

Group ID: 00063220

Invoice Number: 144616450



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

Billing for: S Hopkins Water District  
PO Box 487  
Dawson Springs, KY 42408

Due Date: 01/01/2021  
Billing Date: 12/16/2020  
Coverage Period From: 01/01/2021  
Through: 01/31/2021

Group ID: 00063220

Invoice Number: 144616450

Account Summary

	Previous Total Due .	\$8,030.67	
12/05/2020	Payment	( \$8,030.67)	
	Outstanding Balance as of 12/16/2020		\$0.00
	Current Invoice		\$8,923.73
	<b>Total Due</b>		<u>\$8,923.73</u>

*Pd 12-30-20  
44509*

**Please Pay This Amount**

*Jan*

For billing questions, please call 1-888-290-9159.

Employer Access - Everything you need for more efficient plan administration of your Anthem Group Benefits. Ask about it or visit [www.anthem.com](http://www.anthem.com) today for more information

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

**IMPORTANT NOTICE REGARDING PAYMENT OF PREMIUM**

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

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

**IMPORTANT NOTICE:** Remember to audit your bill monthly to verify the information is correct. Anthem will not accept any requests for retroactive additions, changes or terms beyond 60 days. Fax your Membership ADDITIONS/CHANGES/TERMINATIONS to 1-800-844-6367

OHBGG01 COMB 20201218B00 J4BC 20201217 000436 Env [1,467] 2 of 3 B 4

**Account Detail**

	Subscribers	Dependents	Current	Retro	Net
Health 2 Premium	8	0	\$8,870.53	\$0.00	\$8,870.53
Life 1 Premium	8	0	\$53.20	\$0.00	\$53.20
			<hr/>	<hr/>	<hr/>
			<b>Current Bill Total</b>	\$8,923.73	\$0.00
			<b>Balance Carried Forward</b>		\$8,923.73
					<hr/>
			<b>Total</b>		\$0.00
					<hr/>
					\$8,923.73