

## Location Premium Detail for Edmonson County Water District

	<b>Location</b>	<b>Prepared</b>	<b>Billing Period</b>
	TONY SANDERS Edmonson County Water District P.O. BOX 208 BROWNSVILLE, KY 42210	02/14/2023	March 2023 Final Invoice
<b>Remit Payment to:</b>	<b>Payment Due Date</b>		<b>Current Total Premiums Due</b>
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	03/01/2023		\$13,662.75

### CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
<b>Active</b>					
<b>ASHLEY, DANIEL J</b>					
Delta 0185 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP		\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP		\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>
<b>BASHAM, JEFF</b>					
Delta 0185 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP		\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP		\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>
<b>BREWSTER, TIM</b>					
Delta 0185 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP		\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP		\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>
<b>CHILDRESS, LAWRENCE</b>					
Delta 0185 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP		\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP		\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>
<b>DAVIS, JENNIFER N</b>					
Delta 0185 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP		\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP		\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>
<b>DECKER, JOEY</b>					
Delta 0185 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP		\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP		\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>
<b>DECKER, LUKE</b>					

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Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Delta 0185 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP		\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP		\$0.00	\$0.00	\$520.96

		Employee Totals	\$0.00	\$0.00	\$0.00	\$546.51
<b>ELMORE, LATISHA K</b>						
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68	
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87	
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96	
		<b>Employee Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>FOULKES, ADAM R</b>						
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68	
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87	
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96	
		<b>Employee Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>GRAHAM, CHRISTOPHER</b>						
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68	
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87	
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96	
		<b>Employee Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>HACK, MARCELLA</b>						
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68	
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87	
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96	
		<b>Employee Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>HAZELWOOD, DYLAN</b>						
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68	
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87	
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96	
		<b>Employee Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>HODGE, GRETCHEN</b>						
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68	
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87	
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96	
		<b>Employee Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>HOLT, SABRINA J</b>						
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68	
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87	
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96	
		<b>Employee Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>MASSEY, MELITA</b>						
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68	
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87	
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96	
		<b>Employee Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>MATTHEWS, PATRICK A</b>						
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68	
March 2023 Final Invoice			2			02/15/2023

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96
		<b>Employee Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>MEREDITH, NORMAN</b>						
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68	
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87	
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96	

<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>
<b>MEREDITH, STEFFAN J</b>					
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>NUTTALL, JONATHAN</b>					
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>POOR, DEVIN R</b>					
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>RAY, KYLE T</b>					
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>SANDERS, TONY</b>					
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>TAYLOR, NATHAN</b>					
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>TENNISON, DAVID M</b>					
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

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Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>

<b>WOLFE, ERICA</b>					
Delta 0185 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
W31781M001 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$520.96
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$546.51</b>
<b>Active Current Total</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$14,209.26</b>
<b>Location Current Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$14,209.26</b>

<b>ADJUSTMENTS</b>					
Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium

**Active**

STAPLES, JEREMY A

Delta 0185 Dental Option 2 ADJ-CREDIT February 2023 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	-\$19.68
Delta 0185 Vision 150 ADJ-CREDIT February 2023 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	-\$5.87
W31781M001 HRACA01T1 ADJ-CREDIT February 2023 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	-\$520.96
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>-\$546.51</b>
<b>Active Adjustment Total</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>-\$546.51</b>
<b>Location Adjustment Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>-\$546.51</b>

**ADJUSTED TOTALS**

Location Adjusted Totals	\$0.00	\$0.00	\$0.00	\$13,662.75
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Previous Total Due	\$15,302.28
Total Payment Received	\$15,302.28
Unpaid Balance	\$0.00
Current Total Premium	\$14,209.26
Billing Fees	\$0.00
Adjustment Total	-\$546.51
Misc Fees	\$0.00
Location Adjustment	\$0.00
<b>Current Total Due</b>	<b>\$13,662.75</b>

