67
Total Charges Contract 570521	\$3,174.09

⚡ MINIMUM BILLING DEMAND INFORMATION

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	112.20	50%	56.10
Contract Capacity:	108.00	60%	64.80

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 568489

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	LS 428: OH HPS Open Bottom 9500L Fixture	1	n/a	02/05/19	03/05/19	41
Total Usage						41

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: LS 428: OH HPS Open Bottom 9500L Fixture

Contract: 568489

Unit Charge (\$9.01 x 1 Light)	9.01
Fuel Adjustment (\$-0.00095 x 41 kWh)	-0.04
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 41 kWh)	-0.17
Environmental Surcharge (1.940% CR x \$8.80)	-0.17
Rate Increase For School Tax (3.00% x \$8.63)	0.26
Sales Tax (6.00% x \$8.89)	0.53
Total Unmetered Charges	\$9.42





CURRENT UNMETERED USAGE

⚡ ELECTRIC							
Contract: 570506							
UNMETERED							
OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh	
n/a	LS 451: OH MH Directional 32000L Fixture	2	n/a	02/05/19	03/05/19	246	
Total Usage						246	

CURRENT UNMETERED CHARGES

⚡ ELECTRIC		Rate: LS 451: OH MH Directional 32000L Fixture
Contract: 570506		
Unit Charge (\$23.07 x 2 Lights)		46.14
Fuel Adjustment (\$-0.00095 x 246 kWh)		-0.23
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 246 kWh)		-1.04
Environmental Surcharge (1.940% CR x \$44.87)		-0.87
Rate Increase For School Tax (3.00% x \$44.00)		1.32
Sales Tax (6.00% x \$45.32)		2.72
Total Unmetered Charges		\$48.04

BILLING INFORMATION

Environmental Surcharge

Rate PS Environmental Surcharge Calculation: The fuel cost of \$777.48 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of -2.86%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$31.74

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.

2103201-024657-002-002-111100-0063990



Mailed **4/3/19** for Account # **3000-0837-9400**

AMOUNT DUE
\$188.67

DUE DATE
4/30/19

a PPL company

BILLING SUMMARY

Previous Balance	206.19
Payment(s) Received	-206.19
Balance as of 4/2/19	\$0.00
Current Electric Charges	172.81
Current Taxes and Fees	15.86
Total Current Charges as of 4/2/19	\$188.67
Total Amount Due	\$188.67

Account Name: WATER SVC CORP OF KY
Service Address: Na Beans Fork Rd Pump St
 MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
 24 hours a day; \$2.00 fee
Customer Service: (800) 383-5582
 M-F, 8am-6pm ET
Walk-in Center: 2201 Cumberland Avenue
 Middlesboro, KY 40965
 M-F, 9am-5pm ET

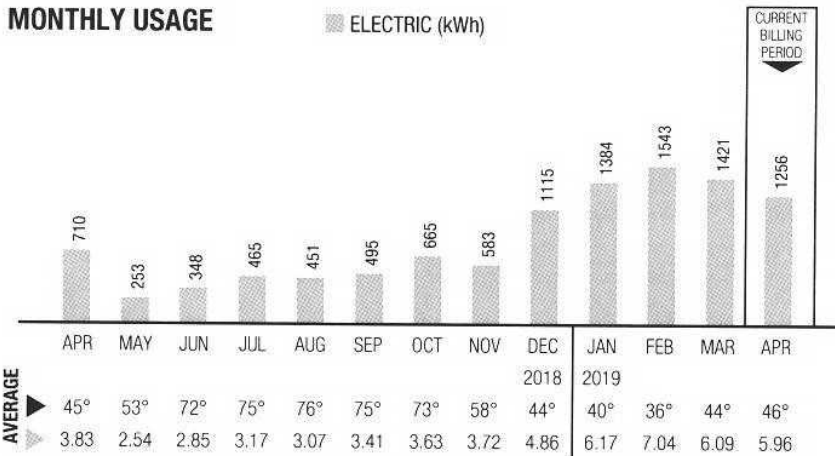
Next read will occur 5/2/19 - 5/6/19 (Meter Read Portion 02)

Batch 332029
 Doc 1050670

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MONTHLY USAGE



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	46°	45°
Number of Days Billed	29	32
Avg. Electric Charges per Day	\$5.96	\$3.83
Avg. Electric Usage per Day (kWh)	43.31	22.19



CURRENT USAGE

⚡ ELECTRIC

Meter Reading Information

Meter # C526741

Actual (R) kWh Reading on 4/2/19	82669
Actual (R) kWh Reading on 3/4/19	81413
Actual (R) kW Reading on 4/2/19	10.9620
Current kWh Usage	1256
Meter Multiplier	1
Demand	11.0
Metered kWh Usage	1256

CURRENT CHARGES

⚡ ELECTRIC

Rate: General Service Three Phase

Basic Service Charge	50.40
Energy Charge (\$0.1049 x 1,256 kWh)	131.75
Electric DSM (\$0.00088 x 1,196 kWh)	1.05
Electric DSM (\$0.00045 x 60 kWh)	0.03
Fuel Adjustment (\$-0.00216 x 1,256 kWh)	-2.71
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 1,256 kWh)	-5.30
Environmental Surcharge (1.66% CR x (\$177.93 - \$32.77))	-2.41
Total Charges	\$172.81

Taxes & Fees

Rate Increase For School Tax (3.00% x \$172.81)	5.18
Sales Tax (6.00% x \$177.99)	10.68
Total Taxes and Fees	\$15.86

BILLING INFORMATION

Environmental Surcharge

Rate GS Environmental Surcharge Calculation: The fuel cost of \$32.77 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of -1.66%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$5.66

Explanation of Meter Reading Codes

Meter Read Codes: R - Actual Read; V - Verified Read; E - Estimated Read; S - Self Read

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.

Mailed 4/4/19 for Account # 3000-0439-7158



a PPL company

BILLING SUMMARY

Previous Balance	35.22
Payment(s) Received	-35.22
Balance as of 4/3/19	\$0.00
Current Electric Charges	32.55
Current Taxes and Fees	2.99
Total Current Charges as of 4/3/19	\$35.54
Total Amount Due	\$35.54

AMOUNT DUE

\$35.54

DUE DATE

5/1/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake Security
MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee
Customer Service: (800) 383-5582
M-F, 8am-6pm ET
Walk-in Center: 2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

Next read will occur 5/3/19 - 5/7/19 (Meter Read Portion 03)

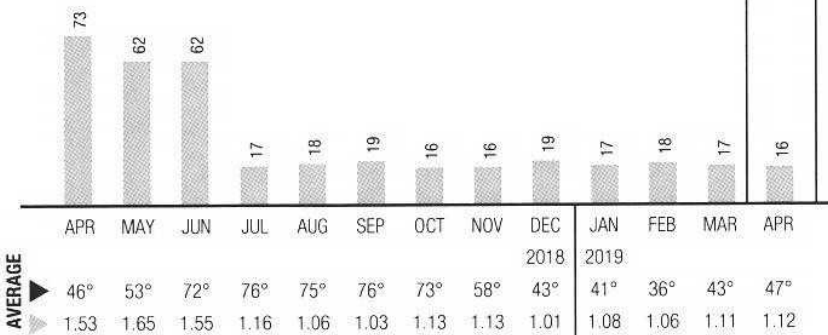
Batch _____
Doc 1050671

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MONTHLY USAGE

ELECTRIC (kWh)

CURRENT BILLING PERIOD



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	47°	46°
Number of Days Billed	29	32
Avg. Electric Charges per Day	\$1.12	\$1.53
Avg. Electric Usage per Day (kWh)	0.55	2.28



CURRENT USAGE

⚡ ELECTRIC

Meter Reading Information	Meter # 2016722
Actual (R) kWh Reading on 4/3/19	867
Actual (R) kWh Reading on 3/5/19	851
Current kWh Usage	16
Meter Multiplier	1
Metered kWh Usage	16

CURRENT CHARGES

⚡ ELECTRIC

Rate: General Service Single Phase

Basic Service Charge	31.50
Energy Charge (\$0.1049 x 16 kWh)	1.68
Electric DSM (\$0.00088 x 14 kWh)	0.01
Fuel Adjustment (\$-0.00216 x 16 kWh)	-0.03
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 16 kWh)	-0.07
Environmental Surcharge (1.66% CR x (\$33.12 - \$0.42))	-0.54
Total Charges	\$32.55

Taxes & Fees

Rate Increase For School Tax (3.00% x \$32.55)	0.98
Sales Tax (6.00% x \$33.53)	2.01
Total Taxes and Fees	\$2.99

BILLING INFORMATION

Environmental Surcharge

Rate GS Environmental Surcharge Calculation: The fuel cost of \$0.42 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of -1.66%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$1.07

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.



a PPL company

Mailed 4/4/19 for Account # 3000-0781-6329

AMOUNT DUE
\$3,422.70

DUE DATE
5/1/19

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	47°	46°
Number of Days Billed	29	32
<input checked="" type="checkbox"/> Avg. Electric Charges per Day	\$107.78	\$83.24
Avg. Electric Usage per Day (kWh)	1,300.41	1,281.25

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 5/3/19 - 5/7/19 (Meter Read Portion 03)

Batch _____
Doc 1050672

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					7,215.89
Payment(s) Received					-7,215.89
Balance as of 4/3/19					\$0.00
Power Service Secondary	4680238	3/5/19	4/3/19	29	3,388.56
LS 451: OH MH Directional 32000L Fixture	4721526	3/6/19	4/3/19	29	24.14
Total Current Charges as of 4/3/19					\$3,412.70
Other Charges					10.00
Total Amount Due					\$3,422.70

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APR - 8 2019



⚡ CURRENT METER AND USAGE INFORMATION

Contract: 4680238 **Rate:** Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802877	3/5/19	5066	4/3/19	5536	R	80	37,600			
kW-BS	2802877	3/5/19		4/3/19	1.3550	R	80		108.4		
								Total Usage	37,600		

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 4680238 **Rate:** Power Service Secondary

Basic Service Charge	90.00
Energy Charge (\$0.0327 x 37,600 kWh)	1,229.52
Base Demand Charge (\$18.81 x 108.4 kW)	2,039.00
Electric DSM (\$0.00059 x 34,480 kWh)	20.34
Electric DSM (\$0.00060 x 3,120 kWh)	1.87
Fuel Adjustment (\$-0.00216 x 37,600 kWh)	-81.22
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 37,600 kWh)	-158.67
Environmental Surcharge (1.66% CR x (\$3,222.06 - \$980.98))	-37.20
Rate Increase For School Tax (3.00% x \$3,103.64)	93.11
Sales Tax (6.00% x \$3,196.75)	191.81
Total Charges Contract 4680238	\$3,388.56

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 4680238

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	111.20	50%	55.60
Contract Capacity:		60%	

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 4721526

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	LS 451: OH MH Directional 32000L Fixture	1	n/a	03/06/19	04/03/19	112
Total Usage						112

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: LS 451: OH MH Directional 32000L Fixture

Contract: 4721526

Unit Charge (\$23.07 x 1 Light)	23.07
Fuel Adjustment (\$-0.00216 x 112 kWh)	-0.24
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 112 kWh)	-0.47
Environmental Surcharge (1.120% CR x \$22.36)	-0.25
Rate Increase For School Tax (3.00% x \$22.11)	0.66
Sales Tax (6.00% x \$22.77)	1.37
Total Unmetered Charges	\$24.14

Other Charges

Return charges receivable 1	10.00
Total Other Charges Due	\$10.00





BILLING INFORMATION

Environmental Surcharge

Rate PS Environmental Surcharge Calculation: The fuel cost of \$980.98 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of -1.66%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$33.89

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.

2104031-021299-002-111100-0057788

Mailed 4/22/19 for Account # 3000-0597-6059



a PPL company

AMOUNT DUE
\$3,042.98

DUE DATE
5/14/19

Account Name: WATER SVC CORP OF KY
Service Address: 102 Water Plant Rd Filt Plt
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 5/3/19 - 5/7/19 (Meter Read Portion 03)

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	47°	46°
Number of Days Billed	29	32
Avg. Electric Charges per Day	\$96.11	\$94.29
Avg. Electric Usage per Day (kWh)	867.00	876.75

Batch _____
Doc 1054636

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					3,231.55
Payment(s) Received					-3,231.55
Balance as of 4/18/19					\$0.00
Power Service Secondary	570521	3/5/19	4/3/19	29	2,985.25
LS 428: OH HPS Open Bottom 9500L Fixture	568489	3/6/19	4/3/19	29	9.47
LS 451: OH MH Directional 32000L Fixture	570506	3/6/19	4/3/19	29	48.26
Total Current Charges as of 4/18/19					\$3,042.98
Total Amount Due					\$3,042.98

RECEIVED

APR 24 2019



⚡ CURRENT METER AND USAGE INFORMATION

Contract: 570521

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802625	3/5/19	25262	4/3/19	25884	R	40	24,880			
kW-BS	2802625	3/5/19		4/3/19	2.6730	R	40		106.9		
								Total Usage	24,880		

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 570521

Rate: Power Service Secondary

Basic Service Charge	90.00
Energy Charge (\$0.0327 x 24,880 kWh)	813.58
Base Demand Charge (\$18.81 x 106.9 kW)	2,010.79
Electric DSM (\$0.00059 x 22,840 kWh)	13.48
Electric DSM (\$0.00060 x 2,040 kWh)	1.22
Fuel Adjustment (\$-0.00216 x 24,880 kWh)	-53.74
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 24,880 kWh)	-104.99
Environmental Surcharge (1.66% CR x (\$2,824.08 - \$649.12))	-36.10
Rate Increase For School Tax (3.00% x \$2,734.24)	82.03
Sales Tax (6.00% x \$2,816.27)	168.98
Total Charges Contract 570521	\$2,985.25

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 570521

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	112.20	50%	56.10
Contract Capacity:	108.00	60%	64.80

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 568489

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	LS 428: OH HPS Open Bottom 9500L Fixture	1	n/a	03/06/19	04/03/19	38
Total Usage						38

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: LS 428: OH HPS Open Bottom 9500L Fixture

Contract: 568489

Unit Charge (\$9.01 x 1 Light)	9.01
Fuel Adjustment (\$-0.00216 x 38 kWh)	-0.08
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 38 kWh)	-0.16
Environmental Surcharge (1.120% CR x \$8.77)	-0.10
Rate Increase For School Tax (3.00% x \$8.67)	0.26
Sales Tax (6.00% x \$8.93)	0.54
Total Unmetered Charges	\$9.47





CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 570506

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	LS 451: OH MH Directional 32000L Fixture	2	n/a	03/06/19	04/03/19	225
Total Usage						225

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: LS 451: OH MH Directional 32000L Fixture

Contract: 570506

Unit Charge (\$23.07 x 2 Lights)	46.14
Fuel Adjustment (\$-0.00216 x 225 kWh)	-0.49
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 225 kWh)	-0.95
Environmental Surcharge (1.120% CR x \$44.70)	-0.50
Rate Increase For School Tax (3.00% x \$44.20)	1.33
Sales Tax (6.00% x \$45.53)	2.73
Total Unmetered Charges	\$48.26

BILLING INFORMATION

Environmental Surcharge

Rate PS Environmental Surcharge Calculation: The fuel cost of \$649.12 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of -1.66%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$29.85

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.

Mailed 5/3/19 for Account # 3000-0837-9400



a PPL company

BILLING SUMMARY

Previous Balance	188.67
Payment(s) Received	-188.67
Balance as of 5/2/19	\$0.00
Current Electric Charges	137.65
Current Taxes and Fees	12.63
Total Current Charges as of 5/2/19	\$150.28
Total Amount Due	\$150.28

AMOUNT DUE
\$150.28

DUE DATE
5/30/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Beans Fork Rd Pump St
MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee

Customer Service: (800) 383-5582

Walk-in Center: M-F, 8am-6pm ET
2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

Next read will occur 6/3/19 - 6/5/19 (Meter Read Portion 02)

Batch 333635

Doc 10514943

RECEIVED

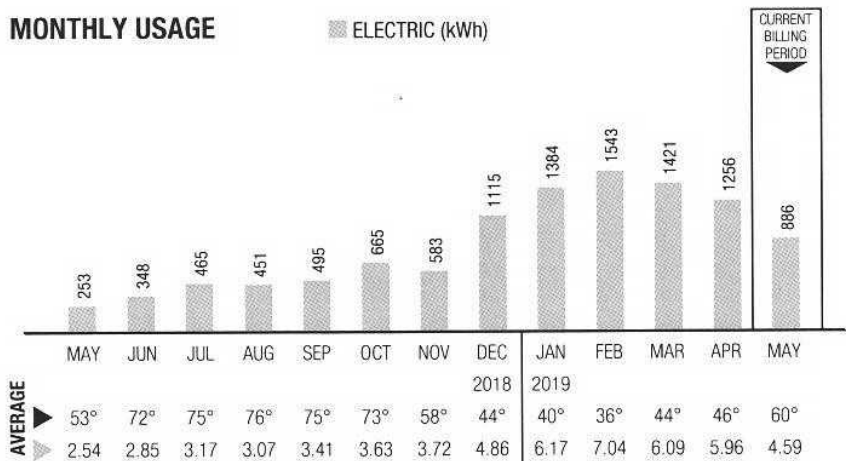
MAY - 6 2019

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	60°	53°
Number of Days Billed	30	30
Avg. Electric Charges per Day	\$4.59	\$2.54
Avg. Electric Usage per Day (kWh)	29.53	8.43

MONTHLY USAGE

█ ELECTRIC (kWh)



AVERAGE

	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
2018	53°	72°	75°	76°	75°	73°	58°	44°	40°	36°	44°	46°	60°
2019	2.54	2.85	3.17	3.07	3.41	3.63	3.72	4.86	6.17	7.04	6.09	5.96	4.59



CURRENT USAGE

⚡ ELECTRIC	
Meter Reading Information	Meter # C526741
Verified (V) kWh Reading on 5/2/19	83555
Actual (R) kWh Reading on 4/2/19	82669
Verified (V) kW Reading on 5/2/19	10.8960
Current kWh Usage	886
Meter Multiplier	1
Demand	10.9
Metered kWh Usage	886

CURRENT CHARGES

⚡ ELECTRIC		Rate: General Service Three Phase
Basic Service Charge (\$50.40 x 28/30 Days)	47.04	
Basic Service Charge (\$1.66 x 2 Days)	3.32	
Energy Charge (\$0.1049 x 814 kWh)	85.39	
Energy Charge (\$0.11334 x 72 kWh)	8.16	
Electric DSM (\$0.00045 x 814 kWh)	0.37	
Electric DSM (\$0.00019 x 72 kWh)	0.01	
Fuel Adjustment (\$-0.00297 x 886 kWh)	-2.63	
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 814 kWh)	-3.44	
Environmental Surcharge (0.48% CR x (\$140.85 - \$23.12))	-0.57	
Total Charges	\$137.65	

Taxes & Fees	
Rate Increase For School Tax (3.00% x \$137.65)	4.13
Sales Tax (6.00% x \$141.78)	8.50
Total Taxes and Fees	\$12.63

BILLING INFORMATION

Environmental Surcharge

Rate GS Environmental Surcharge Calculation: The fuel cost of \$23.12 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of -0.48%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$4.51

Explanation of Meter Reading Codes

Meter Read Codes: R - Actual Read; V - Verified Read; E - Estimated Read; S - Self Read

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.



