



AMERICAN UNITED LIFE INSURANCE COMPANY

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

Group Name: East Daviess County Water Assn
Group Policy No: G 00614753-0001-000
Premium Due Date: 02/01/2023
Coverage Period: 02/01/2023 - 02/28/2023
Invoice Date: 02/07/2023

Current Group Premium Due:		\$75.00
Employee Adjustments:	+	\$0.00
Premium Due:		\$75.00
Administrative Fee:	+	\$0.00
Prior Balance:	+	\$0.00
Total Amount Due:		\$75.00
Group Premium Due:		\$75.00

**East Daviess County Water Assn
ATTN: AGNES JOHNSON
9210 STATE STREET ROUTE 144**

KNOTTSTVILLE, 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: \$75.00

Total Amount Paid: \$ _____

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Premium Statement

Group Policy #: G 00614753-0001-000 Coverage Period: 02/01/2023 - 02/28/2023 Employer Name: East Daviess County Water Assn

Certificate	Employee Name	St Adj Date	Basic Life	Basic AD&D	Subtotal
***-**-3251	Gray, Ashtyn	A	2.50	0.50	3.00
Dept 1 Subtotal:			2.50	0.50	3.00
***-**-4933	Bell, Jason	A	2.50	0.50	3.00
***-**-0846	Edge, Mary	A	15.00	0.50	15.50
***-**-1097	Emmick, Kasey	A	6.25	0.50	6.75
***-**-3251	Gray, Ashtyn	A	2.50	0.50	3.00
***-**-3994	Johnson, Agnes	A	31.75	0.50	32.25
***-**-5004	Maxey, Ethan	A	2.50	0.50	3.00
***-**-1945	Mills, Adam	A	3.75	0.50	4.25
***-**-4532	O'Bryan, Jason	A	3.75	0.50	4.25
Dept 600 Subtotal:			68.00	4.00	72.00
Covered EE Count			Basic Life	Basic AD&D	
9			70.50	4.50	

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



Coverage Volume Report

Group Policy #: G 00614753-0001-000 **Coverage Period:** 02/01/2023 - 02/28/2023 **Employer Name:** East Daviess County Water Assn

Certificate	Employee Name	St Adj Date	Basic Life	Basic AD&D	Subtotal
***-**-3251	Gray, Ashtyn	A	25,000	25,000	50,000
Dept 1 Subtotal:			25,000	25,000	50,000
***-**-4933	Bell, Jason	A	25,000	25,000	50,000
***-**-0846	Edge, Mary	A	25,000	25,000	50,000
***-**-1097	Emmick, Kasey	A	25,000	25,000	50,000
***-**-3251	Gray, Ashtyn	A	25,000	25,000	50,000
***-**-3994	Johnson, Agnes	A	25,000	25,000	50,000
***-**-5004	Masey, Ethan	A	25,000	25,000	50,000
***-**-1945	Mills, Adam	A	25,000	25,000	50,000
***-**-4532	O'Bryan, Jason	A	25,000	25,000	50,000
Dept 600 Subtotal:			200,000	200,000	400,000
Covered EE Count			Basic Life	Basic AD&D	
9			225,000	225,000	

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