



INVOICE

Client Name: SOUTH HOPKINS WATER DISTRICT

Invoice No.: RIS0003270770

Client No.: M000430057

Invoice Date: 01/01/2021

Billing Period: 01/01/2021 Thru 01/31/2021

Line	Identifier	Description	Quantity	UOM	Amount Due
Reminder: Billing details are only available online on Benefit Manager Toolkit (www.toolkitsonline.com). If you do not yet have access, update your security settings via the site "Register" page.					
		Balance Forward			0.00
1		Subscriber Only	7	23.92	167.44
2		Subscriber and Spouse	2	46.04 <i>46.04</i>	92.08
3		Subscriber, Spouse, Children	1	72.04 <i>48.12</i>	72.04
4		Subscriber and 1 Child	1	46.04 <i>22.12</i>	46.04
Current Monthly Total:			11	261.32 <i>116.28</i>	\$377.60
Total Amount Due:					\$377.60

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

Changes made after 12/20/2020 will be reflected in the next billing cycle.

*H-21
ACH*

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3317

REMITTANCE



Invoice No.: RIS0003270770

Invoice Date: 01/01/2021

PO Number:

Client No.: M00043

Due Date: 01/05/2021

Billing Period: 01/01/2021 Thru 01/31/2021

AMOUNT DUE: \$377.60

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 2021
Statement Date:	12/18/2020
Client ID:	30015803
Statement Number:	811154932

Payment Activity

Previous Statement Balance:	\$	162.92
Payments Received:	\$	(162.92)
Remaining Balance:	\$	0.00

Current Statement Activity

Remaining Balance:	\$	0.00
Current Charges:	\$	162.92
Adjustments:	\$	0.00
Amount Due:	\$	162.92
Payment Due Date:		Due Upon Receipt

PAID 1-1-21 AEM

Paying your bill has never been easier. Access our online tools at 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	Client ID:	30015803
Coverage Period:	January 2021	Statement Number:	811154932
Statement Date:	12/18/2020	Customer Ref:	3429194

Indicate Amount Paid

Statement Amount: \$162.92
 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
12/01/2020	Customer ACH Pymt	\$ (162.92)
Total Payments Received:		\$ (162.92)

Current Statement Activity

Current Charges

Coverage Period January 2021

Division 0001 SOUTH HOPKINS WATER DISTRICT

Coverage	Members Billed	Rate	Amount Due
Member Only	7 @ \$	12.16 \$	85.12
Member + One	4 @ \$	19.45 \$	77.80
Member + Children	0 @ \$	19.86 \$	0.00
Member + Family	0 @ \$	32.01 \$	0.00
Total Membership:		11 \$	162.92