Mailed 5/6/19 for Account # 3000-0439-7158



a PPL company

BILLING SUMMARY

Previous Balance	35.54
Payment(s) Received	-35.54
Balance as of 5/3/19	\$0.00
Current Electric Charges	33.01
Current Taxes and Fees	3.03
Total Current Charges as of 5/3/19	\$36.04
Total Amount Due	\$36.04

AMOUNT DUE

\$36.04

DUE DATE

5/31/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake Security
MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee
Customer Service: (800) 383-5582
M-F, 8am-6pm ET
Walk-in Center: 2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

Next read will occur 6/4/19 - 6/6/19 (Meter Read Portion 03)

Batch 334063
Doc 1056563

RECEIVED

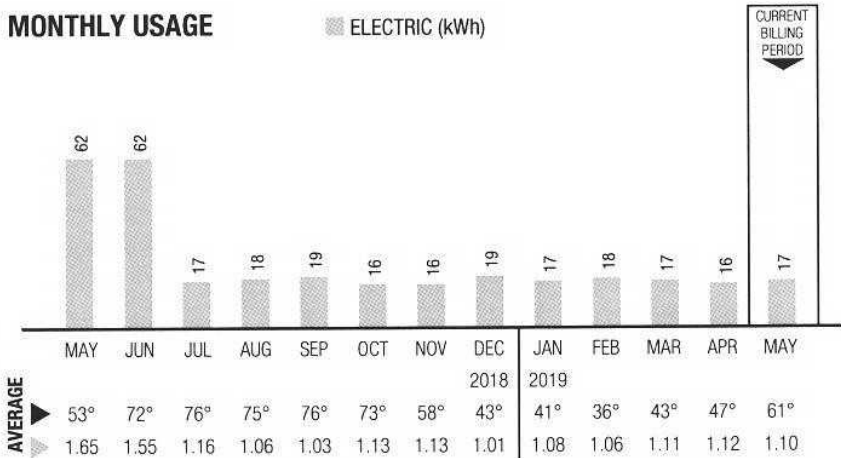
MAY - 9 2019

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	61°	53°
Number of Days Billed	30	30
Avg. Electric Charges per Day	\$1.10	\$1.65
Avg. Electric Usage per Day (kWh)	0.57	2.07

MONTHLY USAGE

ELECTRIC (kWh)



AVERAGE

53°	72°	76°	75°	76°	73°	58°	43°	41°	36°	43°	47°	61°
1.65	1.55	1.16	1.06	1.03	1.13	1.13	1.01	1.08	1.06	1.11	1.12	1.10



CURRENT USAGE

⚡ ELECTRIC	
Meter Reading Information	Meter # 2016722
Actual (R) kWh Reading on 5/3/19	884
Actual (R) kWh Reading on 4/3/19	867
Current kWh Usage	17
Meter Multiplier	1
Metered kWh Usage	17

CURRENT CHARGES

⚡ ELECTRIC		Rate: General Service Single Phase
Basic Service Charge (\$31.50 x 27/30 Days)	28.35	
Basic Service Charge (\$1.04 x 3 Days)	3.12	
Energy Charge (\$0.1049 x 15 kWh)	1.57	
Energy Charge (\$0.11334 x 2 kWh)	0.23	
Electric DSM (\$0.00045 x 15 kWh)	0.01	
Fuel Adjustment (\$-0.00297 x 17 kWh)	-0.05	
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 15 kWh)	-0.06	
Environmental Surcharge (0.48% CR x (\$33.22 - \$0.44))	-0.16	
Total Charges	\$33.01	

Taxes & Fees

Rate Increase For School Tax (3.00% x \$33.01)	0.99
Sales Tax (6.00% x \$34.00)	2.04
Total Taxes and Fees	\$3.03

BILLING INFORMATION

Environmental Surcharge
 Rate GS Environmental Surcharge Calculation: The fuel cost of \$0.44 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of -0.48%.

Late Payment Charge
 Late Charge to be Assessed After Due Date \$1.08

Rate Schedules
 For a copy of your rate schedule, visit ige-ku.com/rates or call our Customer Service Department.



a PPL company

Mailed 5/6/19 for Account # 3000-0781-6329

AMOUNT DUE
\$3,664.95

DUE DATE
5/31/19

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	61°	53°
Number of Days Billed	30	30
Avg. Electric Charges per Day	\$111.89	\$113.56
Avg. Electric Usage per Day (kWh)	1,211.47	1,153.33

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 6/4/19 - 6/6/19 (Meter Read Portion 03)

Batch _____
Doc 1056564

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					3,422.70
Payment(s) Received					-3,422.70
Balance as of 5/3/19					\$0.00
Power Service Secondary	4680238	4/3/19	5/3/19	30	3,640.51
RLS 451: OH MH Directional 32000L Fix	4721526	4/4/19	5/3/19	30	24.44
Total Current Charges as of 5/3/19					\$3,664.95
Total Amount Due					\$3,664.95

RECEIVED

MAY - 9 2019

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 4680238

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802877	4/3/19	5536	5/3/19	5989	R	80	36,240			
kW-BS	2802877	4/3/19		5/3/19	1.3500	R	80		108.0		
								Total Usage	36,240		

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 4680238

Rate: Power Service Secondary

Basic Service Charge (\$90.00 x 27/30 Days)	81.00
Basic Service Charge (\$2.96 x 3 Days)	8.88
Energy Charge (\$0.0327 x 32,160 kWh)	1,051.63
Energy Charge (\$0.03406 x 4,080 kWh)	138.96
Base Demand Charge (\$21.03 x 108.0 kW x 27/30 Days)	2,044.12
Base Demand Charge (\$22.63 x 108.0 kW x 03/30 Days)	244.40
Electric DSM (\$0.00060 x 32,160 kWh)	19.30
Electric DSM (\$0.00037 x 4,080 kWh)	1.51
Fuel Adjustment (\$-0.00297 x 36,240 kWh)	-107.63
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 32,160 kWh)	-135.72
Environmental Surcharge (0.48% CR x (\$3,454.08 - \$945.50))	-12.04
Rate Increase For School Tax (3.00% x \$3,334.41)	100.03
Sales Tax (6.00% x \$3,434.44)	206.07
Total Charges Contract 4680238	\$3,640.51

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 4680238

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	110.50	50%	55.30
Contract Capacity:		60%	

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 4721526

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 451: OH MH Directional 32000L Fix	1	n/a	04/04/19	05/03/19	104
Total Usage						104

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 451: OH MH Directional 32000L Fix

Contract: 4721526

Unit Charge (\$23.07 x 1 Light x 27/30 Days)	20.76
Unit Charge (\$23.96 x 1 Light x 03/30 Days)	2.40
Fuel Adjustment (\$-0.00297 x 104 kWh)	-0.31
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 95 kWh)	-0.40
Environmental Surcharge (0.320% CR x \$22.45)	-0.07
Rate Increase For School Tax (3.00% x \$22.38)	0.67
Sales Tax (6.00% x \$23.05)	1.39
Total Unmetered Charges	\$24.44





a PPL company

Mailed 6/5/19 for Account # 3000-0781-6329

AMOUNT DUE
\$4,301.51

DUE DATE
7/1/19

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	69°	72°
Number of Days Billed	32	32
<input type="checkbox"/> Avg. Electric Charges per Day	\$123.12	\$105.29
Avg. Electric Usage per Day (kWh)	1,300.66	1,184.56

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 7/3/19 - 7/8/19 (Meter Read Portion 03)

Batch
Doc 1064911

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					3,664.95
Payment(s) Received					-3,664.95
Balance as of 6/4/19					\$0.00
Power Service Secondary	4680238	5/3/19	6/4/19	32	4,275.34
RLS 451: OH MH Directional 32000L Fix	4721526	5/4/19	6/4/19	32	26.17
Total Current Charges as of 6/4/19					\$4,301.51
Total Amount Due					\$4,301.51

RECEIVED

JUN - 7 2019

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 4680238

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802877	5/3/19	5989	6/4/19	6508	R	80	41,520			
kW-BS	2802877	5/3/19		6/4/19	1.3510	R	80		108.1		
Total Usage								41,520			

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 4680238

Rate: Power Service Secondary

Basic Service Charge (\$2.96 x 32 Days)	94.72
Energy Charge (\$0.03406 x 41,520 kWh)	1,414.17
Base Demand Charge (\$22.63 x 108.1 kW)	2,446.30
Electric DSM (\$0.00037 x 41,520 kWh)	15.36
Fuel Adjustment (\$-0.00243 x 41,520 kWh)	-100.89
Environmental Surcharge (1.60% x (\$3,970.55 - \$1,083.26))	46.20
Rate Increase For School Tax (3.00% x \$3,915.86)	117.48
Sales Tax (6.00% x \$4,033.34)	242.00
Total Charges Contract 4680238	\$4,275.34

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 4680238

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	110.50	50%	55.30
Contract Capacity:		60%	

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 4721526

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 451: OH MH Directional 32000L Fix	1	n/a	05/04/19	06/04/19	101
Total Usage						101

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 451: OH MH Directional 32000L Fix

Contract: 4721526

Unit Charge (\$23.96 x 1 Light)	23.96
Fuel Adjustment (\$-0.00243 x 101 kWh)	-0.25
Environmental Surcharge (1.080% x \$23.71)	0.26
Rate Increase For School Tax (3.00% x \$23.97)	0.72
Sales Tax (6.00% x \$24.69)	1.48
Total Unmetered Charges	\$26.17





a PPL company

BILLING SUMMARY

Previous Balance	150.28
Payment(s) Received	-150.28
Balance as of 6/3/19	\$0.00
Current Electric Charges	103.70
Current Taxes and Fees	9.52
Total Current Charges as of 6/3/19	\$113.22
Total Amount Due	\$113.22

Mailed **6/4/19** for Account # **3000-0837-9400**

AMOUNT DUE
\$113.22

DUE DATE
6/28/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Beans Fork Rd Pump St
MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee

Customer Service: (800) 383-5582
M-F, 8am-6pm ET

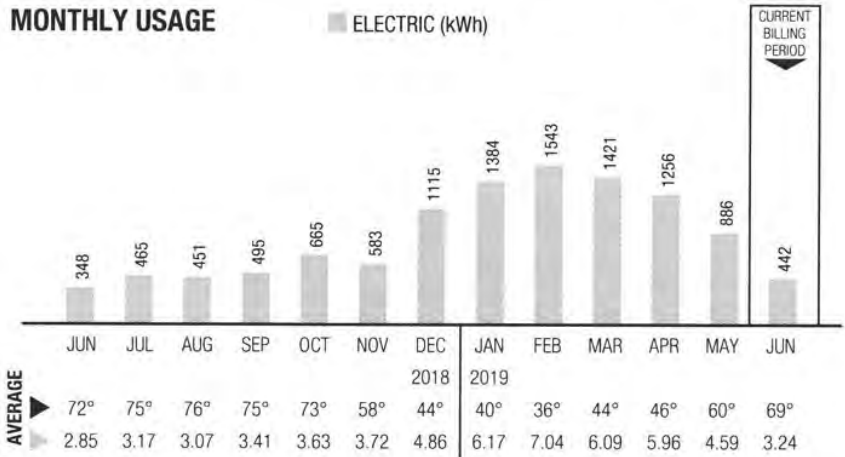
Walk-in Center: 2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

Next read will occur 7/2/19 - 7/5/19 (Meter Read Portion 02)

Batch _____
Doc 1064913

MONTHLY USAGE

■ ELECTRIC (kWh)



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	69°	72°
Number of Days Billed	32	30
■ Avg. Electric Charges per Day	\$3.24	\$2.85
Avg. Electric Usage per Day (kWh)	13.81	11.60



CURRENT USAGE

⚡ ELECTRIC

Meter Reading Information	Meter # C526741
Actual (R) kWh Reading on 6/3/19	83997
Verified (V) kWh Reading on 5/2/19	83555
Actual (R) kW Reading on 6/3/19	9.6900
Current kWh Usage	442
Meter Multiplier	1
Demand	9.7
Metered kWh Usage	442

CURRENT CHARGES

⚡ ELECTRIC

Rate: General Service Three Phase

Basic Service Charge (\$1.66 x 32 Days)	53.12
Energy Charge (\$0.11334 x 442 kWh)	50.10
Electric DSM (\$0.00019 x 442 kWh)	0.08
Fuel Adjustment (\$-0.00243 x 442 kWh)	-1.07
Environmental Surcharge (1.60% x (\$103.30 - \$11.53))	1.47
Total Charges	\$103.70

Taxes & Fees

Rate Increase For School Tax (3.00% x \$103.70)	3.11
Sales Tax (6.00% x \$106.81)	6.41
Total Taxes and Fees	\$9.52

BILLING INFORMATION

Environmental Surcharge

Rate GS Environmental Surcharge Calculation: The fuel cost of \$11.53 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 1.60%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$3.40

Explanation of Meter Reading Codes

Meter Read Codes: R - Actual Read; V - Verified Read; E - Estimated Read; S - Self Read

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.



a PPL company

BILLING SUMMARY

Previous Balance	36.04
Payment(s) Received	-36.04
Balance as of 6/4/19	\$0.00
Current Electric Charges	35.73
Current Taxes and Fees	3.28
Total Current Charges as of 6/4/19	\$39.01
Total Amount Due	\$39.01

Mailed 6/5/19 for Account # 3000-0439-7158

AMOUNT DUE
\$39.01

DUE DATE
7/1/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake Security
MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee
Customer Service: (800) 383-5582

Walk-in Center: M-F, 8am-6pm ET
2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

Next read will occur 7/3/19 - 7/8/19 (Meter Read Portion 03)

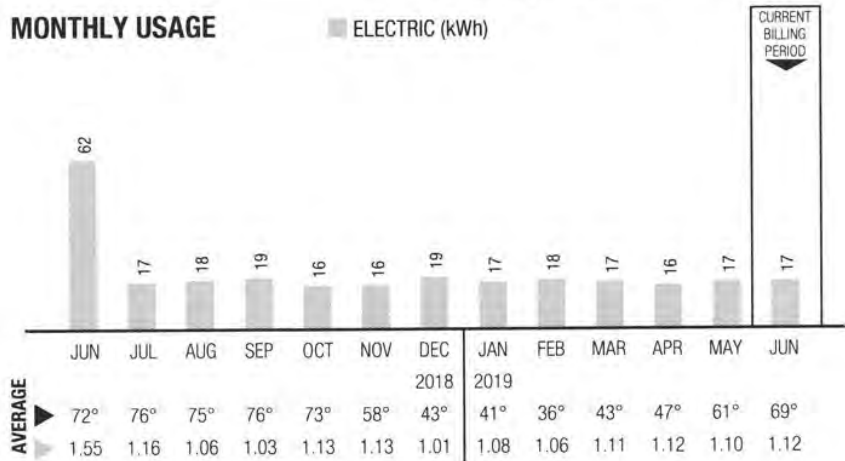
Batch _____
Doc 1064914

RECEIVED

JUN - 7 2019

MONTHLY USAGE

■ ELECTRIC (kWh)



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	69°	72°
Number of Days Billed	32	32
■ Avg. Electric Charges per Day	\$1.12	\$1.55
Avg. Electric Usage per Day (kWh)	0.53	1.94



CURRENT USAGE

⚡ ELECTRIC	
Meter Reading Information	Meter # 2016722
Actual (R) kWh Reading on 6/4/19	901
Actual (R) kWh Reading on 5/3/19	884
Current kWh Usage	17
Meter Multiplier	1
Metered kWh Usage	17

CURRENT CHARGES

⚡ ELECTRIC		Rate: General Service Single Phase
Basic Service Charge (\$1.04 x 32 Days)	33.28	
Energy Charge (\$0.11334 x 17 kWh)	1.93	
Fuel Adjustment (\$-0.00243 x 17 kWh)	-0.04	
Environmental Surcharge (1.60% x (\$35.21 - \$0.44))	0.56	
Total Charges	\$35.73	

Taxes & Fees	
Rate Increase For School Tax (3.00% x \$35.73)	1.07
Sales Tax (6.00% x \$36.80)	2.21
Total Taxes and Fees	\$3.28

BILLING INFORMATION

Environmental Surcharge
 Rate GS Environmental Surcharge Calculation: The fuel cost of \$0.44 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 1.60%.

