



# INVOICE

Client Name: SOUTH HOPKINS WATER DISTRICT

Invoice No.: RIS0003923103

Client No.: M000430057

Invoice Date: 01/01/2022

Billing Period: 01/01/2022 Thru 01/31/2022

Line	Identifier	Description	Quantity	UOM	Amount Due
		Balance Forward			0.00
1		Billing Adjustments	0	0.00	-23.92
2		Subscriber Only	4	23.92	95.68
3		Subscriber and Spouse	3	46.04	138.12
4		Subscriber, Spouse, Children	1	72.04	72.04
5		Subscriber and 1 Child	1	46.04	46.04
<b>Current Monthly Total:</b>			<b>9</b>		<b>\$327.96</b>
<b>Total Amount Due:</b>					<b>\$327.96</b>

*Handwritten notes:*  
 71.70  
 23.92  
 23.92  
 46.04  
 46.04  
 106.30  
 48.12  
 22.12

For inquiries please call: 1-800-955-2030

Changes made after 12/20/2021 will be reflected in the next billing cycle.

*Handwritten calculations:*  
~~25.28~~  
~~#4.100~~  
 191.36  
 136.60 wh

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3317

## REMITTANCE



Invoice No.: RIS0003923103  
 Invoice Date: 01/01/2022  
 PO Number:  
 Client No.: M000430057  
 Due Date: 01/05/2022  
 Billing Period: 01/01/2022 Thru 01/31/2022  
 AMOUNT DUE: \$327.96

Amount Remitted: DO NOT PAY/AUTODEDUCTED

SOUTH HOPKINS WATER DISTRICT  
 ATTN: Jenny Purdy  
 PO Box 487  
 Dawson Spgs KY 42408-0487

PLEASE SEND PAYMENT TO:  
 DELTA DENTAL OF KENTUCKY  
 P O Box 950199  
 Louisville KY 40295-0199



SOUTH HOPKINS WATER DISTRICT  
 EMPLOYEE BENEFITS DEPARTMENT  
 PO BOX 487  
 DAWSON SPRINGS KY 42408-0487

**Coverage Period** **January 2022**  
 Statement Date: 12/18/2021  
 Client ID: 30015803  
 Statement Number: 813934211

**Payment Activity**

Previous Statement Balance: \$	166.16
Payments Received: \$	(166.16)
<hr/>	
Remaining Balance: \$	0.00

**Current Statement Activity**

Remaining Balance:	\$	0.00
Current Charges:	\$	153.76
Adjustments:	\$	(12.40)
<hr/>		
<b>Amount Due:</b>	\$	<b>141.36</b>
<b>Payment Due Date:</b>		<b>Due Upon Receipt</b>

Paying your bill has never been easier. Access our online tools at [www.vsp.com](http://www.vsp.com) by clicking the Employers tab, then going to "Manage Your Plan". You'll have tools at your fingertips that will make paying bills and managing eligibility a snap.

**Questions? Please call 800.216.6248 if you have questions regarding your statement.**

**Please detach and return this portion with your payment.**

Client Name: SOUTH HOPKINS WATER DISTRICT  
 Coverage Period: January 2022  
 Statement Date: 12/18/2021

Client ID: 30015803  
 Statement Number: 813934211  
 Customer Ref: 3429194

*111.00  
 29.76*

**Indicate Amount Paid**

- Statement Amount: \$141.36  
 Payment Due Date: **Due Upon Receipt**
- Other Amount: \_\_\_\_\_

VSP INSURANCE CO. (CT)  
 PO BOX 742788  
 LOS ANGELES CA 90074-2788



### Payment Activity

#### Payments Received

Date	Description	Amount
12/01/2021	Customer ACH Pymt	\$ (166.16)
<b>Total Payments Received:</b>		<b>\$ (166.16)</b>

### Current Statement Activity

#### Current Charges

Coverage Period January 2022

#### Division 0001 SOUTH HOPKINS WATER DISTRICT

Coverage	Members Billed	Rate	Amount Due
Member Only	6 @ \$	12.40 \$	74.40
Member + One	4 @ \$	19.84 \$	79.36
Member + Children	0 @ \$	20.25 \$	0.00
Member + Family	0 @ \$	32.65 \$	0.00
<b>Total Membership:</b>	<b>10</b>	<b>\$</b>	<b>153.76</b>

$$\begin{array}{r}
 7.44 \\
 \hline
 124.00 \\
 \hline
 29.76 \text{ wh}
 \end{array}$$