



COPY - Reconciled Invoice

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Invoice Copy
11/29/2022

Account Name: CUMBERLAND COUNTY WATER
Address: ATTN MATTHEW DYER
133 LOWER RIVER ST
BURKESVILLE, KY 427179622

Invoice Number: 045414
Account Number: GCJ76
Premium Due Date: 10/15/2022
Amount Billed: \$1897.50
Amount Remitting: \$1897.50
Billing Period: September
Number of Deductions: 5
Deduction Frequency: 52
Billing Mode: MONTHLY

Date Prepared: 09/26/2022
Billing Frequency: MONTHLY

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

The Premium amount billed for some policies may not reflect the number of deductions indicated above if the policies were issued during the billing period

Policy	Policy Type	CT	Dept.	Employee/Member#	Name	RM	Premium Due	Employee Sub-total	Adjusted Premium	Adjusted Sub-Total	CR
P0S27710	ACC	I			ANDERSON, JOSEPH		\$31.05	\$31.05			
P0S27714	STD	I			ANDERSON, JOSEPH		\$44.55	\$44.55	\$ 75.60	\$ 75.60	
POH4M4T8	DENTAL	I			ANDERSON, JOSEPH A		\$36.15	\$36.15			
P0K879B7	SPEVNT	P			ANDERSON, JOSEPH A		\$55.05	\$55.05	\$ 91.20	\$ 91.20	
POH4M4T7	ACC	F			BOWLIN, BRENDA		\$77.55	\$77.55			
P0Z0H098	STD	I			BOWLIN, BRENDA		\$44.85	\$44.85	\$ 122.40	\$ 122.40	
P0S27719	ACC	I			BRANHAM, JAMIE		\$31.05	\$31.05	\$ 31.05	\$ 31.05	
P0C9B093	CANCER	S			CLEMENS, JULIE		\$28.50	\$28.50			
P0K823B7	SPEVNT	I			CLEMENS, JULIE		\$36.75	\$36.75			
P0P032X0	ACC	I			CLEMENS, JULIE		\$30.60	\$30.60	\$ 95.85	\$ 95.85	
P0U4A758	LIFE	I			CORBIN, JOHNNY T		\$22.40	\$22.40			
P0U4A9F6	ACC	I			CORBIN, JOHNNY T		\$40.65	\$40.65			
P0W4Y400	VISION	I			CORBIN, JOHNNY T		\$16.05	\$16.05			

P0W4Y402	CANCER	I			CORBIN, JOHNNY T		\$55.70	\$55.70		
P0X769B4	STD	I			CORBIN, JOHNNY T		\$48.30	\$48.30	\$ 183.10	\$ 183.10
P0C9B092	CANCER	F			DYER, MATTHEW		\$51.45	\$51.45	\$ 51.45	\$ 51.45
P0C9B087	ACC	F			DYER, MATTHEW		\$81.00	\$81.00		
P0K823B8	SPEVNT	F			DYER, MATTHEW		\$52.50	\$52.50		
P0P032X3	HOSP	F			DYER, MATTHEW		\$77.85	\$77.85		
P0U4A9F7	VISION	F			DYER, MATTHEW		\$33.35	\$33.35		
P0W4Y3Z8	DENTAL	F			DYER, MATTHEW		\$134.85	\$134.85		
P0X769B3	STD	I			DYER, MATTHEW		\$63.75	\$63.75	\$ 443.30	\$ 443.30
P0C9B086	ACC	P			ENGLAND, REX		\$57.90	\$57.90		
P0C9B089	CANCER	F			ENGLAND, REX		\$51.45	\$51.45		
P0F37524	STD	I			ENGLAND, REX		\$37.80	\$37.80		
P0G6P0Z5	DENTAL	I			ENGLAND, REX		\$44.25	\$44.25		
P0L6P4J3	LIFE	I			ENGLAND, REX		\$31.75	\$31.75	\$ 223.15	\$ 223.15
P0U4A9F3	STD	I			MELECOSKY, ANTHONY		\$34.50	\$34.50		
P0U4A9F4	ACC	I			MELECOSKY, ANTHONY		\$44.40	\$44.40		
P0U4A9F5	DENTAL	I			MELECOSKY, ANTHONY		\$44.25	\$44.25		
P0W4Y3Z9	CANCER	I			MELECOSKY, ANTHONY		\$54.65	\$54.65	\$ 177.80	\$ 177.80
P0C9B091	CANCER	F			MYERS, BILLY		\$51.45	\$51.45		
P0F37523	ACC	F			MYERS, BILLY		\$58.05	\$58.05		
P0F37525	STD	I			MYERS, BILLY		\$40.95	\$40.95		
P0K823B6	SPEVNT	P			MYERS, BILLY		\$47.40	\$47.40		
P0P032X2	HOSP	P			MYERS, BILLY		\$68.25	\$68.25	\$ 266.10	\$ 266.10
P0Y8K084	HOSP	I			RADFORD, DYLAN		\$55.95	\$55.95		
P0Y8K085	STD	I			RADFORD, DYLAN		\$44.85	\$44.85		
P0Y932Z6	ACC	I			RADFORD, DYLAN		\$35.70	\$35.70	\$ 136.50	\$ 136.50
Total Amount Billed							\$1897.50	Amount Due	\$1897.50	

LEGEND		
<u>COVERAGE TYPE (CT)</u>	<u>REMARKS (RM)</u>	<u>CHANGE REQUEST (CR)</u>
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