

CERS
Nov 2022

Payment Confirmation

Your contribution summary payment has been submitted.


Please print a copy for your records.

Payment Details

Employer:	No82 - MEADE COUNTY WATER DISTRICT
Report:	CERS - 11/2022
Payment Date:	12/7/2022
Payment From:	MCWD account - MEADE COUNTY BANK, ...1363 , e-Check 122022
Payment Amount:	\$14,599.01

Summary Totals

Regular Contributions:	\$13,866.85
State-funded Expenses:	\$0.00
Adjustments:	\$0.00
IPS:	\$0.00
Invoices:	\$732.16

Print 

Pay another monthly summary »

PAID ON ACCOUNT
 CK# _____ CASH
 DEC 07 2022
 MEADE CO WATER
 BRANDENBURG KY

ACH

To view or edit member contribution information, select the corresponding (member) name link. To add a new record or adjust a previously reported transaction, click [Add Line Item](#). Once all items are correct, click [Submit Report](#).

[Return to Enter Report Detail](#)

Member Contributions

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
BALLMAN, LISA	595759	11/2022	CNHZNH	Regular pay	\$3,538.47	\$176.92	\$0.00	\$947.96
BENNETT, MASON	1305121	11/2022	CNHZCB	Regular pay	\$2,448.18	\$122.41	\$24.48	\$655.87
BRUNER, LEIGH	833978	11/2022	CNHZHI	Regular pay	\$3,137.96	\$156.90	\$31.38	\$840.66
Donnerman, Eric	899768	11/2022	CNHZHI	Regular pay	\$4,510.97	\$225.55	\$45.11	\$1,208.49
Durbin, Jason	180104	11/2022	CNHZNH	Regular pay	\$3,505.60	\$175.28	\$0.00	\$939.15
Embry, Corey	1299383	11/2022	CNHZCB	Regular pay	\$3,960.96	\$198.05	\$39.61	\$1,061.14
Lucas, Jeremy	868572	11/2022	CNHZHI	Regular pay	\$4,291.64	\$214.58	\$42.92	\$1,149.73
Nevitt, Jessica	329613	11/2022	CNHZNH	Regular pay	\$3,242.92	\$162.15	\$0.00	\$868.78
PYLES, AARON	629515	11/2022	CNHZRR	Regular pay	\$7,521.60	\$0.00	\$0.00	\$2,015.04
Sipes, Chad	126610	11/2022	CNHZNH	Regular pay	\$4,664.00	\$233.20	\$0.00	\$1,249.49
SMITH, COLTEN	1385706	11/2022	CNHZCB	Regular pay	\$3,299.78	\$164.99	\$33.00	\$884.01

PRODUCT SUMMARY



Billing Entity Name : WATER DISTRICT Invoice No. : 001466030H
 Billing Entity No. : W26717M005 Page No. : 1
 Group Contact : MANDY STURGEON
 Premium Specialist : LACY, LOLENA Desk No. : 4276 Telephone : (317) 287-7760
 Billing Period: FROM 09-01-22 TO 10-01-22
 Date Billed: 08-18-22
 Payment Due Date: 09-01-22

002050622500

Group/Product Contract Type	Count	Current Charges	Retro	Total	Billing Rate
W26717M005 ANTHEM BLUE ACCESS PPO			ACT		
Offered By :Anthem Blue Cross and Blue Shield					
S	3	3,146.37	0.00	3,146.37	1,048.79
2P	0	0.00	0.00	0.00	2,097.68
S+DEP	0	0.00	0.00	0.00	1,992.75
FAM	0	0.00	0.00	0.00	3,356.16
S+DEPS	0	0.00	0.00	0.00	1,992.75
Total	3	3,146.37	0.00	3,146.37	
W26717M006 ANTHEM BLUE ACCESS PPO			ACT		
Offered By :Anthem Blue Cross and Blue Shield					
S	4	3,775.60	0.00	3,775.60	943.90
2P	0	0.00	0.00	0.00	1,887.90
S+DEP	0	0.00	0.00	0.00	1,793.49

WGBLG001 COMB 20220817B00 J3C6
 20220816 004279 Env [3,182] 2 of 3 B 4

BILLING DETAIL



Billing Entity Name : WATER DISTRICT	Invoice No. :	001466030H
Billing Entity No. : W26717M005	Page No. :	3
Group Contact : MANDY STURGEON		
<hr/>		
Premium Specialist : LACY, LOLENA	Desk No. : 4276	Telephone : (317) 287-7760
<hr/>		
Billing Period:	FROM 09-01-22 TO 10-01-22	
Date Billed:	08-18-22	
Payment Due Date:	09-01-22	