March 2023 Final Invoice

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02/15/2023

APPROVED  
FEB 15 2023

*(TS)*

60431-1093.02  
60432-1093.02  
60450-6558.12  
60470-3279.06  
60480-1639.53

2/15/23  
ydc  
✓ # 64159  
\$ 13,662.75  
YE

### Location Premium Summary

Client			Location			Billing Period			Prepared				
KLC			Edmonson County Water District			March 2023 Final Invoice			02/14/2023				
			Current			Adjustment			Total				
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium		
Medical	W31781M001 HRACA01T1	EMP	26	\$0.00	\$13,544.96	-1	\$0.00	-\$520.96	25	\$0.00	\$13,024.00		
		<b>Benefit Totals</b>	<b>26</b>	<b>\$0.00</b>	<b>\$13,544.96</b>	<b>-1</b>	<b>\$0.00</b>	<b>-\$520.96</b>	<b>25</b>	<b>\$0.00</b>	<b>\$13,024.00</b>		
Dental	Delta 0185 Dental Option 2	EMP	26	\$0.00	\$511.68	-1	\$0.00	-\$19.68	25	\$0.00	\$492.00		
		<b>Benefit Totals</b>	<b>26</b>	<b>\$0.00</b>	<b>\$511.68</b>	<b>-1</b>	<b>\$0.00</b>	<b>-\$19.68</b>	<b>25</b>	<b>\$0.00</b>	<b>\$492.00</b>		
Vision	Delta 0185 Vision 150	EMP	26	\$0.00	\$152.62	-1	\$0.00	-\$5.87	25	\$0.00	\$146.75		
		<b>Benefit Totals</b>	<b>26</b>	<b>\$0.00</b>	<b>\$152.62</b>	<b>-1</b>	<b>\$0.00</b>	<b>-\$5.87</b>	<b>25</b>	<b>\$0.00</b>	<b>\$146.75</b>		
		<b>Location Totals</b>	<b>78</b>	<b>\$0.00</b>	<b>\$14,209.26</b>	<b>-3</b>	<b>\$0.00</b>	<b>-\$546.51</b>	<b>75</b>	<b>\$0.00</b>	<b>\$13,662.75</b>		
											<b>Misc Fees</b>	<b>\$0.00</b>	
												<b>Location Adjustment</b>	<b>\$0.00</b>
												<b>Billing Fees</b>	<b>\$0.00</b>
												<b>Grand Total</b>	<b>\$13,662.75</b>

**EDMONSON COUNTY WATER DISTRICT  
OPERATING & MAINTENANCE**  
P.O. BOX 208  
BROWNSVILLE, KY 42210-0208

BANK OF EDMONSON COUNTY  
BROWNSVILLE, KY 42210  
73-756/839

64159

THIRTEEN THOUSAND SIX HUNDRED SIXTY-TWO AND 75/100 US DOLLARS

DATE 2/15/2023 AMOUNT \*\*\*\*\*\$13,662.75

PAY TO THE ORDER OF: KY Lcoal Gov't Health Trust  
P.O. Box 34021  
Lexington, KY 40588

*Tony Landon*  
*Latisha Kay Elmore*

⑈064159⑈ ⑆083907560⑆ ⑈300 069 9⑈

<b>EDMONSON COUNTY WATER DISTRICT OPERATING &amp; MAINTENANCE</b>	<b>VENDOR</b> Ky Local	KY Local Gov't Health Trust/KY Lcoal Gov't H	<b>Check No</b> 64159	<b>64159</b>
<b>DATE</b> 2/15/2023	<b>INVOICE NUMBER</b> March 2023	<b>AMOUNT DUE</b> 13,662.75	<b>DISCOUNT TAKEN</b> 0.00	<b>NET AMOUNT DUE</b> 13,662.75

2/15/2023	<b>TOTAL</b>	13,662.75	0.00	13,662.75
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<b>EDMONSON COUNTY WATER DISTRICT OPERATING &amp; MAINTENANCE</b>	<b>VENDOR</b> Ky Local	KY Local Gov't Health Trust/KY Lcoal Gov't H	<b>Check No</b> 64159	<b>64159</b>
<b>DATE</b> 2/15/2023	<b>INVOICE NUMBER</b> March 2023	<b>AMOUNT DUE</b> 13,662.75	<b>DISCOUNT TAKEN</b> 0.00	<b>NET AMOUNT DUE</b> 13,662.75

2/15/2023	<b>TOTAL</b>	13,662.75	0.00	13,662.75
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Security features included. Details on back.



Metropolitan Life Insurance Company

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KM05548835 0001

**BILL DUE DATE: 03 01 2023**

TO: EDMONSON COUNTY WATER DISTRICT

PRINT DATE: 02 14 2023

FOR ADDITIONAL INFORMATION, SEE REVERSE SIDE

NAME OF INSURED / I.D. NUMBER	INSURED BIRTH MO. - YR.	CLASS # ADJ. DATE	BT CODE	BENEFIT TITLE	FAM. IND.	ADJ. CODE	PREMIUM	VOLUME	TOTAL PREMIUM
JEREMY A STAPLES XXXXX0876		02 01 2023	AI	AD&D		T	.75-		
			LI	LIFE		T	14.00-		14.75-
									346.56
***GRAND TOTAL DUE PLEASE PAY THIS AMOUNT ----->									346.56

AFTER CHANGES HAVE BEEN RECEIVED AND MADE IN OUR OFFICE,  
PREMIUM ADJUSTMENTS WILL BE REFLECTED ON YOUR BILLING STATEMENT.

