



COPY - Original Invoice

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Invoice Copy
 05/12/2022

Account Name: BRONSTON WATER ASSOCIATION
 Address: ATTN VICKIE RAMSEY
 PO BOX 243
 BRONSTON, KY 425180243

Invoice Number: 262015
 Account Number: SY605
 Premium Due Date 05/15/2022
 Amount Billed: \$397.26
 Amount Remitting: \$397.26

PAID MAY 12 2022

online

Date Prepared: 04/27/2022
 Billing Frequency: MONTHLY

** Highlighted lines indicate that the premium amount being remitted was adjusted and/or a Change Request was submitted for the employee.

Policy	Policy Type	CT	Dept.	Employee/Member#	Name	RM	Premium Due	Employee Sub-total	Adjusted Premium	Adjusted Sub-Total	CR
P0S569K4	ACC	F			EARLY, ALONZO C		\$52.52	\$52.52			
P0S569K5	CANCER	S			EARLY, ALONZO C		\$32.63	\$32.63			
P0S569K6	STD	I			EARLY, ALONZO C		\$65.00	\$65.00	\$ 150.15	\$ 150.15	
P0F449X2	ACC	I			MORROW, KASI		\$26.52	\$26.52			
P0F449X3	CANCER	S			MORROW, KASI		\$39.39	\$39.39			
P0P1A5L4	STD	I			MORROW, KASI		\$16.90	\$16.90	\$ 82.81	\$ 82.81	
PG869328	ACC	P			NEW, JIMMIE C		\$29.40	\$29.40			
PL231251	CANCER	I			NEW, JIMMIE C		\$30.90	\$30.90			
PL231257	STD	I			NEW, JIMMIE C		\$104.00	\$104.00	\$ 164.30	\$ 164.30	
Total Amount Billed							\$397.26	Amount Due	\$397.26		

LEGEND		
COVERAGE TYPE (CT)	REMARKS (RM)	CHANGE REQUEST (CR)
I = Individual F = Family S = Single-Parent Family P = Primary-Spouse	CV = Pending Conversion PA = Policy is Paid Ahead PC = Policy is Pending Conversion and is Paid Ahead	A = Add Spouse/Child H = Name Change O = Other C = Cancel Coverage I = Delete person from policy R = Retired D = Deceased L = On Leave T = Insured Terminated/Left Employment E = Never Employed Here M = No Deduction Taken W = Transfer to another account F = Family Medical Leave Y = Military Leave