004279030300

MEMBERSHIP DETAIL

ID No.	Dept. No.	Emp. No.	Subscriber Name	COBRA End Date	Group No./ Suffix	Grp. Type	Prod. Type	Cont. Type	No. Cvd	Prem. Amt.
395M69753			EMBRY COREY		W26717M006	A	HXUH	S	1	943.90
533M98267			HAMILTON DAVID M		W26717M006	A	HXUH	FAM	4	3020.57
Subtotal for the Department #									2	3,964.47
182M81505	0003		BALLMAN LISA		W26717M005	A	HXUH	S	1	1048.79
950M70790	0003		BRUNER LEIGH		W26717M005	A	HXUH	S	1	1048.79
334M54051	0003		DONNERMAN ERIC A		W26717M006	A	HXUH	S	1	943.90
128A20684	0003		DURBIN JASON D		W26717M006	A	HXUH	S	1	943.90
954M56423	0003		HARDCASTLE GRADY		W26717M005	A	HXUH	S	1	1048.79
139M70019	0003		LUCAS JEREMY R		W26717M006	A	HXUH	S	1	943.90
552M54418	0003		SIPES CHAD		W26717M006	A	HXUH	S+DEPS	5	1793.49
Subtotal for the Department # 0003									7	7,771.56
<hr/>										
Total Subscribers		9	Membership detail Subtotal						11,736.03	
Total Amount Due										11,736.03

WGBL/G001/COMB
 20220817B00 J306
 Env [3,182] 3 of 3 B 4
 20220816 004279

Group Number identifies the Product and Carrier



#0AED8

THE CINCINNATI LIFE INSURANCE CO
P. O. BOX 631205
CINCINNATI, OH 45263-1205
(513) 870-2260

MEADE COUNTY WATER DISTRICT
CONTROL #0AED8

PREMIUM DUE JANUARY 1, 2023

HOME OFFICE USE	POLICY #	EMPLOYEE NAME	INSURED NAME	AMOUNT OF WEEKLY DEDUCTION	EMPLOYEE'S TOTAL MONTHLY DEDUCTION	* CODE TOTAL DUE
6993	6760094S	BALLMAN LISA L	BALLMAN LISA L	16.14	80.70	
10908	6760095S	BRUNNER LEIGH A	BRUNNER LEIGH A	25.17	125.85	
1346	6491550L	LUCAS JEREMY R	LUCAS JEREMY R	3.11	15.55	
					TOTAL DUE	- 222.10

3

CinLife.com

PAID ON ACCOUNT
CHK# — CASH
JAN 09 2022
MEADE CO WATER
BRANDENBURG KY

 * HOME OFFICE USE *
 * * *
 * L70RTY- 0.00*
 * L70 - 0.00*
 * * *
 * SAHRTY- 0.00*
 * SAH - 0.00*
 * 4008474340 *
 * LPRRTY- 192.47*
 * LIFEP- 222.10*

MEADE COUNTY WATER DISTRICT
ATTN: LISA BALLMAN
1003 ARMORY PL
BRANDENBURG KY 40108-1732

PLEASE MAKE CHECK PAYABLE TO THE CINCINNATI LIFE INSURANCE CO
& ATTACH COPY OF BILL TO REMITTANCE.

*
 -- IMPORTANT --
 PLEASE INDICATE BY CODE NUMBER,
 THE REASON FOR ANY UNPAID ITEM.
 (1) LEFT OUR EMPLOYMENT (BILL AT HOME)
 (2) LEAVE OF ABSENCE (BILL AT HOME)
 (3) CANCEL DEDUCTION (BY EMPLOYEE REQUEST)
 (4) DECEASED

PLEASE PROVIDE US WITH ANY AVAILABLE
ADDRESS CHANGES.



INVOICE

Client Name: MEADE COUNTY WATER DISTRICT

Invoice No.: RIS0004466798

Client No.: M000430058

Invoice Date: 10/01/2022

Billing Period: 10/01/2022 Thru 10/31/2022

Line	Identifier	Description	Quantity	UOM	Amount Due
		Balance Forward			0.00
1		Subscriber Only	6	23.92	143.52
2		Subscriber, Spouse, Children	2	72.04	144.08
3		Subscriber and 2+ Children	1	72.04	72.04
Current Monthly Total:			9		\$359.64
Total Amount Due:					\$359.64

Reminder: Billing details are only available online on Benefit Manager Toolkit (www.benefitmanagertoolkit.com). If you do not yet have access, update your security settings via the site "First Time Login" page.

For inquiries please call: 1-800-955-2030

Changes made after 9/14/2022 will be reflected in the next billing cycle.

