

AMERICAN UNITED LIFE INSURANCE COMPANY

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

Group Name: Group Policy No: East Daviess County Water G 00614753-0000-000

Premium Due Date:

02/01/2023

Coverage Period: Invoice Date:

02/01/2023 - 02/28/2023

02/07/2023

Current Group Premium Due: Employee Adjustments:

\$249.45 \$0.00 \$249.45

\$249.45

Premium Due: \$0.00 Administrative Fee: \$0.00 Prior Balance: \$249.45 Total Amount Due:

Group Premium Due:

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

Group Name:

East Daviess County Water

Group Policy No:

G 00614753-0000-000

Premium Due Date:

02/01/2023

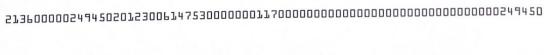
Coverage Period: Invoice Date:

02/01/2023 - 02/28/2023

Total Amount Due:

02/07/2023 \$249.45

Total Amount Paid: \$





Premium Statement

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

***_**-4933 Bell, Jason A 6.78 6.78 ***_**-0846 Edge, Mary A 48.69 48.69 ***_**-1097 Emmick, Kasey A 43.90 43.90 ***_**-3251 Gray, Ashtyn A 7.38 7.38 ***_**-3994 Johnson, Agnes A 88.74 88.74 ***_**-5004 Maxey, Ethan A 6.92 6.92 ***_**-1945 Mills, Adam A 15.81 15.81 ***_**-4532 O'Bryan, Jason A 31.23 31.23 Dept 1 Subtotal: 249.45 ***_**-1045 Mills, Adam A 15.81 15.81 ***_**-4532 O'Bryan, Jason A 15.81 15.81 ***_**-1045 Mills, Adam A 15.81 15.81 ***_**_**-1045 Mills, Adam A 15.81 15.81 ***_**_**-1045 Mills, A		249.45		8
A 6.78 A 48.69 A 43.90 A 7.38 es A 88.74 A 6.92 A 15.81 Dept 1 Subtotal: 249.45		LTD	mt	Covered EE Cou
A 6.78 A 48.69 A 43.90 A 7.38 a 88.74 b A 6.92 A 15.81 a A 31.23	249.45	249.45	Dept 1 Subtotal:	
A 6.78 A 48.69 A 43.90 A 7.38 acs A 88.74 A 6.92 A 15.81	31.23	31.23	Α	***_**-4532 O'Bryan, Jason
A 6.78 A 48.69 A 43.90 A 7.38 acs A 88.74 A 6.92	15.81	15.81	Α	***_**-1945 Mills, Adam
A 6.78 A 48.69 A 43.90 A 7.38 acs A 88.74	6.92	6.92	Α	***_**-5004 Maxey, Ethan
A 6.78 A 48.69 A 43.90 A 7.38	88.74	88.74	Α	***_**-3994 Johnson, Agnes
A 6.78 A 48.69 A 43.90	7.38	7.38	Α	***_**-3251 Gray, Ashtyn
A 6.78 A 48.69	43.90	43.90	Α	***_**-1097 Emmick, Kasey
A 6.78	48.69	48.69	Α	***_***_0846 Edge, Mary
	6.78	6.78	Α	***_**_4933 Bell, Jason
	2	***		1

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 EC = Employee



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

28,004
3,718
3,293
3,007
3,637
3,207
5,226
2,969
2,947
Subtotal

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