APPROVED

FEB 28 2023

60431-22.13  
60432-29.50  
60450-171.84  
60470-83.34  
60480-39.75

ypd 2/28/23  
# 64228 gr

\$ ~~60428~~  
346.56



Metropolitan Life Insurance Company



**BILL DUE DATE: 03 01 2023**

TO: EDMONSON COUNTY WATER DISTRICT

PRINT DATE: 02 14 2023

FOR ADDITIONAL INFORMATION, SEE REVERSE SIDE

NAME OF INSURED / I.D. NUMBER	INSURED BIRTH MO. - YR.	CLASS # ADJ. DATE	BT CODE	BENEFIT TITLE	FAM. IND.	ADJ. CODE	PREMIUM	VOLUME	TOTAL PREMIUM
JONATHAN NUTTALL XXXXX1820	05-1981	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
DEVIN R POOR XXXXX3738	09-1995	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
BARRY J RICH XXXXX0768	08-1944	0001	AI LI	AD&D LIFE	C C		.38 7.00	12,500 12,500	7.38
KYLE T ROY XXXXX7626	08-1992	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
TONY L SANDERS XXXXX7328	04-1966	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
NATHAN S TAYLOR XXXXX5610	01-1977	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
DAVID M TENNISON XXXXX5243	10-1973	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
TIMMY E VINCENT XXXXX9494	01-1977	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
ERICA G WOLFE XXXXX0938	06-1993	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
TOTAL FOR THIS BILLING PERIOD									390.16
<b>**ADJUSTMENTS**</b>									
GREGORY V NUGENT XXXXX4632		12 01 2022	AI LI	AD&D LIFE	A A		1.47 27.30		28.77
NOAH E REED XXXXX7146		07 07 2022	AI LI	AD&D LIFE	T T		2.97- 54.65-		57.62-





Metropolitan Life Insurance Company

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KM05548835 0001

**BILL DUE DATE: 03 01 2023**

TO: EDMONSON COUNTY WATER DISTRICT

PRINT DATE: 02 14 2023

FOR ADDITIONAL INFORMATION, SEE REVERSE SIDE

NAME OF INSURED / I.D. NUMBER	INSURED BIRTH MO. - YR.	CLASS # ADJ. DATE	BT CODE	BENEFIT TITLE	FAM. IND.	ADJ. CODE	PREMIUM	VOLUME	TOTAL PREMIUM
ADAM R FOULKS XXXXX4859	05-1999	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
CHRISTOPHER A GRAHAM XXXXX6148	09-1986	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
MARCELLA D HACK XXXXX7559	03-1980	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
DYLAN R HAZELWOOD XXXXX1663	07-1996	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
GRETCHEN N HODGE XXXXX4728	01-1969	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
SABRINA J HOLT XXXXX7360	03-1996	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
MELITA MASSEY XXXXX1716	11-1957	0001	AI LI	AD&D LIFE	C C		.49 9.10	16,250 16,250	9.59
PATRIC A MATTHEWS XXXXX3179	10-1967	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
NORMAN A MEREDITH XXXXX7575	06-1944	0001	AI LI	AD&D LIFE	C C		.38 7.00	12,500 12,500	7.38
STEFFAN J MEREDITH XXXXX0687	08-1988	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
JIMMY L MILLS XXXXX0305	10-1944	0001	AI LI	AD&D LIFE	C C		.38 7.00	12,500 12,500	7.38
GREGORY V NUGENT XXXXX4632	12-1956	0001	AI LI	AD&D LIFE	C C		.49 9.10	16,250 16,250	9.59



Metropolitan Life Insurance Company

PAGE 1

KM05548835 0001



TO: EDMONSON COUNTY WATER DISTRICT  
 ATTN: TONY SANDERS  
 P.O. BOX 208  
 BROWNSVILLE KY 42210

BILL DUE DATE: 03 01 2023

PRINT DATE: 02 14 2023

AMOUNT PAID: \_\_\_\_\_

For customer service please contact us at: 1-800-ASK-4MET (275-4638) (Prompt 2)

