



AMERICAN UNITED LIFE  
INSURANCE COMPANY

a ONEAMERICA Company  
One American Square PO Box 6123  
Indianapolis, IN 46206-6123

Group Name: East Daviess County Water  
Group Policy No: G 00614753-0000-000  
Premium Due Date: 02/01/2023  
Coverage Period: 02/01/2023 - 02/28/2023  
Invoice Date: 02/07/2023

Current Group Premium Due:		\$249.45
Employee Adjustments:	+	\$0.00
Premium Due:		\$249.45
Administrative Fee:	+	\$0.00
Prior Balance:	+	\$0.00
Total Amount Due:		\$249.45
Group Premium Due:		\$249.45

East Daviess County Water  
ATTN: Agnes Johnson  
9210 State Route 144

Philpot, KY 42366

**NOTE:** Any other communications and requests should be sent to:  
American United Life Insurance Company, PO Box 6123, Indianapolis, IN 46206-6123; or email  
GroupContactCenter@OneAmerica.com; or call us at 1-800-553-5318.  
If your contract has coverage provisions based on salary, please update any salary changes in iBill or  
submit a current census to the Contact Center.

See Exhibit A for IMPORTANT NOTICE AND INSTRUCTIONS

**Notes Section**

Your February 2023 premium draft will be initiated on March 6th, 2023.

Detach and return the bottom portion of this page with your payment in the enclosed envelope to ensure timely receipt  
and processing by American United Life Insurance Company.

Fold and Tear Here

**Remit payment and coupon to:**  
American United Life Insurance Company  
Group Premium  
5870 Reliable Parkway  
Chicago, IL 60686-0058

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Total Amount Due: \$249.45

Total Amount Paid: \$ \_\_\_\_\_

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**Coverage Volume Report**

Group Policy #: G 00614753-0000-000 Coverage Period: 02/01/2023 - 02/28/2023 Employer Name: East Daviess County Water

Certificate	Employee Name	St Adj Date	LTD	Subtotal
***-**-4933	Bell, Jason	A	2,947	2,947
***-**-0846	Edge, Mary	A	2,969	2,969
***-**-1097	Emmick, Kasey	A	5,226	5,226
***-**-3251	Gray, Ashlyn	A	3,207	3,207
***-**-3994	Johnson, Agnes	A	3,637	3,637
***-**-5004	Maxey, Ethan	A	3,007	3,007
***-**-1945	Mills, Adam	A	3,293	3,293
***-**-4532	O'Bryan, Jason	A	3,718	3,718
Dept 1 Subtotal:			28,004	28,004

Covered EE Count	LTD
8	28,004

St (Status): A = Active and T = Terminated, D = Waiver of Premium Ben Type (Benefit Type): F=Family, C=Child Only, S=Spouse Only, EE = Employee Only, ES = Employee and Spouse;  
 EC = Employee and Child(ren); and EF = Employee and Family