Late Payment Charge
 Late Charge to be Assessed After Due Date \$1.17

Rate Schedules
 For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.



a PPL company

3008698

Mailed 5/22/19 for Account # 3000-0597-6059

AMOUNT DUE
\$2,435.05

DUE DATE
6/14/19

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	61°	53°
Number of Days Billed	30	30
Avg. Electric Charges per Day	\$73.43	\$105.21
Avg. Electric Usage per Day (kWh)	676.13	817.93

Account Name: WATER SVC CORP OF KY
Service Address: 102 Water Plant Rd Filt Pit
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 6/4/19 - 6/6/19 (Meter Read Portion 03)

Past Due Balance Subject to Disconnection

Batch 338409

Doc 1069277

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					3,042.98
Payment(s) Received					-3,042.98
Late Payment Charge					29.85
Balance as of 5/21/19					\$29.85
Power Service Secondary	570521	4/3/19	5/3/19	30	2,346.73
RLS 428: OH HPS Open Bottom 9500L Fix	568489	4/4/19	5/3/19	30	9.59
RLS 451: OH MH Directional 32000L Fix	570506	4/4/19	5/3/19	30	48.88
Total Current Charges as of 5/21/19					\$2,405.20
Total Amount Due					\$2,435.05

345 102,546510

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 570521

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802625	4/3/19	25884	5/3/19	26385	R	40	20,040			
kW-BS	2802625	4/3/19		5/3/19	1.8100	R	40		72.4		
								Total Usage	20,040		

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 570521

Rate: Power Service Secondary

Basic Service Charge (\$90.00 x 27/30 Days)	81.00
Basic Service Charge (\$2.96 x 3 Days)	8.88
Energy Charge (\$0.0327 x 18,120 kWh)	592.52
Energy Charge (\$0.03406 x 1,920 kWh)	65.40
Base Demand Charge (\$21.03 x 72.4 kW x 27/30 Days)	1,370.31
Base Demand Charge (\$22.63 x 72.4 kW x 03/30 Days)	163.84
Electric DSM (\$0.00060 x 18,120 kWh)	10.87
Electric DSM (\$0.00037 x 1,920 kWh)	0.71
Fuel Adjustment (\$-0.00297 x 20,040 kWh)	-59.52
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 18,120 kWh)	-76.47
Environmental Surcharge (0.48% CR x (\$2,217.06 - \$522.84))	-8.13
Rate Increase For School Tax (3.00% x \$2,149.41)	64.49
Sales Tax (6.00% x \$2,213.90)	132.83
Total Charges Contract 570521	\$2,346.73

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 570521

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	112.20	50%	56.10
Contract Capacity:	108.00	60%	64.80

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 568489

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 428: OH HPS Open Bottom 9500L Fix	1	n/a	04/04/19	05/03/19	35
Total Usage						35

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 428: OH HPS Open Bottom 9500L Fix

Contract: 568489

Unit Charge (\$9.01 x 1 Light x 27/30 Days)	8.11
Unit Charge (\$9.36 x 1 Light x 03/30 Days)	0.94
Fuel Adjustment (\$-0.00297 x 35 kWh)	-0.10
Tax Cuts & Jobs Act Surcredit (\$-0.00422 x 32 kWh)	-0.14
Environmental Surcharge (0.320% CR x \$8.81)	-0.03
Rate Increase For School Tax (3.00% x \$8.92)	0.27
Sales Tax (6.00% x \$9.05)	0.54
Total Unmetered Charges	\$9.59





a PPL company

3008698

Mailed 6/20/19 for Account # 3000-0597-6059

AMOUNT DUE
\$5,035.89

DUE DATE
7/15/19

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	69°	72°
Number of Days Billed	32	32
Avg. Electric Charges per Day	\$73.77	\$65.03
Avg. Electric Usage per Day (kWh)	704.88	662.38

Account Name: WATER SVC CORP OF KY
Service Address: 102 Water Plant Rd Filt Pit
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 7/3/19 - 7/8/19 (Meter Read Portion 03)

Batch 338409

Doc 1069284

Past Due Balance Subject to Disconnection

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					2,435.05
Payment(s) Received					0.00
Late Payment Charge					23.47
Balance as of 6/19/19					\$2,458.52 -may
Power Service Secondary	570521	5/3/19	6/4/19	32	2,514.79
RLS 428: OH HPS Open Bottom 9500L Fix	568489	5/4/19	6/4/19	32	10.24
RLS 451: OH MH Directional 32000L Fix	570506	5/4/19	6/4/19	32	52.34
Total Current Charges as of 6/19/19					\$2,577.37 -jun
Total Amount Due					\$5,035.89

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 570521								Rate: Power Service Secondary			
	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802625	5/3/19	26385	6/4/19	26943	R	40	22,320			
kW-BS	2802625	5/3/19		6/4/19	1.4260	R	40		57.0		
								Total Usage	22,320		

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 570521		Rate: Power Service Secondary	
Basic Service Charge (\$2.96 x 32 Days)			94.72
Energy Charge (\$0.03406 x 22,320 kWh)			760.22
Base Demand Minimum Applied (\$22.63 x 64.8 kW)			1,466.42
Electric DSM (\$0.00037 x 22,320 kWh)			8.26
Fuel Adjustment (\$-0.00243 x 22,320 kWh)			-54.24
Environmental Surcharge (1.60% x (\$2,329.62 - \$582.33))			27.96
Rate Increase For School Tax (3.00% x \$2,303.34)			69.10
Sales Tax (6.00% x \$2,372.44)			142.35
Total Charges Contract 570521			\$2,514.79

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 570521			
	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	112.20	50%	56.10
Contract Capacity:	108.00	60%	64.80

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 568489

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 428: OH HPS Open Bottom 9500L Fix	1	n/a	05/04/19	06/04/19	34
Total Usage						34

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 428: OH HPS Open Bottom 9500L Fix

Contract: 568489

Unit Charge (\$9.36 x 1 Light)	9.36
Fuel Adjustment (\$-0.00243 x 34 kWh)	-0.08
Environmental Surcharge (1.080% x \$9.28)	0.10
Rate Increase For School Tax (3.00% x \$9.38)	0.28
Sales Tax (6.00% x \$9.66)	0.58
Total Unmetered Charges	\$10.24





a PPL company

Mailed 7/5/19 for Account # 3000-0781-6329

AMOUNT DUE
\$4,053.93

DUE DATE
7/31/19

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	73°	76°
Number of Days Billed	29	29
Avg. Electric Charges per Day	\$128.04	\$112.60
Avg. Electric Usage per Day (kWh)	1,225.07	1,178.17

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 8/2/19 - 8/6/19 (Meter Read Portion 03)

Batch _____
Doc 6073907

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					4,301.51
Payment(s) Received					-4,301.51
Balance as of 7/3/19					\$0.00
Power Service Secondary	4680238	6/4/19	7/3/19	29	4,027.05
RLS 451: OH MH Directional 32000L Fix	4721526	6/5/19	7/3/19	29	26.88
Total Current Charges as of 7/3/19					\$4,053.93
Total Amount Due					\$4,053.93

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JUL 10 2019



⚡ CURRENT METER AND USAGE INFORMATION

Contract: 4680238

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802877	6/4/19	6508	7/3/19	6951	R	80	35,440			
kW-BS	2802877	6/4/19		7/3/19	1.2830	R	80		102.6		
Total Usage								35,440			

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 4680238

Rate: Power Service Secondary

Basic Service Charge (\$2.96 x 29 Days)	85.84
Energy Charge (\$0.03406 x 35,440 kWh)	1,207.09
Base Demand Charge (\$22.63 x 102.6 kW)	2,321.84
Electric DSM (\$0.00037 x 35,440 kWh)	13.11
Fuel Adjustment (\$-0.00241 x 35,440 kWh)	-85.41
Environmental Surcharge (5.40% x (\$3,627.88 - \$924.63))	145.98
Rate Increase For School Tax (3.00% x \$3,688.45)	110.65
Sales Tax (6.00% x \$3,799.10)	227.95
Total Charges Contract 4680238	\$4,027.05

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 4680238

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	110.50	50%	55.30
Contract Capacity:		60%	

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 4721526

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 451: OH MH Directional 32000L Fix	1	n/a	06/05/19	07/03/19	87
Total Usage						87

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 451: OH MH Directional 32000L Fix

Contract: 4721526

Unit Charge (\$23.96 x 1 Light)	23.96
Fuel Adjustment (\$-0.00241 x 87 kWh)	-0.21
Environmental Surcharge (3.660% x \$23.75)	0.87
Rate Increase For School Tax (3.00% x \$24.62)	0.74
Sales Tax (6.00% x \$25.36)	1.52
Total Unmetered Charges	\$26.88



BILLING INFORMATION

Environmental Surcharge

Rate PS Environmental Surcharge Calculation: The fuel cost of \$924.63 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 5.40%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$40.27

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.

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a PPL company

BILLING SUMMARY

Previous Balance	113.22
Payment(s) Received	-113.22
Balance as of 7/2/19	\$0.00
Current Electric Charges	81.67
Current Taxes and Fees	7.50
Total Current Charges as of 7/2/19	\$89.17
Total Amount Due	\$89.17

Mailed 7/3/19 for Account # 3000-0837-9400

AMOUNT DUE
\$89.17

DUE DATE
7/30/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Beans Fork Rd Pump St
MIDDLESBORO KY

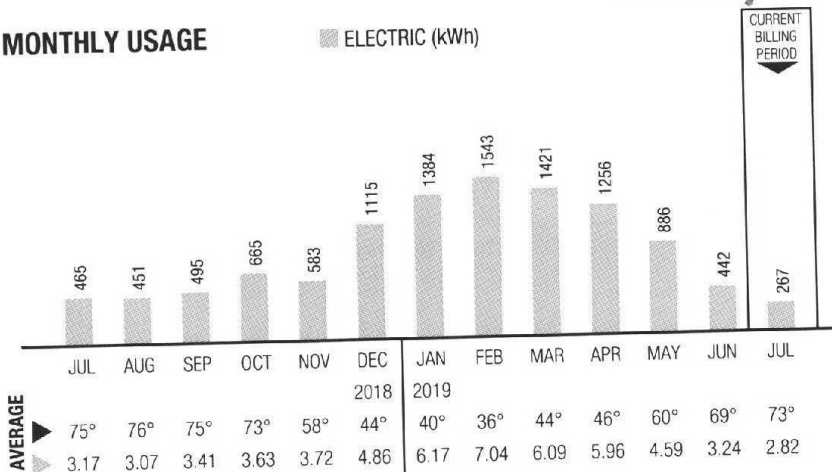
Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee
Customer Service: (800) 383-5582
M-F, 8am-6pm ET
Walk-in Center: 2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

Next read will occur 8/1/19 - 8/5/19 (Meter Read Portion 02)

Batch
Doc 1073909

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JUL - 9 2019

MONTHLY USAGE



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	73°	75°
Number of Days Billed	29	31
Avg. Electric Charges per Day	\$2.82	\$3.17
Avg. Electric Usage per Day (kWh)	9.21	15.00



a PPL company

BILLING SUMMARY

Previous Balance	39.01
Payment(s) Received	-39.01
Balance as of 7/3/19	\$0.00
Current Electric Charges	33.76
Current Taxes and Fees	3.10
Total Current Charges as of 7/3/19	\$36.86
Total Amount Due	\$36.86

Mailed 7/5/19 for Account # 3000-0439-7158

AMOUNT DUE
\$36.86

DUE DATE
7/31/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake Security
 MIDDLESBORO KY

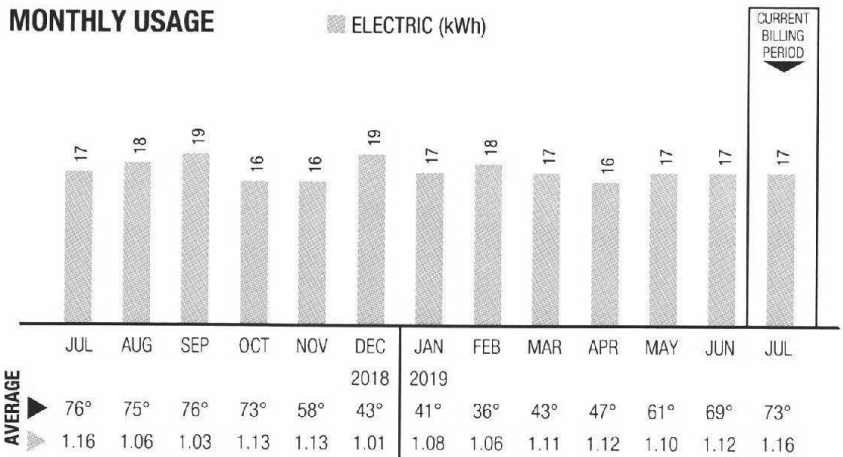
Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
 24 hours a day; \$2.00 fee
 (800) 383-5582
Customer Service: M-F, 8am-6pm ET
 2201 Cumberland Avenue
 Middlesboro, KY 40965
 M-F, 9am-5pm ET

Next read will occur 8/2/19 - 8/6/19 (Meter Read Portion 03)

Batch
Doc 1073910

BOEVI
7/10 2019

MONTHLY USAGE



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	73°	76°
Number of Days Billed	29	29
Avg. Electric Charges per Day	\$1.16	\$1.16
Avg. Electric Usage per Day (kWh)	0.59	0.59



a PPL company

Mailed 7/22/19 for Account # 3000-0597-6059

AMOUNT DUE
\$2,525.93

DUE DATE
8/13/19

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	73°	76°
Number of Days Billed	29	29
Avg. Electric Charges per Day	\$80.44	\$70.99
Avg. Electric Usage per Day (kWh)	684.24	685.62

Account Name: WATER SVC CORP OF KY
Service Address: 102 Water Plant Rd Filt Plt
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 8/2/19 - 8/6/19 (Meter Read Portion 03)

Batch _____
Doc 1079034

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					5,035.89
Payment(s) Received					-5,012.42
Balance as of 7/19/19					\$23.47
Power Service Secondary	570521	6/4/19	7/3/19	29	2,482.54
RLS 428: OH HPS Open Bottom 9500L Fix	568489	6/5/19	7/3/19	29	10.52
RLS 451: OH MH Directional 32000L Fix	570506	6/5/19	7/3/19	29	53.76
Total Current Charges as of 7/19/19					\$2,546.82
Other Charges					-44.36
Total Amount Due					\$2,525.93

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JUL 24 2019

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 570521

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802625	6/4/19	26943	7/3/19	27434	R	40	19,640			
kW-BS	2802625	6/4/19		7/3/19	1.4290	R	40		57.2		
Total Usage								19,640			

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 570521

Rate: Power Service Secondary

Basic Service Charge (\$2.96 x 29 Days)	85.84
Energy Charge (\$0.03406 x 19,640 kWh)	668.94
Base Demand Minimum Applied (\$22.63 x 64.8 kW)	1,466.42
Electric DSM (\$0.00037 x 19,640 kWh)	7.27
Fuel Adjustment (\$-0.00241 x 19,640 kWh)	-47.33
Environmental Surcharge (5.40% x (\$2,228.47 - \$512.41))	92.67
Rate Increase For School Tax (3.00% x \$2,273.81)	68.21
Sales Tax (6.00% x \$2,342.02)	140.52
Total Charges Contract 570521	\$2,482.54

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 570521

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	112.20	50%	56.10
Contract Capacity:	108.00	60%	64.80

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 568489

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 428: OH HPS Open Bottom 9500L Fix	1	n/a	06/05/19	07/03/19	29
Total Usage						29

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 428: OH HPS Open Bottom 9500L Fix

Contract: 568489

Unit Charge (\$9.36 x 1 Light)	9.36
Fuel Adjustment (\$-0.00241 x 29 kWh)	-0.07
Environmental Surcharge (3.660% x \$9.29)	0.34
Rate Increase For School Tax (3.00% x \$9.63)	0.29
Sales Tax (6.00% x \$9.92)	0.60
Total Unmetered Charges	\$10.52



CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 570506

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 451: OH MH Directional 32000L Fix	2	n/a	06/05/19	07/03/19	174
Total Usage						174

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 451: OH MH Directional 32000L Fix

Contract: 570506

Unit Charge (\$23.96 x 2 Lights)	47.92
Fuel Adjustment (\$-0.00241 x 174 kWh)	-0.42
Environmental Surcharge (3.660% x \$47.50)	1.74
Rate Increase For School Tax (3.00% x \$49.24)	1.48
Sales Tax (6.00% x \$50.72)	3.04
Total Unmetered Charges	\$53.76

Other Charges

Interest for Cash Sec. Deposit	-44.36
Total Other Charges Due	-44.36

BILLING INFORMATION

Environmental Surcharge

Rate PS Environmental Surcharge Calculation: The fuel cost of \$512.41 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 5.40%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$24.83

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.



a PPL company

BILLING SUMMARY

Previous Balance	89.17
Payment(s) Received	<u>-89.17</u>
Balance as of 8/5/19	\$0.00
Current Electric Charges	88.58
Current Taxes and Fees	<u>8.13</u>
Total Current Charges as of 8/5/19	\$96.71
Total Amount Due	\$96.71

Mailed **8/6/19** for Account # **3000-0837-9400**

AMOUNT DUE
\$96.71

DUE DATE
8/28/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Beans Fork Rd Pump St
 MIDDLESBORO KY

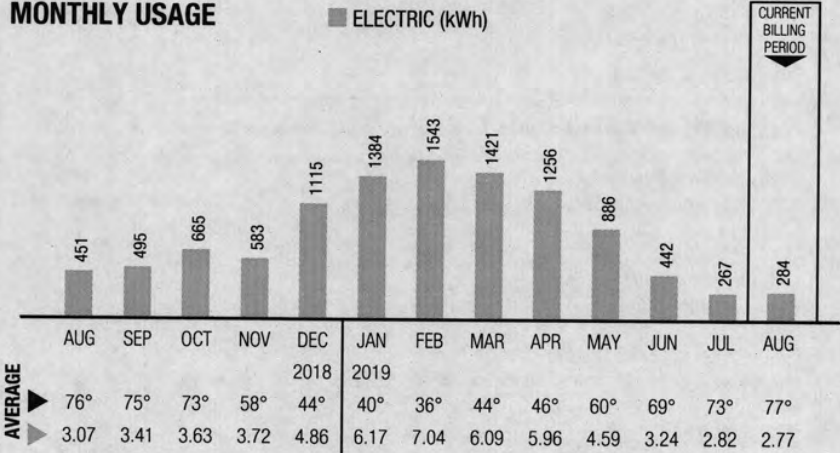
Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
 24 hours a day; \$2.00 fee
Customer Service: (800) 383-5582
 M-F, 8am-6pm ET
Walk-in Center: 2201 Cumberland Avenue
 Middlesboro, KY 40965
 M-F, 9am-5pm ET

Next read will occur 8/30/19 - 9/4/19 (Meter Read Portion 02)

Batch 342288
 Doc 1082164

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 AUG - 8 2019

MONTHLY USAGE



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	77°	76°
Number of Days Billed	32	31
Avg. Electric Charges per Day	\$2.77	\$3.07
Avg. Electric Usage per Day (kWh)	8.88	14.55



CURRENT USAGE

⚡ ELECTRIC	
Meter Reading Information	Meter # C526741
Actual (R) kWh Reading on 8/3/19	84548
Actual (R) kWh Reading on 7/2/19	84264
Actual (R) kW Reading on 8/3/19	7.9900
Current kWh Usage	284
Meter Multiplier	1
Demand	8.0
Metered kWh Usage	284

CURRENT CHARGES

⚡ ELECTRIC		Rate: General Service Three Phase
Basic Service Charge (\$1.66 x 32 Days)	53.12	
Energy Charge (\$0.11334 x 284 kWh)	32.19	
Electric DSM (\$0.00019 x 284 kWh)	0.05	
Fuel Adjustment (\$-0.00289 x 284 kWh)	-0.82	
Environmental Surcharge (5.18% x (\$85.36 - \$7.41))	4.04	
Total Charges	\$88.58	

Taxes & Fees	
Rate Increase For School Tax (3.00% x \$88.58)	2.66
Sales Tax (6.00% x \$91.24)	5.47
Total Taxes and Fees	\$8.13

BILLING INFORMATION

Environmental Surcharge
 Rate GS Environmental Surcharge Calculation: The fuel cost of \$7.41 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 5.18%.