## PLEASE NOTE THE FOLLOWING:

- PLEASE COMPLETE A CHANGE FORM FOR ALL CHANGES WHICH CAN BE LOCATED AT <http://www.whymetlife.com/adminmanual/>
- ASK YOUR ACCOUNT SPECIALIST ABOUT ELECTRONIC FUNDS TRANSFER (EFT)
- FOR ADDITIONAL INFORMATION, SEE REVERSE SIDE OF THE LAST PAGE

NAME OF INSURED / I.D. NUMBER	INSURED BIRTH MO. - YR.	CLASS # ADJ. DATE	BT CODE	BENEFIT TITLE	FAM. IND.	ADJ. CODE	PREMIUM	VOLUME	TOTAL PREMIUM
DANIEL J ASHLEY XXXXX8698	02-1976	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
JEFFREY BASHAM XXXXX8352	09-1974	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
TIMOTHY BREWSTER XXXXX5590	12-1967	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
LAWRENCE E CHILDRESS XXXXX2157	10-1955	0001	AI LI	AD&D LIFE	C C		.49 9.10	16,250 16,250	9.59
JENNIFER N DAVIS XXXXX0317	09-1981	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
JOEY L DECKER XXXXX7990	07-1988	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
LUKE DECKER XXXXX1001	08-2002	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75
LATISHA K ELMORE XXXXX1759	09-1980	0001	AI LI	AD&D LIFE	C C		.75 14.00	25,000 25,000	14.75



Metropolitan Life Insurance Company

KM05548835 0001



**BILL DUE DATE: 03 01 2023**

TO: EDMONSON COUNTY WATER DISTRICT

PRINT DATE: 02 14 2023

FOR ADDITIONAL INFORMATION, SEE REVERSE SIDE

NAME OF INSURED / I.D. NUMBER	INSURED BIRTH MO. - YR.	CLASS # ADJ. DATE	BT CODE	BENEFIT TITLE	FAM. IND.	ADJ. CODE	PREMIUM	VOLUME	TOTAL PREMIUM
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\*\*\*SUMMARY TOTALS\*\*\*

TITLE	COUNT	INSUREDS		DEPENDENTS	
		VOLUME	PREMIUM	COUNT	PREMIUM
AD&D	29	661,250	17.61	0	0.00
LIFE	29	661,250	328.95	0	0.00

\*\*\*\*\*PLEASE NOTE\*\*\*\*\*

METLIFE MUST RECEIVE YOUR PREMIUM WITHIN 31 DAYS OF THE BILL DUE DATE  
OR YOUR POLICY WILL TERMINATE ACCORDING TO ITS TERMS.

- Checks or money orders should be made payable to Metropolitan Life Insurance Company. Send payment along with the remittance copy of the billing to:

Metropolitan Life Insurance Company  
P. O. Box 804466  
Kansas City, Missouri 64180-4466

- ELECTRONIC FUNDS TRANSFER (EFT) – EFT is an electronic payment option for remittance of the monthly premium, without the processing and postage costs associated with issuing and mailing a check to us each month. To implement EFT, contact your Customer Service Representative at 1 800 ASK 4 MET (1 800 275-4638) to obtain more information and an authorization form.
- PREMIUMS FOR NEW ENROLLMENTS OR CHANGES – New enrollments and changes will be billed on the next premium statement if we receive this information from you before the next bill date.

#### FAMILY INDICATORS

A = Family  
B = Member and Spouse  
C = Member Only  
D = Member and Children  
    Spouse is Excluded  
E = Spouse and Children  
    Member is Excluded  
F = Spouse Only  
G = Children Only

#### ADJUSTMENT CODES

A = Member Addition  
B = Benefit Record Change  
C = Class Change  
D = Dependent Change  
E = Evidence Change  
F = Family Indicator Change  
G = Group Generation Change  
H = Division Generation Change  
I = Reinstatement  
J = Substandard Rate Update  
K = Reinsurance Change  
L = Lapse In Coverage  
M = Medical Rate Table Change  
N = Non-Medical Rate Table Change  
O = Only Manual Adjustments  
P = Selected Benefit  
Q = Election Change Generation  
R = Retirement  
S = Change In Benefit Status  
T = Termination  
U = Elected Units  
V = Factor Table Change  
W = Other Changes  
X = Member Adjustment/Correction  
Y = Age Change  
Z = Batch Control  
\$ = Salary Change  
1 = Adjustment Of Elected Volumes  
2 = Disability Event Change  
3 = Payroll Event Change  
4 = Member Key Change  
5 = Family Rate Table Change  
7 = MX Screen Changes  
8 = ME Screen Changes Applied Retroactively,  
    Equal To The Member Effective Date



