

Client Name:

Client No.:

SOUTH HOPKINS WATER DISTRICT

Invoice No.:

RIS0003270770

Invoice Date:

01/01/2021

M000430057

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

Line Identifier Description Quantity MOU 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

	Total Amount Due:		241.52	114.00	\$377.60	
	Current Monthly Total:	11	261.32	114.28	\$377.60	
4	Subscriber and 1 Child	1	23.92 46.04	22.12	46.04	
3	Subscriber, Spouse, Children	1	23.9272.04	1000 TO 1000	72.04	
2	Subscriber and Spouse	2	46.04	44.04	92.08	
1	Subscriber Only	7	23.92	Community Hardenborn	167.44	
	Balance Forward				0.00	
settings via the site ""Reg	gister''' page.					

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

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

1-5X

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

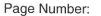
SOUTH HOPKINS WATER DISTRICT ATTN: Jenny Purdy PO Box 487

Dawson Spgs KY 42408-0487

Amount Remitted: DO NOT PAY/AUTODEDUCTED

PLEASE SEND PAYMENT TO: DELTA DENTAL OF KENTUCKY P O Box 950199

Louisville KY 40295-0199



1 of 2





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		

\$ 162.92
\$ (162.92)
\$ 0.00
\$ \$

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

BOY 1-1-N KEN

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: Coverage Period: SOUTH HOPKINS WATER DISTRICT

Statement Date:

January 2021 12/18/2020 Client ID:

30015803

Statement Number:

811154932

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

ayment Activity

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

Current Statement Activity

Current Charges Coverage Period January 2021

Total Membership:	11	- Chie	\$	162.92
Member + Family	0	@	\$ 32.01 \$	0.00
Member + Children	0	@	\$ 19.86 \$	0.00
Member + One	4	@	\$ 19.45 \$	77.80
Member Only	7	@	\$ 12.16 \$	85.12
Coverage	Members Billed		Rate	Amount Due
Division 0001 SOUTH HOPKINS WA	TER DISTRICT			