Late Payment Charge
 Late Charge to be Assessed After Due Date \$2.90

Explanation of Meter Reading Codes
 Meter Read Codes: R - Actual Read; V - Verified Read; E - Estimated Read; S - Self Read

Rate Schedules
 For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.



a PPL company

BILLING SUMMARY

Previous Balance	36.86
Payment(s) Received	-36.86
Balance as of 8/5/19	\$0.00
Current Electric Charges	38.17
Current Taxes and Fees	3.51
Total Current Charges as of 8/5/19	\$41.68
Total Amount Due	\$41.68

Mailed 8/6/19 for Account # 3000-0439-7158

AMOUNT DUE
\$41.68

DUE DATE
8/29/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake Security
MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 981-0600, press 1-2-3
24 hours a day; \$2.00 fee

Customer Service: (800) 981-0600

Walk-in Center: M-F, 7am-7pm ET
2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

Next read will occur 9/3/19 - 9/5/19 (Meter Read Portion 03)

Batch

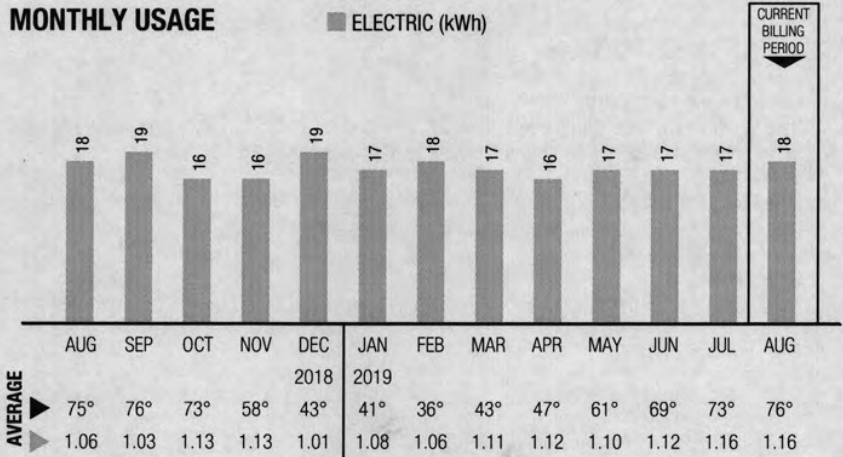
Doc 1082165

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AUG - 8 2019

MONTHLY USAGE

■ ELECTRIC (kWh)



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	76°	75°
Number of Days Billed	33	31
■ Avg. Electric Charges per Day	\$1.16	\$1.06
Avg. Electric Usage per Day (kWh)	0.55	0.58

Please return only this portion with your payment. Make checks payable to KU and write your account number on your check.

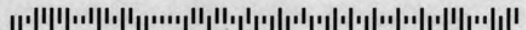
Amount Due 8/29/19	\$41.68
After Due Date, Pay this Amount:	\$42.93
WinterCare Donation:	
Total Amount Enclosed:	

Account # **3000-0439-7158**
Service Address: Na Fern Lake Security



a PPL company
PO Box 25212
Lehigh Valley, PA 18002-5212

#211700031 1#
0000031
WATER SVC CORP OF KY
CUST ID #61500-02-1
500 W MONROE ST STE 3600
CHICAGO, IL 60661-3779



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CURRENT USAGE

⚡ ELECTRIC

Meter Reading Information	Meter # 2016722
Actual (R) kWh Reading on 8/5/19	936
Actual (R) kWh Reading on 7/3/19	918
Current kWh Usage	18
Meter Multiplier	1
Metered kWh Usage	18

CURRENT CHARGES

⚡ ELECTRIC

Rate: General Service Single Phase

Basic Service Charge (\$1.04 x 33 Days)	34.32
Energy Charge (\$0.11334 x 18 kWh)	2.04
Fuel Adjustment (\$-0.00289 x 18 kWh)	-0.05
Environmental Surcharge (5.18% x (\$36.36 - \$0.47))	1.86
Total Charges	\$38.17

Taxes & Fees

Rate Increase For School Tax (3.00% x \$38.17)	1.15
Sales Tax (6.00% x \$39.32)	2.36
Total Taxes and Fees	\$3.51

BILLING INFORMATION

Environmental Surcharge

Rate GS Environmental Surcharge Calculation: The fuel cost of \$0.47 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 5.18%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$1.25

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.



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Call 811 before you dig.**

kentucky811.org

2108051-000031-001-001-011010-0000094

OFFICE USE ONLY: XO
MRU03431868, G000000
P36.86
PF:Y eB:P



a PPL company

Mailed 8/6/19 for Account # 3000-0781-6329

AMOUNT DUE
\$4,269.49

DUE DATE
8/29/19

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	76°	75°
Number of Days Billed	33	31
Avg. Electric Charges per Day	\$118.50	\$105.81
Avg. Electric Usage per Day (kWh)	1,219.79	1,226.35

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 9/3/19 - 9/5/19 (Meter Read Portion 03)

Batch 108 2766
Doc

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					4,053.93
Payment(s) Received					-4,053.93
Balance as of 8/5/19					\$0.00
Power Service Secondary	4680238	7/3/19	8/5/19	33	4,242.70
RLS 451: OH MH Directional 32000L Fix	4721526	7/4/19	8/2/19	30	26.79
Total Current Charges as of 8/5/19					\$4,269.49
Total Amount Due					\$4,269.49

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AUG - 8 2019

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 4680238								Rate: Power Service Secondary			
	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802877	7/3/19	6951	8/5/19	7453	R	80	40,160			
kW-BS	2802877	7/3/19		8/5/19	1.3130	R	80		105.0		
Total Usage								40,160			

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 4680238		Rate: Power Service Secondary	
Basic Service Charge (\$2.96 x 33 Days)			97.68
Energy Charge (\$0.03406 x 40,160 kWh)			1,367.85
Base Demand Charge (\$22.63 x 105.0 kW)			2,376.15
Electric DSM (\$0.00037 x 40,160 kWh)			14.86
Fuel Adjustment (\$-0.00289 x 40,160 kWh)			-116.06
Environmental Surcharge (5.18% x (\$3,856.54 - \$1,047.77))			145.49
Rate Increase For School Tax (3.00% x \$3,885.97)			116.58
Sales Tax (6.00% x \$4,002.55)			240.15
Total Charges Contract 4680238			\$4,242.70

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 4680238			
	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	110.50	50%	55.30
Contract Capacity:		60%	

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 4721526

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 451: OH MH Directional 32000L Fix	1	n/a	07/04/19	08/02/19	93
Total Usage						93

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 451: OH MH Directional 32000L Fix

Contract: 4721526

Unit Charge (\$23.96 x 1 Light)	23.96
Fuel Adjustment (\$-0.00289 x 93 kWh)	-0.27
Environmental Surcharge (3.530% x \$23.69)	0.84
Rate Increase For School Tax (3.00% x \$24.53)	0.74
Sales Tax (6.00% x \$25.27)	1.52
Total Unmetered Charges	\$26.79





BILLING INFORMATION

Environmental Surcharge

Rate PS Environmental Surcharge Calculation: The fuel cost of \$1,047.77 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 5.18%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$42.43

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.

2108051-000020-002-002-111100-0000062

Mailed **9/4/19** for Account # **3000-0781-6329**

AMOUNT DUE
\$3,814.84

DUE DATE
9/30/19



a PPL company

Account Name: **WATER SVC CORP OF KY**
Service Address: **Na Fern Lake
MIDDLESBORO KY**

Customer Service: **(800) 383-5582 (M-F, 8am-6pm ET)**
Online Self-Service: **lge-ku.com**

Next read will occur **10/2/19 - 10/4/19 (Meter Read Portion 03)**

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	75°	76°
Number of Days Billed	32	32
Avg. Electric Charges per Day	\$109.19	\$102.47
Avg. Electric Usage per Day (kWh)	1,025.91	1,243.44

Batch

Doc 1091092

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					4,269.49
Payment(s) Received					-4,269.49
Balance as of 9/3/19					\$0.00
Power Service Secondary	4680238	8/5/19	9/3/19	29	3,788.50
RLS 451: OH MH Directional 32000L Fix	4721526	8/3/19	9/3/19	32	26.34
Total Current Charges as of 9/3/19					\$3,814.84
Total Amount Due					\$3,814.84

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SEP 10 2019

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 4680238

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802877	8/5/19	7453	9/3/19	7862	R	80	32,720			
kW-BS	2802877	8/5/19		9/3/19	1.2570	R	80		100.6		
								Total Usage	32,720		

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 4680238

Rate: Power Service Secondary

Basic Service Charge (\$2.96 x 29 Days)	85.84
Energy Charge (\$0.03406 x 32,720 kWh)	1,114.44
Base Demand Charge (\$22.63 x 100.6 kW)	2,276.58
Electric DSM (\$0.00037 x 32,720 kWh)	12.11
Fuel Adjustment (\$-0.00311 x 32,720 kWh)	-101.76
Environmental Surcharge (3.14% x (\$3,488.97 - \$853.66))	82.75
Rate Increase For School Tax (3.00% x \$3,469.96)	104.10
Sales Tax (6.00% x \$3,574.06)	214.44
Total Charges Contract 4680238	\$3,788.50

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 4680238

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	110.50	50%	55.30
Contract Capacity:		60%	

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 4721526

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 451: OH MH Directional 32000L Fix	1	n/a	08/03/19	09/03/19	109
Total Usage						109

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 451: OH MH Directional 32000L Fix

Contract: 4721526

Unit Charge (\$23.96 x 1 Light)	23.96
Fuel Adjustment (\$-0.00311 x 109 kWh)	-0.34
Environmental Surcharge (2.140% x \$23.62)	0.51
Rate Increase For School Tax (3.00% x \$24.13)	0.72
Sales Tax (6.00% x \$24.85)	1.49
Total Unmetered Charges	\$26.34





BILLING INFORMATION

Environmental Surcharge

Rate PS Environmental Surcharge Calculation: The fuel cost of \$853.66 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 3.14%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$37.89

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.

2109031-018507-002-002-111100-0048198



a PPL company

Mailed 8/20/19 for Account # 3000-0597-6059

AMOUNT DUE
\$2,665.82

DUE DATE
9/12/19

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	76°	76°
Number of Days Billed	33	31
■ Avg. Electric Charges per Day	\$73.99	\$67.56
Avg. Electric Usage per Day (kWh)	705.97	715.65

Account Name: WATER SVC CORP OF KY
Service Address: 102 Water Plant Rd Filt Pit
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 9/3/19 - 9/5/19 (Meter Read Portion 03)

Batch
Dec 1091093

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					2,525.93
Payment(s) Received					-2,525.93
Balance as of 8/19/19					\$0.00
Power Service Secondary	570521	7/3/19	8/5/19	33	2,601.79
RLS 428: OH HPS Open Bottom 9500L Fix	568489	7/4/19	8/2/19	30	10.48
RLS 451: OH MH Directional 32000L Fix	570506	7/4/19	8/2/19	30	53.55
Total Current Charges as of 8/19/19					\$2,665.82
Total Amount Due					\$2,665.82

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AUG 22 2019



10/1/2011

10/1/2011

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 570521

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802625	7/3/19	27434	8/5/19	28011	R	40	23,080			
kW-BS	2802625	7/3/19		8/5/19	1.4480	R	40		57.9		
								Total Usage	23,080		

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 570521

Rate: Power Service Secondary

Basic Service Charge (\$2.96 x 33 Days)	97.68
Energy Charge (\$0.03406 x 23,080 kWh)	786.10
Base Demand Minimum Applied (\$22.63 x 64.8 kW)	1,466.42
Electric DSM (\$0.00037 x 23,080 kWh)	8.54
Fuel Adjustment (\$-0.00289 x 23,080 kWh)	-66.70
Environmental Surcharge (5.18% x (\$2,358.74 - \$602.16))	90.99
Rate Increase For School Tax (3.00% x \$2,383.03)	71.49
Sales Tax (6.00% x \$2,454.52)	147.27
Total Charges Contract 570521	\$2,601.79

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 570521

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	112.20	50%	56.10
Contract Capacity:	108.00	60%	64.80

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 568489

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 428: OH HPS Open Bottom 9500L Fix	1	n/a	07/04/19	08/02/19	31
Total Usage						31

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 428: OH HPS Open Bottom 9500L Fix

Contract: 568489

Unit Charge (\$9.36 x 1 Light)	9.36
Fuel Adjustment (\$-0.00289 x 31 kWh)	-0.09
Environmental Surcharge (3.530% x \$9.27)	0.33
Rate Increase For School Tax (3.00% x \$9.60)	0.29
Sales Tax (6.00% x \$9.89)	0.59
Total Unmetered Charges	\$10.48





CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 570506

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 451: OH MH Directional 32000L Fix	2	n/a	07/04/19	08/02/19	186
Total Usage						186

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 451: OH MH Directional 32000L Fix

Contract: 570506

Unit Charge (\$23.96 x 2 Lights)	47.92
Fuel Adjustment (\$-0.00289 x 186 kWh)	-0.54
Environmental Surcharge (3.530% x \$47.38)	1.67
Rate Increase For School Tax (3.00% x \$49.05)	1.47
Sales Tax (6.00% x \$50.52)	3.03
Total Unmetered Charges	\$53.55

BILLING INFORMATION

Environmental Surcharge

Rate PS Environmental Surcharge Calculation: The fuel cost of \$602.16 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 5.18%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$26.02

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.



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BILLING SUMMARY

Previous Balance	96.71
Payment(s) Received	-138.39
Balance as of 8/30/19	-41.68
Current Electric Charges	76.10
Current Taxes and Fees	6.98
Total Current Charges as of 8/30/19	\$83.08
Total Amount Due	\$41.40

*1082168
→*

Mailed 9/3/19 for Account # 3000-0837-9400

AMOUNT DUE
\$41.40

DUE DATE
9/27/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Beans Fork Rd Pump St
 MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
 24 hours a day; \$2.00 fee
Customer Service: (800) 383-5582
 M-F, 8am-6pm ET
Walk-in Center: 2201 Cumberland Avenue
 Middlesboro, KY 40965
 M-F, 9am-5pm ET

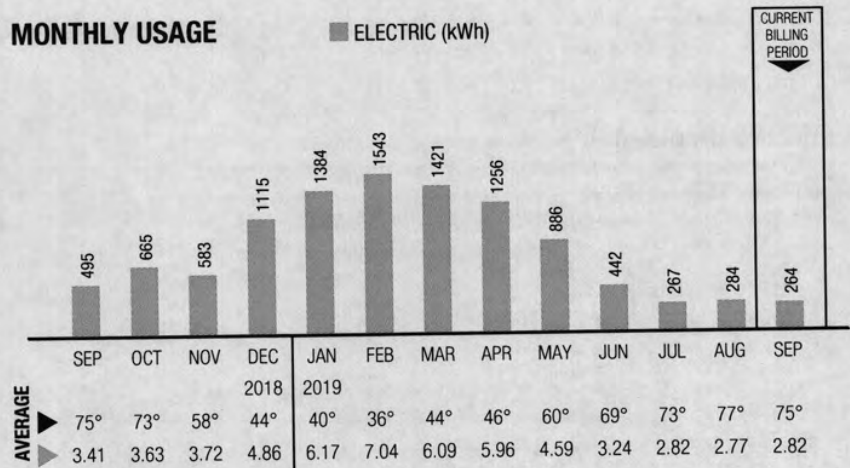
Next read will occur 10/1/19, 10/3/19 (Meter Read Portion 02)

Batch
Doc 1091095

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SEP 10 2019

MONTHLY USAGE

■ ELECTRIC (kWh)



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	75°	75°
Number of Days Billed	27	29
■ Avg. Electric Charges per Day	\$2.82	\$3.41
Avg. Electric Usage per Day (kWh)	9.78	17.07



CURRENT USAGE

⚡ ELECTRIC

Meter Reading Information	Meter # C526741
Actual (R) kWh Reading on 8/30/19	84812
Actual (R) kWh Reading on 8/3/19	84548
Actual (R) kW Reading on 8/30/19	8.0090
Current kWh Usage	264
Meter Multiplier	1
Demand	8.0
Metered kWh Usage	264

CURRENT CHARGES

⚡ ELECTRIC

Rate: General Service Three Phase

Basic Service Charge (\$1.66 x 27 Days)	44.82
Energy Charge (\$0.11334 x 264 kWh)	29.92
Electric DSM (\$0.00019 x 264 kWh)	0.05
Fuel Adjustment (\$-0.00311 x 264 kWh)	-0.82
Environmental Surcharge (3.14% x (\$74.79 - \$6.89))	2.13
Total Charges	\$76.10

Taxes & Fees

Rate Increase For School Tax (3.00% x \$76.10)	2.28
Sales Tax (6.00% x \$78.38)	4.70
Total Taxes and Fees	\$6.98

BILLING INFORMATION

Environmental Surcharge

Rate GS Environmental Surcharge Calculation: The fuel cost of \$6.89 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 3.14%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$2.49

Explanation of Meter Reading Codes

Meter Read Codes: R - Actual Read; V - Verified Read; E - Estimated Read; S - Self Read

Rate Schedules

For a copy of your rate schedule, visit ige-ku.com/rates or call our Customer Service Department.



a PPL company

BILLING SUMMARY

Previous Balance	41.68
Payment(s) Received	0.00
Balance as of 9/3/19	\$41.68
Current Electric Charges	32.91
Current Taxes and Fees	3.02
Total Current Charges as of 9/3/19	\$35.93
Other Charges (See Other Charges on back)	1.25
Total Amount Due	\$78.86

1082465
7 PD

37.18

Mailed 9/4/19 for Account # 3000-0439-7158

AMOUNT DUE

~~\$78.86~~

DUE DATE

9/30/19

Account Name:

WATER SVC CORP OF KY

Service Address:

Na Fern Lake Security
MIDDLESBORO KY

Online Payments:

lge-ku.com

Telephone Payments:

(800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee

Customer Service:

(800) 383-5582

Walk-in Center:

M-F, 8am-6pm ET
2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

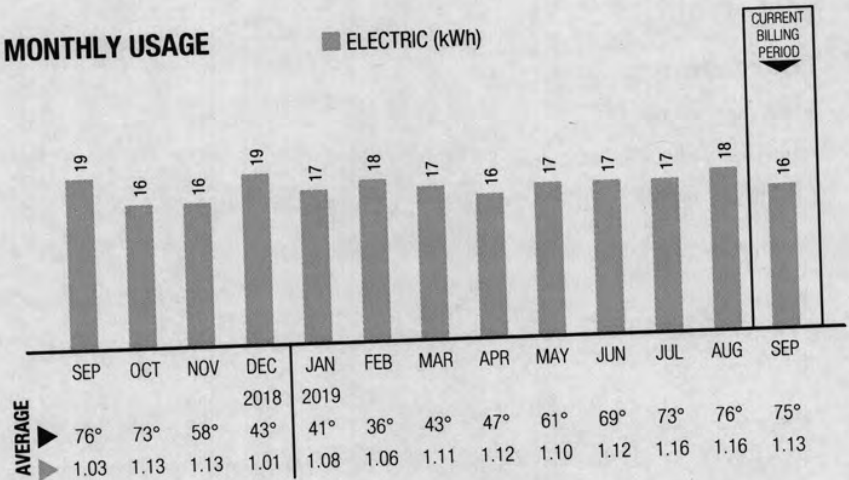
Next read will occur 10/2/19 - 10/4/19 (Meter Read Portion 03)

Doc 1091096

REC'D
RECEIVED
SEP 10 2019
SEP 10 2019

MONTHLY USAGE

ELECTRIC (kWh)



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	75°	76°
Number of Days Billed	29	32
Avg. Electric Charges per Day	\$1.13	\$1.03
Avg. Electric Usage per Day (kWh)	0.55	0.59

AVERAGE

76°	73°	58°	43°	41°	36°	43°	47°	61°	69°	73°	76°	75°
1.03	1.13	1.13	1.01	1.08	1.06	1.11	1.12	1.10	1.12	1.16	1.16	1.13



CURRENT USAGE

⚡ ELECTRIC

Meter Reading Information

Meter # 2016722

Actual (R) kWh Reading on 9/3/19	952
Actual (R) kWh Reading on 8/5/19	936
Current kWh Usage	16
Meter Multiplier	1
Metered kWh Usage	16