THIS PAGE MUST BE RETURNED WITH YOUR REMITTANCE. IF THERE ARE NO CHANGES TO REPORT, PLEASE DETACH AND RETURN THE TOP PORTION OF THIS PAGE TO:

KM05548835 0001

EDMONSON COUNTY WATER DISTRICT

BILL DUE DATE: 03 01 2023

PRINT DATE: 02 14 2023

GRAND TOT DUE: 346.56

AMOUNT PAID: \$346.56

CHECK #: 64228

Metropolitan Life Insurance Company  
P.O. Box 804466  
Kansas City, MO 64180-4466



KM05548835 0001

EDMONSON COUNTY WATER DISTRICT

**For customer service please contact us at: 1-800-ASK-4MET (275-4638) (Prompt 2)**

To ensure timely processing of your bill, please make your check payable to:

**METROPOLITAN LIFE INSURANCE COMPANY**

PO Box 804466

Kansas City, MO 64180-4466

**PLEASE INCLUDE YOUR GROUP NUMBER ON YOUR CHECK**

All premiums are due on the first of the month for which coverage is provided. MetLife must receive your premium within 31 days of the bill due date or your policy will terminate according to its terms.

**Please note that your bill no longer includes a change form.**

Please use the change form in your administrative manual under Forms. If you need to request a change form, or have any questions please contact us at:

**1 800 ASK 4 MET**  
**(1 800-275-4638) – Prompt 2**

A change form needs to be completed for any enrollment or eligibility changes.  
For adding a new employee, please complete an enrollment form.  
The enrollment and change forms may then be faxed to:

**1 888-505-7446**

Or mailed to:

**Metropolitan Life Insurance Company**

**PO Box 14593**

**Lexington, KY 40512-4593**

Changes received after the 6<sup>th</sup> day of the month will not be reflected until the following bill cycle.

METLIFE = GROUP BENEFITS  
4150 N. MULBERRY DRIVE  
SUITE 300  
KANSAS CITY, MO 64116



00183  
ENV# 224  
EDMONSON COUNTY WATER DISTRICT  
ATTN: TONY SANDERS  
P.O. BOX 208  
BROWNSVILLE KY 42210

**EDMONSON COUNTY WATER DISTRICT**  
**OPERATING & MAINTENANCE**  
P.O. BOX 208  
BROWNSVILLE, KY 42210-0208

BANK OF EDMONSON COUNTY  
BROWNSVILLE, KY 42210  
73-756/839

64228

THREE HUNDRED FORTY-SIX AND 56/100 US DOLLARS

DATE  
2/28/2023

AMOUNT  
\*\*\*\*\*\$346.56

PAY TO THE ORDER OF:  
Metlife  
P.O. Box 804466  
Kansas City, MO 64180-4466

*Tony Santer*  
*Laticha Kay Elmore*

⑈064228⑈ ⑆083907560⑆ ⑆3000699⑈

EDMONSON COUNTY WATER DISTRICT OPERATING & MAINTENANCE		VENDOR Metlife	Metlife		Check No 64228	<b>64228</b>
DATE	INVOICE NUMBER		AMOUNT DUE	DISCOUNT TAKEN	NET AMOUNT DUE	
2/28/2023	February 2023 KM05548835 0001		346.56	0.00	346.56	

2/28/2023 TOTAL 346.56 0.00 346.56

EDMONSON COUNTY WATER DISTRICT OPERATING & MAINTENANCE		VENDOR Metlife	Metlife		Check No 64228	<b>64228</b>
DATE	INVOICE NUMBER		AMOUNT DUE	DISCOUNT TAKEN	NET AMOUNT DUE	
2/28/2023	February 2023 KM05548835 0001		346.56	0.00	346.56	

2/28/2023 TOTAL 346.56 0.00 346.56

Security features included. Details on back.

ENDORSE HERE:

CHECK HERE IF MOBILE DEPOSIT

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

★ RESERVED FOR FINANCIAL INSTITUTION USE ★



*The security features listed below, as well as those not listed, exceed industry guidelines.*

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Chemical Erasure Protection	• Colored marks appear when chemically altered or erased.
Security Screen	• Absence of "Original Document" verbiage on back of check.
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Artificial Watermark	• Artificial watermark not visible on back of check when held at 45° angle.
Fluorescent Fibers	• Visible under ultraviolet light. Cannot be photocopied or scanned
Colored Pantographs	• The face of this document contains a colored check background.
Color Reactive	• The back of check will not change color when rubbed with a coin.