CURRENT CHARGES

⚡ ELECTRIC

Rate: General Service Single Phase

Basic Service Charge (\$1.04 x 29 Days)	30.16
Energy Charge (\$0.11334 x 16 kWh)	1.81
Fuel Adjustment (\$-0.00311 x 16 kWh)	-0.05
Environmental Surcharge (3.14% x (\$31.97 - \$0.42))	0.99
Total Charges	\$32.91

Taxes & Fees

Rate Increase For School Tax (3.00% x \$32.91)	
Sales Tax (6.00% x \$33.90)	0.99
Total Taxes and Fees	2.03
	\$3.02

Other Charges

Late Payment Charge	
Total Other Charges Due	1.25
	\$1.25

BILLING INFORMATION

Environmental Surcharge

Rate GS Environmental Surcharge Calculation: The fuel cost of \$0.42 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 3.14%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$1.08

Rate Schedules

For a copy of your rate schedule, visit ge-ku.com/rates or call our Customer Service Department.



a PPL company

Mailed 10/3/19 for Account # 3000-0781-6329

AMOUNT DUE
\$3,661.41

DUE DATE
10/30/19

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	75°	73°
Number of Days Billed	29	29
Avg. Electric Charges per Day	\$115.64	\$102.92
Avg. Electric Usage per Day (kWh)	1,145.86	1,270.00

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 10/31/19 - 11/4/19 (Meter Read Portion 03)

Batch
Doc 1106803

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					3,814.84
Payment(s) Received					-3,814.84
Balance as of 10/2/19					\$0.00
Power Service Secondary	4680238	9/3/19	10/2/19	29	3,635.04
RLS 451: OH MH Directional 32000L Fix	4721526	9/4/19	10/2/19	29	26.37
Total Current Charges as of 10/2/19					\$3,661.41
Total Amount Due					\$3,661.41

RECEIVED

OCT - 7 2019

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 4680238

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802877	9/3/19	7862	10/2/19	8276	R	80	33,120			
kW-BS	2802877	9/3/19		10/2/19	1.3190	R	80		105.5		
								Total Usage	33,120		

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 4680238

Rate: Power Service Secondary

Basic Service Charge (\$2.96 x 29 Days)	85.84
Energy Charge (\$0.03406 x 33,120 kWh)	1,128.07
Base Demand Charge (\$20.25 x 105.5 kW)	2,136.38
Electric DSM (\$0.00037 x 33,120 kWh)	12.25
Fuel Adjustment (\$-0.00392 x 33,120 kWh)	-129.83
Environmental Surcharge (3.87% x (\$3,362.54 - \$864.10))	96.69
Rate Increase For School Tax (3.00% x \$3,329.40)	99.88
Sales Tax (6.00% x \$3,429.28)	205.76
Total Charges Contract 4680238	\$3,635.04

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 4680238

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	110.50	50%	55.30
Contract Capacity:		60%	

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 4721526

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 451: OH MH Directional 32000L Fix	1	n/a	09/04/19	10/02/19	110
Total Usage						110

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 451: OH MH Directional 32000L Fix

Contract: 4721526

Unit Charge (\$23.96 x 1 Light)	23.96
Fuel Adjustment (\$-0.00392 x 110 kWh)	-0.43
Environmental Surcharge (2.660% x \$23.53)	0.63
Rate Increase For School Tax (3.00% x \$24.16)	0.72
Sales Tax (6.00% x \$24.88)	1.49
Total Unmetered Charges	\$26.37



BILLING INFORMATION

Environmental Surcharge

Rate PS Environmental Surcharge Calculation: The fuel cost of \$864.10 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 3.87%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$36.35

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.

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a PPL company

Mailed 9/19/19 for Account # 3000-0597-6059

AMOUNT DUE
\$5,145.52

DUE DATE
10/11/19

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	76°	76°
Number of Days Billed	32	32
Avg. Electric Charges per Day	\$70.23	\$65.39
Avg. Electric Usage per Day (kWh)	590.47	725.50

Account Name: WATER SVC CORP OF KY
Service Address: 102 Water Plant Rd Filt Plt
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 10/2/19 - 10/4/19 (Meter Read Portion 03)

Batch
Doc 1106804

Past Due Balance Subject to Disconnection

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					2,665.82
Payment(s) Received					0.00
Late Payment Charge					26.02
Balance as of 9/18/19					\$2,691.84
Power Service Secondary	570521	8/5/19	9/3/19	29	2,390.70
RLS 428: OH HPS Open Bottom 9500L Fix	568489	8/3/19	9/3/19	32	10.30
RLS 451: OH MH Directional 32000L Fix	570506	8/3/19	9/3/19	32	52.68
Total Current Charges as of 9/18/19					\$2,453.68
Total Amount Due					\$5,145.52

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SEP 23 2019

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 570521

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802625	8/5/19	28011	9/3/19	28477	R	40	18,640			
kW-BS	2802625	8/5/19		9/3/19	1.4430	R	40		57.7		
								Total Usage	18,640		

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 570521

Rate: Power Service Secondary

Basic Service Charge (\$2.96 x 29 Days)	85.84
Energy Charge (\$0.03406 x 18,640 kWh)	634.88
Base Demand Minimum Applied (\$22.63 x 64.8 kW)	1,466.42
Electric DSM (\$0.00037 x 18,640 kWh)	6.90
Fuel Adjustment (\$-0.00311 x 18,640 kWh)	-57.97
Environmental Surcharge (3.14% x (\$2,194.04 - \$486.32))	53.62
Rate Increase For School Tax (3.00% x \$2,189.69)	65.69
Sales Tax (6.00% x \$2,255.38)	135.32
Total Charges Contract 570521	\$2,390.70

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 570521

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	112.20	50%	56.10
Contract Capacity:	108.00	60%	64.80

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 568489

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 428: OH HPS Open Bottom 9500L Fix	1	n/a	08/03/19	09/03/19	37
Total Usage						37

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 428: OH HPS Open Bottom 9500L Fix

Contract: 568489

Unit Charge (\$9.36 x 1 Light)	9.36
Fuel Adjustment (\$-0.00311 x 37 kWh)	-0.12
Environmental Surcharge (2.140% x \$9.24)	0.20
Rate Increase For School Tax (3.00% x \$9.44)	0.28
Sales Tax (6.00% x \$9.72)	0.58
Total Unmetered Charges	\$10.30



CURRENT UNMETERED USAGE

ELECTRIC

Contract: 570506

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 451: OH MH Directional 32000L Fix	2	n/a	08/03/19	09/03/19	218
Total Usage						218

CURRENT UNMETERED CHARGES

ELECTRIC

Rate: RLS 451: OH MH Directional 32000L Fix

Contract: 570506

Unit Charge (\$23.96 x 2 Lights)	47.92
Fuel Adjustment (\$-0.00311 x 218 kWh)	-0.68
Environmental Surcharge (2.140% x \$47.24)	1.01
Rate Increase For School Tax (3.00% x \$48.25)	1.45
Sales Tax (6.00% x \$49.70)	2.98
Total Unmetered Charges	\$52.68

BILLING INFORMATION

Environmental Surcharge

Rate PS Environmental Surcharge Calculation: The fuel cost of \$486.32 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 3.14%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$23.91

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.

IMPORTANT INFORMATION

Past Due Balance Subject to Disconnection

The due date shown on this statement only applies to the current charges. The payment due date shown on your Disconnection Notice has not been extended. If the amount due on your Disconnection Notice has not been paid, your service is subject to disconnection. If you need assistance, please call Customer Service at the number on the front of your bill to speak with one of our representatives.



a PPL company

BILLING SUMMARY

Previous Balance	41.40
Payment(s) Received	-41.40
Balance as of 10/1/19	\$0.00
Current Electric Charges	86.02
Current Taxes and Fees	7.90
Total Current Charges as of 10/1/19	\$93.92
Total Amount Due	\$93.92

Mailed **10/2/19** for Account # **3000-0837-9400**

AMOUNT DUE
\$93.92

DUE DATE
10/29/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Beans Fork Rd Pump St
 MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
 24 hours a day; \$2.00 fee
Customer Service: (800) 383-5582
 M-F, 8am-6pm ET
Walk-in Center: 2201 Cumberland Avenue
 Middlesboro, KY 40965
 M-F, 9am-5pm ET

Next read will occur 10/30/19 - 11/1/19 (Meter Read Portion 02)

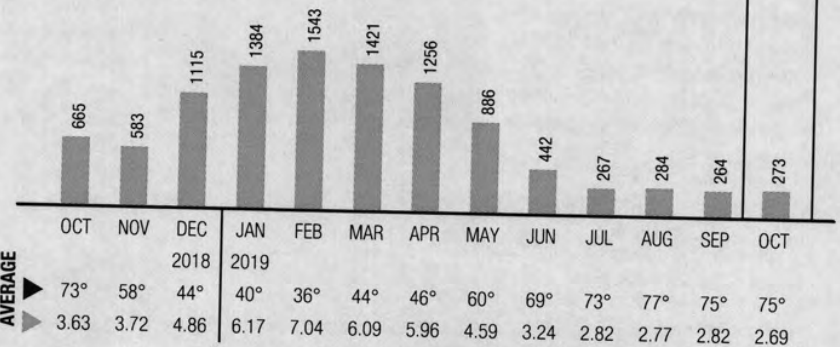
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Doc 1100806

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OCT - 4 2019

MONTHLY USAGE

■ ELECTRIC (kWh)



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	75°	73°
Number of Days Billed	32	32
Avg. Electric Charges per Day	\$2.69	\$3.63
Avg. Electric Usage per Day (kWh)	8.53	20.78



a PPL company

BILLING SUMMARY

Previous Balance	78.86
Payment(s) Received	-37.18
Balance as of 10/2/19	\$41.68
Current Electric Charges	33.24
Current Taxes and Fees	3.05
Total Current Charges as of 10/2/19	\$36.29
Other Charges (See Other Charges on back)	1.08
Total Amount Due	\$79.05

RD 1082165
3737

Mailed 10/3/19 for Account # 3000-0439-7158

AMOUNT DUE
\$79.05

DUE DATE
10/30/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake Security
MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee

Customer Service: (800) 383-5582
M-F, 8am-6pm ET

Walk-in Center: 2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

Next read will occur 10/31/19 - 11/4/19 (Meter Read Portion 03)

Batch

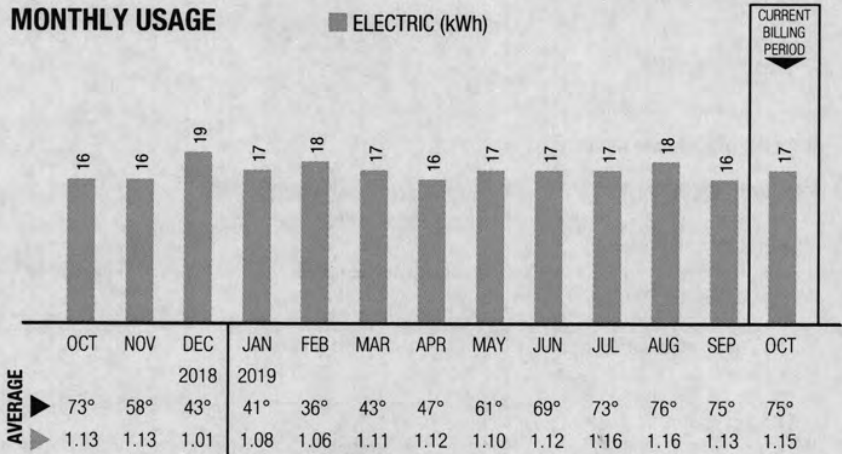
Doc 1100807

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OCT 17 2019

MONTHLY USAGE

■ ELECTRIC (kWh)



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	75°	73°
Number of Days Billed	29	29
Avg. Electric Charges per Day	\$1.15	\$1.13
Avg. Electric Usage per Day (kWh)	0.59	0.55



a PPL company

Mailed 10/21/19 for Account # 3000-0597-6059

AMOUNT DUE
\$4,752.99

DUE DATE
11/13/19

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	75°	73°
Number of Days Billed	29	29
Avg. Electric Charges per Day	\$71.80	\$66.06
Avg. Electric Usage per Day (kWh)	648.83	742.69

Account Name: WATER SVC CORP OF KY
Service Address: 102 Water Plant Rd Filt Plt
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 10/31/19 - 11/4/19 (Meter Read Portion 03)

Past Due Balance Subject to Disconnection

Batch _____
Doc 1110450

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					5,145.52
Payment(s) Received					-2,665.82
Balance as of 10/18/19					\$2,479.70
Power Service Secondary	570521	9/3/19	10/2/19	29	2,210.23
RLS 428: OH HPS Open Bottom 9500L Fix	568489	9/4/19	10/2/19	29	10.31
RLS 451: OH MH Directional 32000L Fix	570506	9/4/19	10/2/19	29	52.75
Total Current Charges as of 10/18/19					\$2,273.29
Total Amount Due					\$4,752.99

2453.68 PD

1100504

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OCT 23 2019

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 570521

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802625	9/3/19	28477	10/2/19	28941	R	40	18,560			
kW-BS	2802625	9/3/19		10/2/19	1.4160	R	40		56.6		
Total Usage								18,560			

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 570521

Rate: Power Service Secondary

Basic Service Charge (\$2.96 x 29 Days)	85.84
Energy Charge (\$0.03406 x 18,560 kWh)	632.15
Base Demand Minimum Applied (\$20.25 x 64.8 kW)	1,312.20
Electric DSM (\$0.00037 x 18,560 kWh)	6.87
Fuel Adjustment (\$-0.00392 x 18,560 kWh)	-72.76
Environmental Surcharge (3.87% x (\$2,037.06 - \$484.23))	60.09
Rate Increase For School Tax (3.00% x \$2,024.39)	60.73
Sales Tax (6.00% x \$2,085.12)	125.11
Total Charges Contract 570521	\$2,210.23

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 570521

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	112.20	50%	56.10
Contract Capacity:	108.00	60%	64.80

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 568489

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 428: OH HPS Open Bottom 9500L Fix	1	n/a	09/04/19	10/02/19	37
Total Usage						37

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 428: OH HPS Open Bottom 9500L Fix

Contract: 568489

Unit Charge (\$9.36 x 1 Light)	9.36
Fuel Adjustment (\$-0.00392 x 37 kWh)	-0.15
Environmental Surcharge (2.660% x \$9.21)	0.24
Rate Increase For School Tax (3.00% x \$9.45)	0.28
Sales Tax (6.00% x \$9.73)	0.58
Total Unmetered Charges	\$10.31





a PPL company

BILLING SUMMARY

Previous Balance	93.92
Payment(s) Received	-93.92
Balance as of 10/30/19	\$0.00
Current Electric Charges	88.55
Current Taxes and Fees	8.13
Total Current Charges as of 10/30/19	\$96.68
Total Amount Due	\$96.68

Mailed 10/31/19 for Account # 3000-0837-9400

AMOUNT DUE
\$96.68

DUE DATE
11/27/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Beans Fork Rd Pump St
MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee

Customer Service: (800) 383-5582

Walk-in Center: M-F, 8am-6pm ET
2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

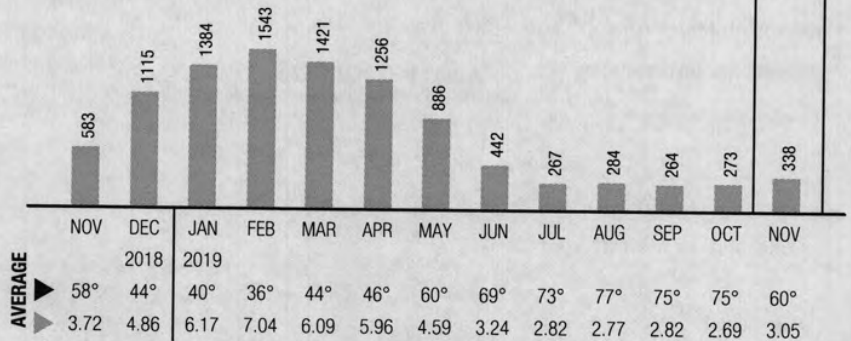
Next read will occur 12/2/19 - 12/4/19 (Meter Read Portion 02)

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NOV - 5 2019

Batch
1110483

MONTHLY USAGE

■ ELECTRIC (kWh)



CURRENT BILLING PERIOD

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	60°	58°
Number of Days Billed	29	29
■ Avg. Electric Charges per Day	\$3.05	\$3.72
Avg. Electric Usage per Day (kWh)	11.66	20.10



a PPL company

BILLING SUMMARY

Previous Balance	79.05
Payment(s) Received	-37.37
Balance as of 10/31/19	\$41.68
Current Electric Charges	33.43
Current Taxes and Fees	3.07
Total Current Charges as of 10/31/19	\$36.50
Other Charges (See Other Charges on back)	1.09
Total Amount Due	\$79.27

37.59

Mailed 11/1/19 for Account # 3000-0439-7158

AMOUNT DUE
\$79.27

DUE DATE
12/2/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake Security
MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee
Customer Service: (800) 383-5582

Walk-in Center: M-F, 8am-6pm ET
2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

Next read will occur 12/3/19 - 12/5/19 (Meter Read Portion 03)

Batch

Doc

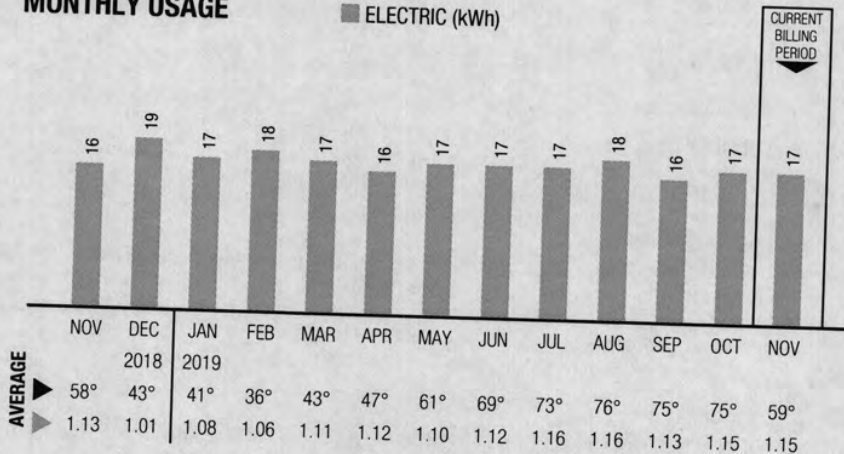
1110474

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NOV - 5 2019

MONTHLY USAGE

■ ELECTRIC (kWh)



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	59°	58°
Number of Days Billed	29	29
■ Avg. Electric Charges per Day	\$1.15	\$1.13
Avg. Electric Usage per Day (kWh)	0.59	0.55

AVERAGE

58°	43°	41°	36°	43°	47°	61°	69°	73°	76°	75°	75°	59°
1.13	1.01	1.08	1.06	1.11	1.12	1.10	1.12	1.16	1.16	1.13	1.15	1.15



a PPL company

300 8698

Mailed 11/19/19 for Account # 3000-0597-6059

AMOUNT DUE
\$4,555.65

DUE DATE
12/13/19

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	59°	58°
Number of Days Billed	29	29
Avg. Electric Charges per Day	\$71.26	\$71.05
Avg. Electric Usage per Day (kWh)	627.62	710.41

Account Name: WATER SVC CORP OF KY
Service Address: 102 Water Plant Rd Filt Plt
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 12/3/19 - 12/5/19 (Meter Read Portion 03)

345102.5465.10

Past Due Balance Subject to Disconnection

Batch 352237

Doc 1112456

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					4,752.99
Payment(s) Received					-2,453.68
Balance as of 11/18/19					\$2,299.31
Power Service Secondary	570521	10/2/19	10/31/19	29	2,193.21
RLS 428: OH HPS Open Bottom 9500L Fix	568489	10/3/19	10/31/19	29	10.34
RLS 451: OH MH Directional 32000L Fix	570506	10/3/19	10/31/19	29	52.79
Total Current Charges as of 11/18/19					\$2,256.34
Total Amount Due					\$4,555.65

RECEIVED

NOV 22 2019

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 570521

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802625	10/2/19	28941	10/31/19	29389	R	40	17,920			
kW-BS	2802625	10/2/19		10/31/19	1.4330	R	40		57.3		
Total Usage								17,920			

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 570521

Rate: Power Service Secondary

Basic Service Charge (\$2.96 x 29 Days)	85.84
Energy Charge (\$0.03406 x 17,920 kWh)	610.36
Base Demand Minimum Applied (\$20.25 x 64.8 kW)	1,312.20
Electric DSM (\$0.00037 x 17,920 kWh)	6.63
Fuel Adjustment (\$-0.00419 x 17,920 kWh)	-75.08
Environmental Surcharge (4.45% x (\$2,015.03 - \$467.53))	68.86
Rate Increase For School Tax (3.00% x \$2,008.81)	60.26
Sales Tax (6.00% x \$2,069.07)	124.14
Total Charges Contract 570521	\$2,193.21

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 570521

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	112.20	50%	56.10
Contract Capacity:	108.00	60%	64.80

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 568489

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 428: OH HPS Open Bottom 9500L Fix	1	n/a	10/03/19	10/31/19	40
Total Usage						40

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 428: OH HPS Open Bottom 9500L Fix

Contract: 568489

Unit Charge (\$9.36 x 1 Light)	9.36
Fuel Adjustment (\$-0.00419 x 40 kWh)	-0.17
Environmental Surcharge (3.070% x \$9.19)	0.28
Rate Increase For School Tax (3.00% x \$9.47)	0.28
Sales Tax (6.00% x \$9.75)	0.59
Total Unmetered Charges	\$10.34





a PPL company

Mailed 12/4/19 for Account # 3000-0781-6329

AMOUNT DUE
\$3,933.03

DUE DATE
1/2/20

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	42°	43°
Number of Days Billed	33	33
Avg. Electric Charges per Day	\$109.16	\$97.63
Avg. Electric Usage per Day (kWh)	1,291.79	1,306.33

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 1/3/20 - 1/7/20 (Meter Read Portion 03)

1117753

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					3,701.29
Payment(s) Received					-3,701.29
Balance as of 12/3/19					\$0.00
Power Service Secondary	4680238	10/31/19	12/3/19	33	3,907.30
RLS 451: OH MH Directional 32000L Fix	4721526	11/1/19	12/3/19	33	25.73
Total Current Charges as of 12/3/19					\$3,933.03
Total Amount Due					\$3,933.03

DEC 3 8 19



⚡ CURRENT METER AND USAGE INFORMATION

Contract: 4680238

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802877	10/31/19	8694	12/3/19	9225	R	80	42,480			
kW-BS	2802877	10/31/19		12/3/19	1.3600	R	80		108.8		
								Total Usage	42,480		

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 4680238

Rate: Power Service Secondary

Basic Service Charge (\$2.96 x 33 Days)	97.68
Energy Charge (\$0.03406 x 42,480 kWh)	1,446.87
Base Demand Charge (\$20.39 x 108.8 kW)	2,218.44
Electric DSM (\$0.00037 x 42,480 kWh)	15.72
Fuel Adjustment (\$-0.00680 x 42,480 kWh)	-288.86
Environmental Surcharge (3.33% x (\$3,778.71 - \$1,108.30))	88.92
Rate Increase For School Tax (3.00% x \$3,578.77)	107.36
Sales Tax (6.00% x \$3,686.13)	221.17
Total Charges Contract 4680238	\$3,907.30

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 4680238

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	110.50	50%	55.30
Contract Capacity:		60%	

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 4721526

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 451: OH MH Directional 32000L Fix	1	n/a	11/01/19	12/03/19	149
Total Usage						149

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 451: OH MH Directional 32000L Fix

Contract: 4721526

Unit Charge (\$24.04 x 1 Light)	24.04
Fuel Adjustment (\$-0.00680 x 149 kWh)	-1.01
Environmental Surcharge (2.310% x \$23.03)	0.53
Rate Increase For School Tax (3.00% x \$23.56)	0.71
Sales Tax (6.00% x \$24.27)	1.46
Total Unmetered Charges	\$25.73





a PPL company

BILLING SUMMARY

Previous Balance	96.68
Payment(s) Received	0.00
Balance as of 12/2/19	\$96.68
Current Electric Charges	198.69
Current Taxes and Fees	18.24
Total Current Charges as of 12/2/19	\$216.93
Other Charges (See Other Charges on back)	2.90
Total Amount Due	\$316.51

729.83

Mailed 12/3/19 for Account # 3000-0837-9400

AMOUNT DUE
\$316.51

DUE DATE
12/31/19

Account Name: WATER SVC CORP OF KY
Service Address: Na Beans Fork Rd Pump St
MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee

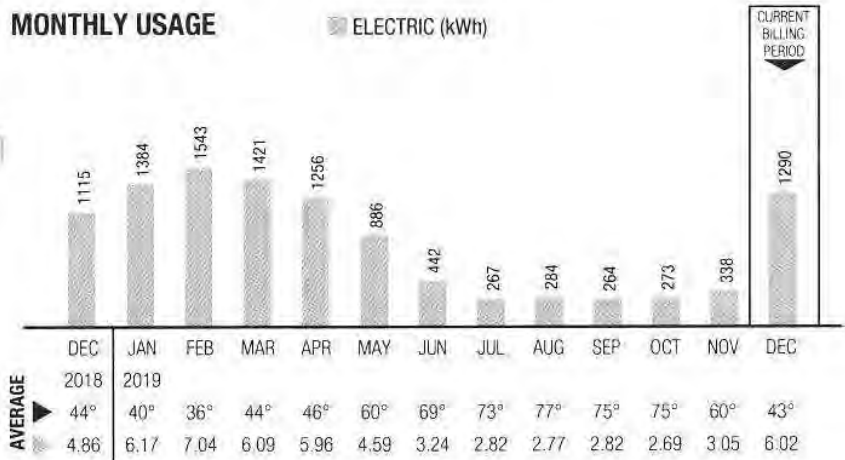
Customer Service: (800) 383-5582
M-F, 8am-6pm ET
Walk-in Center: 2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

Next read will occur 1/2/20 - 1/6/20 (Meter Read Portion 02)

1117755

MONTHLY USAGE

■ ELECTRIC (kWh)



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	43°	44°
Number of Days Billed	33	33
Avg. Electric Charges per Day	\$6.02	\$4.86
Avg. Electric Usage per Day (kWh)	39.09	33.79



CURRENT USAGE

⚡ ELECTRIC

Meter Reading Information	Meter # C526741
Actual (R) kWh Reading on 12/2/19	86713
Actual (R) kWh Reading on 10/30/19	85423
Actual (R) kW Reading on 12/2/19	10.9510
Current kWh Usage	1290
Meter Multiplier	1
Demand	11.0
Metered kWh Usage	1290

CURRENT CHARGES

⚡ ELECTRIC

Rate: General Service Three Phase

Basic Service Charge (\$1.66 x 33 Days)	54.78
Energy Charge (\$0.11382 x 1,290 kWh)	146.83
Electric DSM (\$0.00019 x 1,290 kWh)	0.25
Fuel Adjustment (\$-0.00680 x 1,290 kWh)	-8.77
Environmental Surcharge (3.33% x (\$201.86 - \$33.66))	5.60
Total Charges	\$198.69

Taxes & Fees

Rate Increase For School Tax (3.00% x \$198.69)	5.96
Sales Tax (6.00% x \$204.65)	12.28
Total Taxes and Fees	\$18.24

Other Charges

Late Payment Charge	2.90
Total Other Charges Due	\$2.90



a PPL company

Mailed 12/4/19 for Account # 3000-0439-7158

AMOUNT DUE

\$83.53

DUE DATE

1/2/20

BILLING SUMMARY

Previous Balance	79.27
Payment(s) Received	-37.59
Balance as of 12/3/19	\$41.68
Current Electric Charges	37.32
Current Taxes and Fees	3.43
Total Current Charges as of 12/3/19	\$40.75
Other Charges (See Other Charges on back)	1.10
Total Amount Due	\$83.53

*posted to wrong acct - see 79400 posted *138.39*

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake Security MIDDLESBORO KY
Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3 24 hours a day; \$2.00 fee
Customer Service: (800) 383-5582 M-F, 8am-6pm ET
Walk-in Center: 2201 Cumberland Avenue Middlesboro, KY 40965 M-F, 9am-5pm ET

Next read will occur 1/3/20 - 1/7/20 (Meter Read Portion 03)

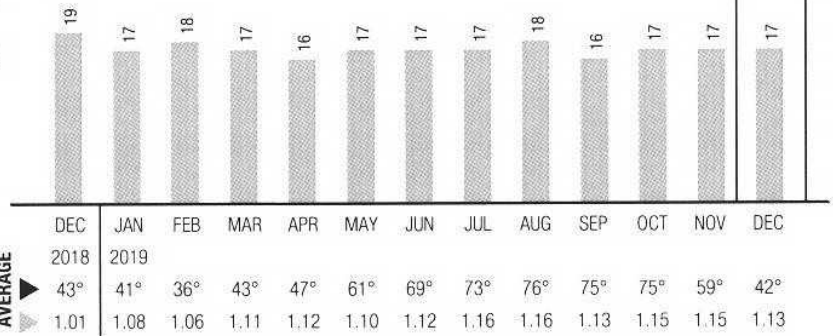
1117756

MONTHLY USAGE

ELECTRIC (kWh)

CURRENT BILLING PERIOD

11/17/19



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	42°	43°
Number of Days Billed	33	33
Avg. Electric Charges per Day	\$1.13	\$1.01
Avg. Electric Usage per Day (kWh)	0.52	0.58

CURRENT USAGE

ELECTRIC

Meter Reading Information	Meter # 2016722
Actual (R) kWh Reading on 12/3/19	1003
Actual (R) kWh Reading on 10/31/19	986
Current kWh Usage	17
Meter Multiplier	1
Metered kWh Usage	17

CURRENT CHARGES

ELECTRIC

Rate: General Service Single Phase

Basic Service Charge (\$1.04 x 33 Days)	34.32
Energy Charge (\$0.11382 x 17 kWh)	1.93
Fuel Adjustment (\$-0.00680 x 17 kWh)	-0.12
Environmental Surcharge (3.33% x (\$36.25 - \$0.44))	1.19
Total Charges	\$37.32

Taxes & Fees

Rate Increase For School Tax (3.00% x \$37.32)	1.12
Sales Tax (6.00% x \$38.44)	2.31
Total Taxes and Fees	\$3.43

Other Charges

Late Payment Charge	1.10
Total Other Charges Due	\$1.10

BILLING INFORMATION

Environmental Surcharge

Rate GS Environmental Surcharge Calculation: The fuel cost of \$0.44 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 3.33%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$1.22

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.



3008698

Batch 355370

Doc 1121740

Mailed 12/19/19 for Account # 3000-0597-6059

AMOUNT DUE
\$3,442.87

DUE DATE
1/15/20

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	42°	43°
Number of Days Billed	33	33
<input checked="" type="checkbox"/> Avg. Electric Charges per Day	\$94.84	\$89.99
Avg. Electric Usage per Day (kWh)	892.97	980.27

Account Name: WATER SVC CORP OF KY
Service Address: 102 Water Plant Rd Filt Plt
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 1/3/20 - 1/7/20 (Meter Read Portion 03)

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					4,555.65
Payment(s) Received					-4,529.63
Balance as of 12/18/19					\$26.02
Power Service Secondary	570521	10/31/19	12/3/19	33	3,355.30
RLS 428: OH HPS Open Bottom 9500L Fix	568489	11/1/19	12/3/19	33	10.12
RLS 451: OH MH Directional 32000L Fix	570506	11/1/19	12/3/19	33	51.43
Total Current Charges as of 12/18/19					\$3,416.85
Total Amount Due					\$3,442.87

345102.5465.10

Invoice #: 3000 0597 6059-1219

DEC 26 2019

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 570521

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802625	10/31/19	29389	12/3/19	30117	R	40	29,120			
kW-BS	2802625	10/31/19		12/3/19	2.5630	R	40		102.5		
								Total Usage	29,120		

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 570521

Rate: Power Service Secondary

Basic Service Charge (\$2.96 x 33 Days)	97.68
Energy Charge (\$0.03406 x 29,120 kWh)	991.83
Base Demand Charge (\$20.39 x 102.5 kW)	2,089.98
Electric DSM (\$0.00037 x 29,120 kWh)	10.77
Fuel Adjustment (\$-0.00680 x 29,120 kWh)	-198.02
Environmental Surcharge (3.33% x (\$3,190.26 - \$759.74))	80.94
Rate Increase For School Tax (3.00% x \$3,073.18)	92.20
Sales Tax (6.00% x \$3,165.38)	189.92
Total Charges Contract 570521	\$3,355.30

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 570521

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	112.20	50%	56.10
Contract Capacity:	108.00	60%	64.80

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 568489

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 428: OH HPS Open Bottom 9500L Fix	1	n/a	11/01/19	12/03/19	50
Total Usage						50

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 428: OH HPS Open Bottom 9500L Fix

Contract: 568489

Unit Charge (\$9.40 x 1 Light)	9.40
Fuel Adjustment (\$-0.00680 x 50 kWh)	-0.34
Environmental Surcharge (2.310% x \$9.06)	0.21
Rate Increase For School Tax (3.00% x \$9.27)	0.28
Sales Tax (6.00% x \$9.55)	0.57
Total Unmetered Charges	\$10.12

DEC 20 2019



3008698



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BILLING SUMMARY

Previous Balance	316.51
Payment(s) Received	<u>-316.51</u>
Balance as of 1/2/20	\$0.00
Current Electric Charges	204.91
Current Taxes and Fees	<u>18.81</u>
Total Current Charges as of 1/2/20	\$223.72
Total Amount Due	\$223.72

Mailed 1/3/20 for Account # 3000-0837-9400

AMOUNT DUE
\$223.72

DUE DATE
1/30/20

Account Name: WATER SVC CORP OF KY
Service Address: Na Beans Fork Rd Pump St
MIDDLESBORO KY

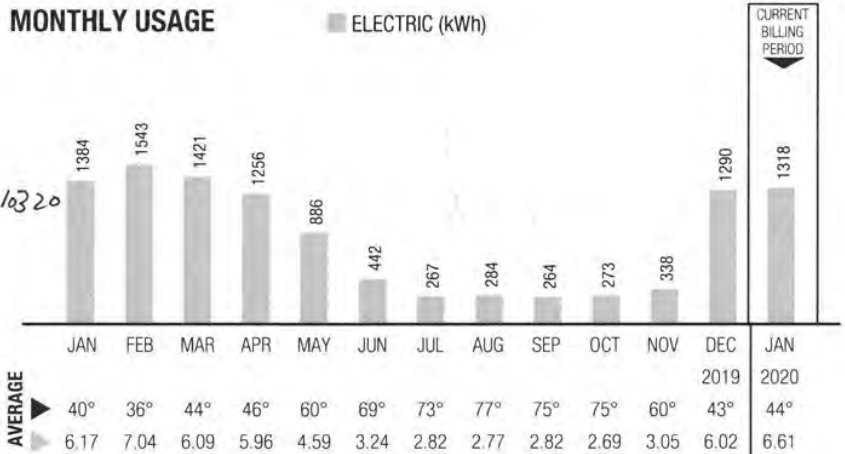
Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee
Customer Service: (800) 383-5582
M-F, 8am-6pm ET
Walk-in Center: 2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

Next read will occur 1/31/20 - 2/4/20 (Meter Read Portion 02)

356067
~~356067~~
 1123903

345102.5465.10
 Invoice #: 3000 08379400 - 010320

MONTHLY USAGE



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	44°	40°
Number of Days Billed	31	31
Avg. Electric Charges per Day	\$6.61	\$6.17
Avg. Electric Usage per Day (kWh)	42.52	44.65



CURRENT USAGE

⚡ ELECTRIC

Meter Reading Information	Meter # C526741
Actual (R) kWh Reading on 1/2/20	88031
Actual (R) kWh Reading on 12/2/19	86713
Actual (R) kW Reading on 1/2/20	11.0660
Current kWh Usage	1318
Meter Multiplier	1
Demand	11.1
Metered kWh Usage	1318

CURRENT CHARGES

⚡ ELECTRIC

Rate: General Service Three Phase

Basic Service Charge (\$1.66 x 31 Days)	51.46
Energy Charge (\$0.11382 x 1,318 kWh)	150.01
Electric DSM (\$0.00019 x 1,148 kWh)	0.22
Electric DSM (\$0.00033 x 170 kWh)	0.06
Fuel Adjustment (\$-0.00545 x 1,318 kWh)	-7.18
Environmental Surcharge (6.18% x (\$201.75 - \$34.39))	10.34
Total Charges	\$204.91

Taxes & Fees

Rate Increase For School Tax (3.00% x \$204.91)	6.15
Sales Tax (6.00% x \$211.06)	12.66
Total Taxes and Fees	\$18.81



a PPL company

300 8698

Mailed 1/6/20 for Account # 3000-0781-6329

AMOUNT DUE
\$3,879.34

DUE DATE
1/31/20

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	44°	41°
Number of Days Billed	31	31
Avg. Electric Charges per Day	\$114.62	\$108.01
Avg. Electric Usage per Day (kWh)	1,220.16	1,375.00

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 2/3/20 - 2/5/20 (Meter Read Portion 03)

345102.5465.10

INVOICE #: 300007816329-010620

atch 356183

BILLING SUMMARY

1124346

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					3,933.03
Payment(s) Received					-3,933.03
Balance as of 1/3/20					\$0.00
Power Service Secondary	4680238	12/3/19	1/3/20	31	3,852.86
RLS 451: OH MH Directional 32000L Fix	4721526	12/4/19	1/3/20	31	26.48
Total Current Charges as of 1/3/20					\$3,879.34
Total Amount Due					\$3,879.34



⚡ CURRENT METER AND USAGE INFORMATION

Contract: 4680238

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802877	12/3/19	9225	1/3/20	9696	R	80	37,680			
kW-BS	2802877	12/3/19		1/3/20	1.3390	R	80		107.1		
Total Usage								37,680			

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 4680238

Rate: Power Service Secondary

Basic Service Charge (\$2.96 x 31 Days)	91.76
Energy Charge (\$0.03406 x 37,680 kWh)	1,283.38
Base Demand Charge (\$20.39 x 107.1 kW)	2,183.77
Electric DSM (\$0.00037 x 31,600 kWh)	11.69
Electric DSM (\$0.00058 x 6,080 kWh)	3.53
Fuel Adjustment (\$-0.00545 x 37,680 kWh)	-205.36
Environmental Surcharge (6.18% x (\$3,574.13 - \$983.07))	160.13
Rate Increase For School Tax (3.00% x \$3,528.90)	105.87
Sales Tax (6.00% x \$3,634.77)	218.09
Total Charges Contract 4680238	\$3,852.86

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 4680238

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	110.50	50%	55.30
Contract Capacity:		60%	

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 4721526

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 451: OH MH Directional 32000L Fix	1	n/a	12/04/19	01/03/20	145
Total Usage						145

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 451: OH MH Directional 32000L Fix

Contract: 4721526

Unit Charge (\$24.04 x 1 Light)	24.04
Fuel Adjustment (\$-0.00545 x 145 kWh)	-0.79
Environmental Surcharge (4.300% x \$23.25)	1.00
Rate Increase For School Tax (3.00% x \$24.25)	0.73
Sales Tax (6.00% x \$24.98)	1.50
Total Unmetered Charges	\$26.48





BILLING INFORMATION

Environmental Surcharge

Rate PS Environmental Surcharge Calculation: The fuel cost of \$983.07 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 6.18%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$38.53

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.

3008698

Mailed 1/6/20 for Account # 3000-0439-7158



a PPL company

BILLING SUMMARY

Previous Balance	83.53
Payment(s) Received	-83.53
Balance as of 1/3/20	\$0.00
Current Electric Charges	36.16
Current Taxes and Fees	3.31
Total Current Charges as of 1/3/20	\$39.47
Total Amount Due	\$39.47

AMOUNT DUE

\$39.47

DUE DATE

1/31/20

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake Security
MIDDLESBORO KY

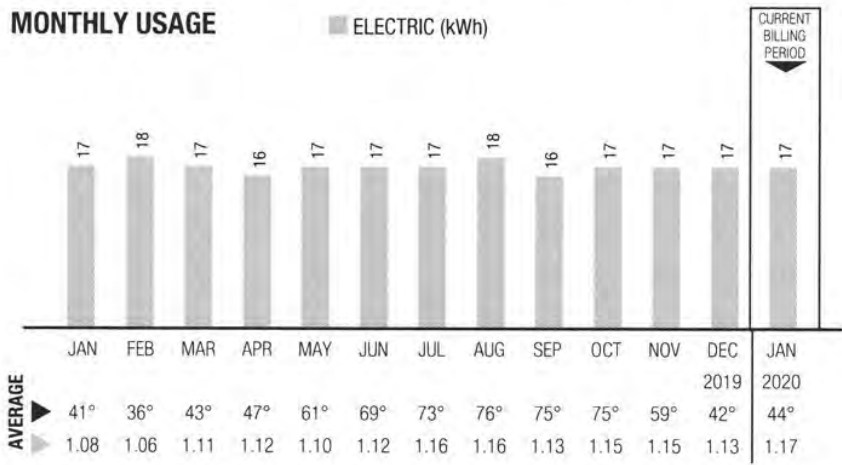
Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee
Customer Service: (800) 383-5582
M-F, 8am-6pm ET
Walk-in Center: 2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

Next read will occur 2/3/20 - 2/5/20 (Meter Read Portion 03)

atch 356183
Doc 1124348

345702.5465.10
Invoice #: 300004397158-010620

MONTHLY USAGE



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	44°	41°
Number of Days Billed	31	31
Avg. Electric Charges per Day	\$1.17	\$1.08
Avg. Electric Usage per Day (kWh)	0.55	0.55



CURRENT USAGE

⚡ ELECTRIC

Meter Reading Information	Meter # 2016722
Actual (R) kWh Reading on 1/3/20	1020
Actual (R) kWh Reading on 12/3/19	1003
Current kWh Usage	17
Meter Multiplier	1
Metered kWh Usage	17

CURRENT CHARGES

⚡ ELECTRIC

Rate: General Service Single Phase

Basic Service Charge (\$1.04 x 31 Days)	32.24
Energy Charge (\$0.11382 x 17 kWh)	1.93
Fuel Adjustment (\$-0.00545 x 17 kWh)	-0.09
Environmental Surcharge (6.18% x (\$34.17 - \$0.44))	2.08
Total Charges	\$36.16

Taxes & Fees

Rate Increase For School Tax (3.00% x \$36.16)	1.08
Sales Tax (6.00% x \$37.24)	2.23
Total Taxes and Fees	\$3.31

BILLING INFORMATION

Environmental Surcharge

Rate GS Environmental Surcharge Calculation: The fuel cost of \$0.44 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 6.18%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$1.18

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.



a PPL company

Mailed 1/22/20 for Account # 3000-0597-6059

AMOUNT DUE
\$3,683.86

DUE DATE
2/13/20

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	45°	41°
Number of Days Billed	31	31
Avg. Electric Charges per Day	\$108.84	\$104.67
Avg. Electric Usage per Day (kWh)	1,005.74	1,154.13

Account Name: WATER SVC CORP OF KY
Service Address: 102 Water Plant Rd Filt Pit
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 2/3/20 - 2/5/20 (Meter Read Portion 03)

BILLING SUMMARY

345102.5465.10

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					3,442.87
Payment(s) Received					-3,442.87
Balance as of 1/21/20					\$0.00
Power Service Secondary	570521	12/3/19	1/3/20	31	3,620.49
RLS 428: OH HPS Open Bottom 9500L Fix	568489	12/4/19	1/3/20	31	10.41
RLS 451: OH MH Directional 32000L Fix	570506	12/4/19	1/3/20	31	52.96
Total Current Charges as of 1/21/20					\$3,683.86
Total Amount Due					\$3,683.86

V 3008698

RECEIVED
JAN 27 2020

Batch 358143
Doc 1130923



a PPL company

BILLING SUMMARY

Previous Balance	39.47
Payment(s) Received	-39.47
Balance as of 2/3/20	\$0.00
Current Electric Charges	35.52
Current Taxes and Fees	3.27
Total Current Charges as of 2/3/20	\$38.79
Total Amount Due	\$38.79

V3008698

345102-5465.10

Mailed 2/4/20 for Account # 3000-0439-7158

AMOUNT DUE
\$38.79

DUE DATE
3/2/20

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake Security
MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee

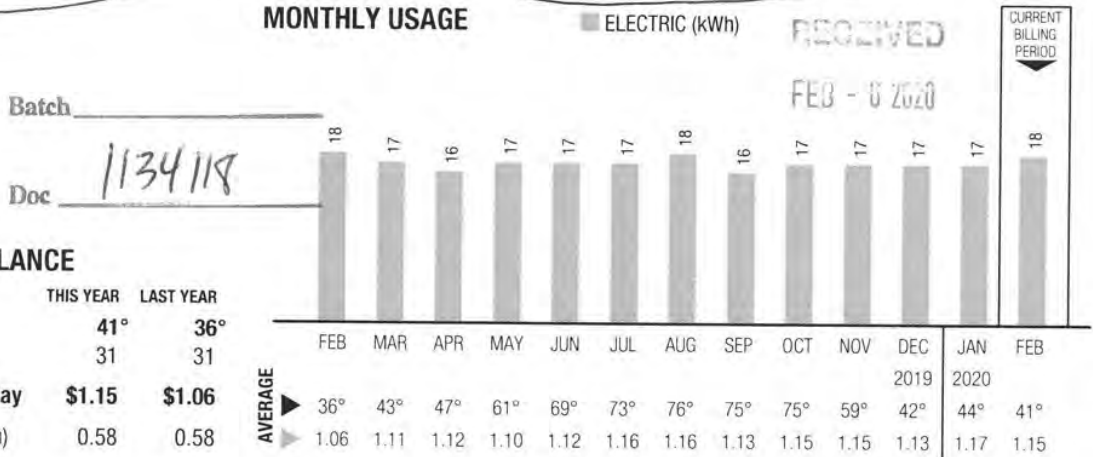
Customer Service: (800) 383-5582
M-F, 8am-6pm ET

Walk-in Center: 2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

Next read will occur 3/3/20 - 3/5/20 (Meter Read Portion 03)

0103-020320

MONTHLY USAGE



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	41°	36°
Number of Days Billed	31	31
Avg. Electric Charges per Day	\$1.15	\$1.06
Avg. Electric Usage per Day (kWh)	0.58	0.58



CURRENT USAGE

⚡ ELECTRIC

Meter Reading Information	Meter # 2016722
Actual (R) kWh Reading on 2/3/20	1038
Actual (R) kWh Reading on 1/3/20	1020
Current kWh Usage	18
Meter Multiplier	1
Metered kWh Usage	18

CURRENT CHARGES

⚡ ELECTRIC

Rate: General Service Single Phase

Basic Service Charge (\$1.04 x 31 Days)	32.24
Energy Charge (\$0.11382 x 16 kWh)	1.82
Energy Charge (\$0.11225 x 2 kWh)	0.22
Electric DSM (\$0.00033 x 18 kWh)	0.01
Fuel Adjustment (\$-0.00267 x 18 kWh)	-0.05
Environmental Surcharge (3.77% x (\$34.29 - \$0.47))	1.28
Total Charges	\$35.52

Taxes & Fees

Rate Increase For School Tax (3.00% x \$35.52)	1.07
Sales Tax (6.00% x \$36.59)	2.20
Total Taxes and Fees	\$3.27

BILLING INFORMATION

Environmental Surcharge

Rate GS Environmental Surcharge Calculation: The fuel cost of \$0.47 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 3.77%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$1.16

Rate Schedules

For a copy of your rate schedule, visit ige-ku.com/rates or call our Customer Service Department.



a PPL company

BILLING SUMMARY

Previous Balance	223.72
Payment(s) Received	-223.72
Balance as of 1/31/20	\$0.00
Current Electric Charges	205.39
Current Taxes and Fees	18.85
Total Current Charges as of 1/31/20	\$224.24
Total Amount Due	\$224.24

Mailed **2/3/20** for Account # **3000-0837-9400**

AMOUNT DUE
\$224.24

DUE DATE
2/28/20

Account Name: WATER SVC CORP OF KY
Service Address: Na Beans Fork Rd Pump St
MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee

Customer Service: (800) 383-5582
M-F, 8am-6pm ET
Walk-in Center: 2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

Next read will occur 3/2/20 - 3/4/20 (Meter Read Portion 02)

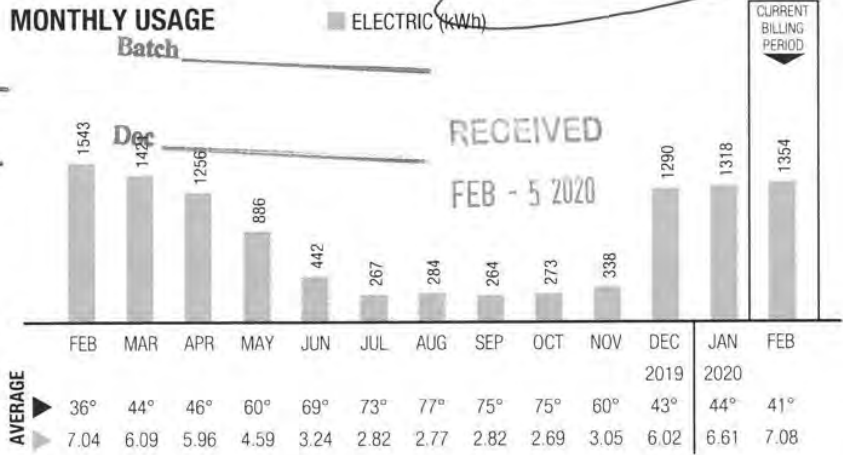
V3008698

345102.5465.10

0102-013120

Batch
1134119

MONTHLY USAGE



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	41°	36°
Number of Days Billed	29	29
Avg. Electric Charges per Day	\$7.08	\$7.04
Avg. Electric Usage per Day (kWh)	46.69	53.21



CURRENT USAGE

⚡ ELECTRIC	
Meter Reading Information	Meter # C526741
Actual (R) kWh Reading on 1/31/20	89385
Actual (R) kWh Reading on 1/2/20	88031
Actual (R) kW Reading on 1/31/20	11.1020
Current kWh Usage	1354
Meter Multiplier	1
Demand	11.1
Metered kWh Usage	1354

CURRENT CHARGES

⚡ ELECTRIC		Rate: General Service Three Phase
Basic Service Charge (\$1.66 x 29 Days)	48.14	
Energy Charge (\$0.11382 x 1,354 kWh)	154.11	
Electric DSM (\$0.00033 x 1,354 kWh)	0.45	
Fuel Adjustment (\$-0.00267 x 1,354 kWh)	-3.62	
Environmental Surcharge (3.77% x (\$202.70 - \$35.33))	6.31	
Total Charges	\$205.39	

Taxes & Fees	
Rate Increase For School Tax (3.00% x \$205.39)	6.16
Sales Tax (6.00% x \$211.55)	12.69
Total Taxes and Fees	\$18.85

BILLING INFORMATION

Environmental Surcharge
 Rate GS Environmental Surcharge Calculation: The fuel cost of \$35.33 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 3.77%.

Late Payment Charge
 Late Charge to be Assessed After Due Date \$6.73

Explanation of Meter Reading Codes
 Meter Read Codes: R - Actual Read; V - Verified Read; E - Estimated Read; S - Self Read

Rate Schedules
 For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.



a PPL company

Mailed 2/4/20 for Account # 3000-0781-6329

AMOUNT DUE
\$4,092.33

DUE DATE
3/2/20

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	41°	36°
Number of Days Billed	31	31
Avg. Electric Charges per Day	\$120.91	\$109.43
Avg. Electric Usage per Day (kWh)	1,266.48	1,387.77

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 3/3/20 - 3/5/20 (Meter Read Portion 03)

V 3008698

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					3,879.34
Payment(s) Received					-3,879.34
Balance as of 2/3/20					\$0.00
Power Service Secondary	4680238	1/3/20	2/3/20	31	4,065.84
RLS 451: OH MH Directional 32000L Fix	4721526	1/4/20	2/3/20	31	26.49
Total Current Charges as of 2/3/20					\$4,092.33
Total Amount Due					\$4,092.33

345102.5465.10

0103-020320

Batch _____

Doc 1134120

RECEIVED

FEB - 6 2020



⚡ CURRENT METER AND USAGE INFORMATION

Contract: 4680238								Rate: Power Service Secondary			
	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802877	1/3/20	9696	2/3/20	10185	R	80	39,120			
kW-BS	2802877	1/3/20		2/3/20	1.4010	R	80		112.1		
							Total Usage	39,120			

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 4680238		Rate: Power Service Secondary	
Basic Service Charge (\$2.96 x 31 Days)			91.76
Energy Charge (\$0.03406 x 35,040 kWh)			1,193.46
Energy Charge (\$0.03249 x 4,080 kWh)			132.56
Base Demand Charge (\$20.39 x 112.1 kW)			2,285.72
Electric DSM (\$0.00058 x 39,120 kWh)			22.69
Fuel Adjustment (\$-0.00267 x 39,120 kWh)			-104.45
Environmental Surcharge (3.77% x (\$3,726.19 - \$1,014.23))			102.24
Rate Increase For School Tax (3.00% x \$3,723.98)			111.72
Sales Tax (6.00% x \$3,835.70)			230.14
Total Charges Contract 4680238			\$4,065.84

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 4680238			
	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	109.90	50%	55.00
Contract Capacity:		60%	

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 4721526

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 451: OH MH Directional 32000L Fix	1	n/a	01/04/20	02/03/20	141
Total Usage						141

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 451: OH MH Directional 32000L Fix

Contract: 4721526

Unit Charge (\$24.04 x 1 Light x 28/31 Days)	21.71
Unit Charge (\$23.86 x 1 Light x 03/31 Days)	2.31
Fuel Adjustment (\$-0.00267 x 141 kWh)	-0.38
Environmental Surcharge (2.640% x \$23.64)	0.62
Rate Increase For School Tax (3.00% x \$24.26)	0.73
Sales Tax (6.00% x \$24.99)	1.50
Total Unmetered Charges	\$26.49





BILLING INFORMATION

Environmental Surcharge

Rate PS Environmental Surcharge Calculation: The fuel cost of \$1,014.23 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 3.77%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$40.66

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.

2102031-023302-002-111100-0061258



a PPL company

Mailed 2/20/20 for Account # 3000-0597-6059

AMOUNT DUE
\$3,696.49

DUE DATE
3/13/20

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	42°	37°
Number of Days Billed	31	31
<input type="checkbox"/> Avg. Electric Charges per Day	\$109.22	\$105.27
Avg. Electric Usage per Day (kWh)	1,004.16	1,233.84

Account Name: WATER SVC CORP OF KY
Service Address: 102 Water Plant Rd Filtr Pit
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 3/3/20 - 3/5/20 (Meter Read Portion 03)

✓ 3008698

Batch 360342

Doc 1138560

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					3,683.86
Payment(s) Received					-3,683.86
Balance as of 2/19/20					\$0.00
Power Service Secondary	570521	1/3/20	2/3/20	31	3,633.10
RLS 428: OH HPS Open Bottom 9500L Fix	568489	1/4/20	2/3/20	31	10.38
RLS 451: OH MH Directional 32000L Fix	570506	1/4/20	2/3/20	31	53.01
Total Current Charges as of 2/19/20					\$3,696.49
Total Amount Due					\$3,696.49

0104-020320

345102.5465.10

RECEIVED
FEB 24 2020



⚡ CURRENT METER AND USAGE INFORMATION

Contract: 570521

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802625	1/3/20	30888	2/3/20	31658	R	40	30,800			
kW-BS	2802625	1/3/20		2/3/20	2.6490	R	40		106.0		
Total Usage								30,800			

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 570521

Rate: Power Service Secondary

Basic Service Charge (\$2.96 x 31 Days)	91.76
Energy Charge (\$0.03406 x 27,600 kWh)	940.06
Energy Charge (\$0.03249 x 3,200 kWh)	103.97
Base Demand Charge (\$20.39 x 106.0 kW)	2,161.34
Electric DSM (\$0.00058 x 30,800 kWh)	17.86
Fuel Adjustment (\$-0.00267 x 30,800 kWh)	-82.24
Environmental Surcharge (3.77% x (\$3,314.99 - \$798.54))	94.87
Rate Increase For School Tax (3.00% x \$3,327.62)	99.83
Sales Tax (6.00% x \$3,427.45)	205.65
Total Charges Contract 570521	\$3,633.10

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 570521

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	108.60	50%	54.30
Contract Capacity:	108.00	60%	64.80

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 568489

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 428: OH HPS Open Bottom 9500L Fix	1	n/a	01/04/20	02/03/20	47
Total Usage						47

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 428: OH HPS Open Bottom 9500L Fix

Contract: 568489

Unit Charge (\$9.40 x 1 Light x 28/31 Days)	8.49
Unit Charge (\$9.34 x 1 Light x 03/31 Days)	0.90
Fuel Adjustment (\$-0.00267 x 47 kWh)	-0.13
Environmental Surcharge (2.640% x \$9.26)	0.24
Rate Increase For School Tax (3.00% x \$9.50)	0.29
Sales Tax (6.00% x \$9.79)	0.59
Total Unmetered Charges	\$10.38





CURRENT UNMETERED USAGE

⚡ ELECTRIC							
Contract: 570506							
UNMETERED							
OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh	
n/a	RLS 451: OH MH Directional 32000L Fix	2	n/a	01/04/20	02/03/20	282	
Total Usage						282	

CURRENT UNMETERED CHARGES

⚡ ELECTRIC		Rate: RLS 451: OH MH Directional 32000L Fix
Contract: 570506		
Unit Charge (\$24.04 x 2 Lights x 28/31 Days)		43.43
Unit Charge (\$23.86 x 2 Lights x 03/31 Days)		4.62
Fuel Adjustment (\$-0.00267 x 282 kWh)		-0.75
Environmental Surcharge (2.640% x \$47.30)		1.25
Rate Increase For School Tax (3.00% x \$48.55)		1.46
Sales Tax (6.00% x \$50.01)		3.00
Total Unmetered Charges		\$53.01

BILLING INFORMATION

Environmental Surcharge
 Rate PS Environmental Surcharge Calculation: The fuel cost of \$798.54 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 3.77%.

Late Payment Charge
 Late Charge to be Assessed After Due Date \$36.33

Rate Schedules
 For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.

2102191-019953-002-002-111100-0052802



a PPL company

BILLING SUMMARY

Previous Balance	224.24
Payment(s) Received	-224.24
Balance as of 3/2/20	\$0.00
Current Electric Charges	233.17
Current Taxes and Fees	21.41
Total Current Charges as of 3/2/20	\$254.58
Total Amount Due	\$254.58

Mailed 3/3/20 for Account # 3000-0837-9400

AMOUNT DUE
\$254.58

DUE DATE
3/27/20

Account Name: WATER SVC CORP OF KY
Service Address: Na Beans Fork Rd Pump St
 MIDDLESBORO KY

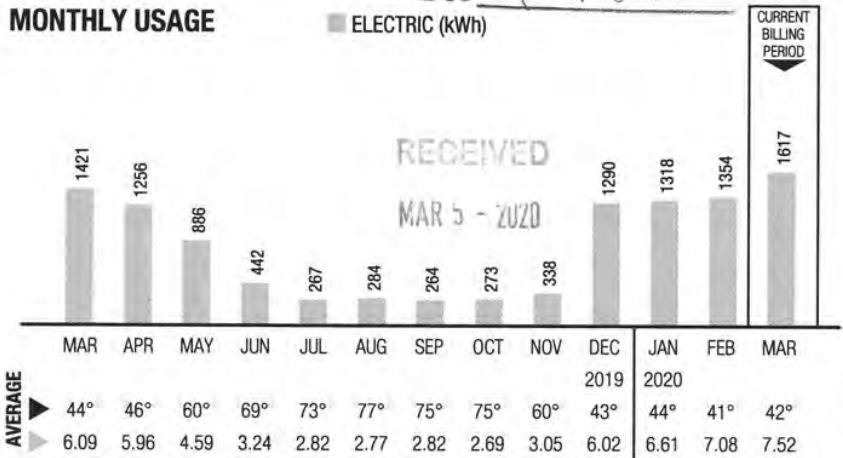
Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
 24 hours a day; \$2.00 fee
Customer Service: (800) 383-5582
 M-F, 8am-6pm ET
Walk-in Center: 2201 Cumberland Avenue
 Middlesboro, KY 40965
 M-F, 9am-5pm ET

Next read will occur 4/1/20 - 4/3/20 (Meter Read Portion 02)

V 3008698
 345102.5465.10
 013120-030220

March 361607
 Doc 1141277

MONTHLY USAGE



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	42°	44°
Number of Days Billed	31	31
Avg. Electric Charges per Day	\$7.52	\$6.09
Avg. Electric Usage per Day (kWh)	52.16	45.84



CURRENT USAGE

⚡ ELECTRIC

Meter Reading Information	Meter # C526741
Actual (R) kWh Reading on 3/2/20	91002
Actual (R) kWh Reading on 1/31/20	89385
Actual (R) kW Reading on 3/2/20	11.0560
Current kWh Usage	1617
Meter Multiplier	1
Demand	11.1
Metered kWh Usage	1617

CURRENT CHARGES

⚡ ELECTRIC

Rate: General Service Three Phase

Basic Service Charge (\$1.66 x 31 Days)	51.46
Energy Charge (\$0.11225 x 1,617 kWh)	181.51
Electric DSM (\$0.00033 x 1,617 kWh)	0.53
Fuel Adjustment (\$-0.00313 x 1,617 kWh)	-5.06
Environmental Surcharge (2.44% x (\$233.50 - \$39.65))	4.73
Total Charges	\$233.17

Taxes & Fees

Rate Increase For School Tax (3.00% x \$233.17)	7.00
Sales Tax (6.00% x \$240.17)	14.41
Total Taxes and Fees	\$21.41

BILLING INFORMATION

Environmental Surcharge

Rate GS Environmental Surcharge Calculation: The fuel cost of \$39.65 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 2.44%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$7.64

Explanation of Meter Reading Codes

Meter Read Codes: R - Actual Read; V - Verified Read; E - Estimated Read; S - Self Read

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.



a PPL company

Batch 361707
Doc 1141756

Mailed 3/4/20 for Account # 3000-0781-6329

AMOUNT DUE
\$3,929.35

DUE DATE
3/30/20

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 4/2/20 - 4/6/20 (Meter Read Portion 03)

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	41°	43°
Number of Days Billed	29	29
Avg. Electric Charges per Day	\$124.10	\$110.14
Avg. Electric Usage per Day (kWh)	1,350.34	1,328.38

V 3008698

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					4,092.33
Payment(s) Received					-4,092.33
Balance as of 3/3/20					\$0.00
Power Service Secondary	4680238	2/3/20	3/3/20	29	3,903.27
RLS 451: OH MH Directional 32000L Fix	4721526	2/4/20	3/3/20	29	26.08
Total Current Charges as of 3/3/20					\$3,929.35
Total Amount Due					\$3,929.35

345102.5465.10

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MAR 09 2020

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 4680238

Rate: Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802877	2/3/20	10185	3/3/20	10673	R	80	39,040			
kW-BS	2802877	2/3/20		3/3/20	1.3820	R	80		110.6		
Total Usage								39,040			

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 4680238

Rate: Power Service Secondary

Basic Service Charge (\$2.96 x 29 Days)	85.84
Energy Charge (\$0.03249 x 39,040 kWh)	1,268.41
Base Demand Charge (\$20.39 x 110.6 kW)	2,255.13
Electric DSM (\$0.00058 x 39,040 kWh)	22.64
Fuel Adjustment (\$-0.00313 x 39,040 kWh)	-122.20
Environmental Surcharge (2.44% x (\$3,632.02 - \$957.26))	65.26
Rate Increase For School Tax (3.00% x \$3,575.08)	107.25
Sales Tax (6.00% x \$3,682.33)	220.94
Total Charges Contract 4680238	\$3,903.27

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 4680238

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	112.10	50%	56.10
Contract Capacity:		60%	

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 4721526

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 451: OH MH Directional 32000L Fix	1	n/a	02/04/20	03/03/20	120
Total Usage						120

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 451: OH MH Directional 32000L Fix

Contract: 4721526

Unit Charge (\$23.86 x 1 Light)	23.86
Fuel Adjustment (\$-0.00313 x 120 kWh)	-0.38
Environmental Surcharge (1.720% x \$23.48)	0.40
Rate Increase For School Tax (3.00% x \$23.88)	0.72
Sales Tax (6.00% x \$24.60)	1.48
Total Unmetered Charges	\$26.08





a PPL company

BILLING SUMMARY

Previous Balance	38.79
Payment(s) Received	-38.79
Balance as of 3/3/20	\$0.00
Current Electric Charges	32.69
Current Taxes and Fees	3.00
Total Current Charges as of 3/3/20	\$35.69
Total Amount Due	\$35.69

Batch _____
Doc _____

Mailed **3/4/20** for Account # **3000-0439-7158**

AMOUNT DUE

\$35.69

DUE DATE

3/30/20

Account Name: WATER SVC CORP OF KY
Service Address: Na Fern Lake Security
MIDDLESBORO KY

Online Payments: lge-ku.com
Telephone Payments: (800) 383-5582, press 2-2-3
24 hours a day; \$2.00 fee
Customer Service: (800) 383-5582

Walk-in Center: M-F, 8am-6pm ET
2201 Cumberland Avenue
Middlesboro, KY 40965
M-F, 9am-5pm ET

V3008698

3451025465.10

Next read will occur 4/2/20 - 4/6/20 (Meter Read Portion 03)

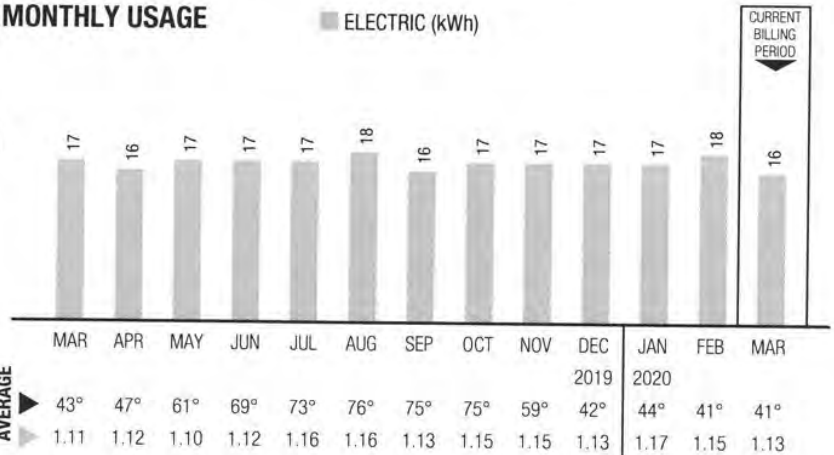
020320-030320

Doc 361711
Doc 1141779

MONTHLY USAGE

ELECTRIC (kWh)

RECEIVED
MAR 09 2020



BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	41°	43°
Number of Days Billed	29	29
Avg. Electric Charges per Day	\$1.13	\$1.11
Avg. Electric Usage per Day (kWh)	0.55	0.59



CURRENT USAGE

⚡ ELECTRIC	
Meter Reading Information	Meter # 2016722
Actual (R) kWh Reading on 3/3/20	1054
Actual (R) kWh Reading on 2/3/20	1038
Current kWh Usage	16
Meter Multiplier	1
Metered kWh Usage	16

CURRENT CHARGES

⚡ ELECTRIC		Rate: General Service Single Phase
Basic Service Charge (\$1.04 x 29 Days)	30.16	
Energy Charge (\$0.11225 x 16 kWh)	1.80	
Electric DSM (\$0.00033 x 16 kWh)	0.01	
Fuel Adjustment (\$-0.00313 x 16 kWh)	-0.05	
Environmental Surcharge (2.44% x (\$31.97 - \$0.39))	0.77	
Total Charges	\$32.69	

Taxes & Fees	
Rate Increase For School Tax (3.00% x \$32.69)	0.98
Sales Tax (6.00% x \$33.67)	2.02
Total Taxes and Fees	\$3.00

BILLING INFORMATION

Environmental Surcharge
 Rate GS Environmental Surcharge Calculation: The fuel cost of \$0.39 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 2.44%.

Late Payment Charge
 Late Charge to be Assessed After Due Date \$1.07

Rate Schedules
 For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.



a PPL company

Mailed 3/20/20 for Account # 3000-0597-6059

AMOUNT DUE
\$3,680.99

DUE DATE
4/14/20

BILLING PERIOD AT-A-GLANCE

	THIS YEAR	LAST YEAR
Average Temperature	42°	42°
Number of Days Billed	29	29
Avg. Electric Charges per Day	\$116.26	\$102.06
Avg. Electric Usage per Day (kWh)	1,126.86	1,037.48

Account Name: WATER SVC CORP OF KY
Service Address: 102 Water Plant Rd Filt Pit
MIDDLESBORO KY

Customer Service: (800) 383-5582 (M-F, 8am-6pm ET)
Online Self-Service: lge-ku.com

Next read will occur 4/2/20 - 4/6/20 (Meter Read Portion 03)

V3008698

BILLING SUMMARY

Rate	Contract	Previous Read Date	Current Read Date	Days Billed	Charges
Previous Balance					3,696.49
Payment(s) Received					-3,696.49
Balance as of 3/19/20					\$0.00
Power Service Secondary	570521	2/3/20	3/3/20	29	3,618.60
RLS 428: OH HPS Open Bottom 9500L Fix	568489	2/4/20	3/3/20	29	10.23
RLS 451: OH MH Directional 32000L Fix	570506	2/4/20	3/3/20	29	52.16
Total Current Charges as of 3/19/20					\$3,680.99
Total Amount Due					\$3,680.99

345102.5465.10

RECEIVED
MAR 25 2020

020320-030320

Batch 362802

Doc 1145422

Please return only this portion with your payment. Make checks payable to KU and write your account number on your check.

Amount Due 4/14/20	\$3,680.99
After Due Date, Pay this Amount:	\$3,717.18
Total Amount Enclosed:	

Account # 3000-0597-6059
Service Address: 102 Water Plant Rd Filt Pit



a PPL company
PO Box 9001954
Louisville, KY 40290-1954

#217904033 8#
210020806 02 MB 0.439
WATER SVC CORP OF KY
WATER SVC CORP OF KY
500 W MONROE ST STE 3600
CHICAGO, IL 60661-3779



02030000597605900000003717180000036809900000000000017



2103191-020806-001-002-11100-0049940

OFFICE USE ONLY:
MRU03431868, G000000
P3696.49
PF:Y eB:P

⚡ CURRENT METER AND USAGE INFORMATION

Contract: 570521 **Rate:** Power Service Secondary

	Meter Number	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Code*	Meter Multiplier	Usage kWh	Demand (kW)	Power Factor	PF Adj. (kW)
kWh	2802625	2/3/20	31658	3/3/20	32468	R	40	32,400			
kW-BS	2802625	2/3/20		3/3/20	2.6920	R	40		107.7		
Total Usage								32,400			

* Meter Read Codes: R-Actual Read; V-Verified Read; E-Estimated Read; S-Self Read

⚡ CURRENT ELECTRIC CHARGES

Contract: 570521 **Rate:** Power Service Secondary

Basic Service Charge (\$2.96 x 29 Days)	85.84
Energy Charge (\$0.03249 x 32,400 kWh)	1,052.68
Base Demand Charge (\$20.39 x 107.7 kW)	2,196.00
Electric DSM (\$0.00058 x 32,400 kWh)	18.79
Fuel Adjustment (\$-0.00313 x 32,400 kWh)	-101.41
Environmental Surcharge (2.44% x (\$3,353.31 - \$794.45))	62.44
Rate Increase For School Tax (3.00% x \$3,314.34)	99.43
Sales Tax (6.00% x \$3,413.77)	204.83
Total Charges Contract 570521	\$3,618.60

⚡ MINIMUM BILLING DEMAND INFORMATION

Contract: 570521

	kW	Multiplier	kW
Rate Tariff Minimum:	50.00	100%	50.00
Highest prior 11 Months:	106.90	50%	53.50
Contract Capacity:	108.00	60%	64.80

CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 568489

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 428: OH HPS Open Bottom 9500L Fix	1	n/a	02/04/20	03/03/20	40
Total Usage						40

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 428: OH HPS Open Bottom 9500L Fix

Contract: 568489

Unit Charge (\$9.34 x 1 Light)	9.34
Fuel Adjustment (\$-0.00313 x 40 kWh)	-0.13
Environmental Surcharge (1.720% x \$9.21)	0.16
Rate Increase For School Tax (3.00% x \$9.37)	0.28
Sales Tax (6.00% x \$9.65)	0.58
Total Unmetered Charges	\$10.23





CURRENT UNMETERED USAGE

⚡ ELECTRIC

Contract: 570506

UNMETERED

OL Number	Service Type	Number of Lights	Number of Poles	Billing From	Period To	Usage kWh
n/a	RLS 451: OH MH Directional 32000L Fix	2	n/a	02/04/20	03/03/20	239
Total Usage						239

CURRENT UNMETERED CHARGES

⚡ ELECTRIC

Rate: RLS 451: OH MH Directional 32000L Fix

Contract: 570506

Unit Charge (\$23.86 x 2 Lights)	47.72
Fuel Adjustment (\$-0.00313 x 239 kWh)	-0.75
Environmental Surcharge (1.720% x \$46.97)	0.81
Rate Increase For School Tax (3.00% x \$47.78)	1.43
Sales Tax (6.00% x \$49.21)	2.95
Total Unmetered Charges	\$52.16

BILLING INFORMATION

Environmental Surcharge

Rate PS Environmental Surcharge Calculation: The fuel cost of \$794.45 included in the Energy Charge and the Fuel Adjustment line items were deducted from the Electric Charges before multiplying the Billing Factor of 2.44%.

Late Payment Charge

Late Charge to be Assessed After Due Date \$36.19

Rate Schedules

For a copy of your rate schedule, visit lge-ku.com/rates or call our Customer Service Department.

WSC of Kentucky

DR-27c Middlesboro Rate Schedules

Account #	Rate Schedule	Service Address
3000-0781-6329	Power Service Secondary	Fern Lake
3000-0597-6059	Power Service Secondary	Fern Lake Filt Plt
3000-0439-7158	General Services	Fern Lake Security
3000-0419-7897	General Services	N 19th St
3000-0837-9400	General Services - 3 Phase	Beans Fork Rd Pump St

CASE NO. 2020-00160
WATER SERVICE CORPORATION OF KENTUCKY
RESPONSES TO COMMISSION'S ORDER DATED JUNE 26, 2020

28. a. Identify the electric utility that serves Water Service Kentucky's facilities in Clinton.
- b. Provide the monthly bills that were rendered to Water Service Kentucky during the test period for electric service to its facilities in Clinton.
- c. State the rate schedule(s) under which the electric utility provides electric service to Water Service Kentucky facilities in Clinton. If service is provided under more than one rate schedule, list for each rate schedule the facilities that are served under that rate schedule.

- Response:
- a. Clinton is served by Kentucky Utilities.
- b. Please see the attached labeled "*Response to Staff DR 1.28 – Clinton Electric Invoices*" for all electric invoices included in the test-year period.
- c. Please see the attached labeled "*Response to Staff DR 1.28c – Clinton Electric*" for a statement of rate schedules.

Witness – Rob Guttormsen