PAID ON ACCOUNT
CK# _____ CASH

OCT 07

MEADE CO WATER
BRANDENBURG KY

ACH

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3317

REMITTANCE



Invoice No.: RIS0004466798

Invoice Date: 10/01/2022

PO Number:

Client No.: M000430058

Due Date: 10/05/2022

Billing Period: 10/01/2022 Thru 10/31/2022

AMOUNT DUE: \$359.64

Amount Remitted: **DO NOT PAY/AUTODEDUCTED**

MEADE COUNTY WATER DISTRICT
ATTN: Lisa Ballman
PO Box 367
Brandenburg KY 40108-0367

PLEASE SEND PAYMENT TO:
DELTA DENTAL OF KENTUCKY
P O Box 950199
Louisville KY 40295-0199



PO Box 248889
Oklahoma City, OK 73124
888-488-0134
GlobeLifeLibertyNational.com

0851
R 5351 E 5351 B 43 P 1 of 2

PAID ON ACCOUNT
CK# _____ CASH
ACT

SEP 07 2022

MEADE CO WATER
BRANDENBURG KY

August 23, 2022

MEADE COUNTY WATER DIST
1003 ARMORY PL
BRANDENBERG KY 40108

12744 / 18640



Total Amount Due: \$13.08
Due Date: 09/01/22
Deliquent After: 09/16/22

Payroll Deduction Notice

Enclosed is the billing for premiums due on 09/01/22.

If there are no changes to the billing, please detach the perforated stub at the bottom of this page and return it with your payment in the provided return envelope.

If any policy will not be paid at this time, please make changes on the billing statement as instructed. Return the edited billing statement with your updated payment in the provided return envelope. **Updated payments will have longer processing times if changes are not indicated on the billing statement.**

Account Info

District: 113
Agency: 93
Account: 78124
PIN: 561440

Underwritten by Liberty National Life Insurance Company, a Globe Life company

Need Assistance?

LNWorksite@Globe.Life

888-488-0134
Mon – Fri, 8:00am – 5:00pm
Central Time

205-325-1041



Go Paperless! Take advantage of our Worksite Online Billing to make payments online. Visit WS.GlobeLifeLN.com to register.

PDEWS

FO918

MEADE COUNTY WATER DIST
1003 ARMORY PL
BRANDENBERG KY 40108

Total Amount Due: \$13.08
Due Date: 09/01/22
Deliquent After: 09/16/22

Payroll Deduction Notice

MAIL TO:

ATTN: LN WORKSITE BILLING DEPARTMENT
PO BOX 248889-73124
OKLAHOMA CITY, OK 73124-8889

Account Info

District: 113
Agency: 93
Account: 78124

RETURN THIS STUB WITH PAYMENT

PDEWS

0801 00000781245 0901223 000013086



Life Insurance Company of Alabama
 P.O. Box 349 Gadsden, AL 35902
 (256) 543-2022 1-800-226-2371

GROUP PREMIUM BILLING

MEADE COUNTY WATER DISTRICT
 1003 ARMORY PLACE
 BRANDONBURG, KY 40108

PAID ON ACCOUNT
 CK# _____ CASH

APR 27 2022

MEADE CO WATER
 BRANDENBURG KY

Group Number: GP00511255
 Payment Mode: Monthly
 Due Date: 05/01/2022

Agent Name: HART 2 HART EMP BEN SPEC
 INC
 Agent Number: AG00027022
 Agent Phone: (502) 216-3169

Policy Number	Name	Employee ID	Product/Plan Description	Policy Due Date	Employee Deduction	Past Due	Amount Due	
G002097418	BALLMAN, LISA	***.**-5869	Vision	06/01/2022	\$21.51	\$0.00	\$21.51	
H004011033	BALLMAN, LISA	***.**-5869	Disability	06/01/2022	\$73.73	\$0.00	\$73.73	
							Total Due:	\$ 95.24
H002079806	HARDCASTLE, GRADY	***.**-5985	Disability	06/01/2022	\$56.80	\$0.00	\$56.80	
H004004545	HARDCASTLE, GRADY	***.**-5985	Acc 35	06/01/2022	\$29.45	\$0.00	\$29.45	
							Total Due:	\$ 86.25
H005073694	HARDCASTLE, GRADY	***.**-5985	Cancer Adv	06/01/2022	\$40.40	\$0.00	\$40.40	
							Total Due:	\$ 40.40
H002083705	LUCAS, JEREMY	***.**-0063	Disability	06/01/2022	\$38.20	\$0.00	\$38.20	
							Total Due:	\$ 38.20
H002091603	NEVITT, JESSICA	***.**-5020	Acc 35	06/01/2022	\$62.15	\$0.00	\$62.15	
H004012138	NEVITT, JESSICA	***.**-5020	Disability	06/01/2022	\$73.16	\$0.00	\$73.16	
H005076510	NEVITT, JESSICA	***.**-5020	Cancer Adv	06/01/2022	\$48.70	\$0.00	\$48.70	
L001037597	NEVITT, JESSICA	***.**-5020	LT320	06/01/2022	\$13.67	\$0.00	\$13.67	
L001037598	NEVITT, JESSICA	***.**-5020	LT320	06/01/2022	\$31.58	\$0.00	\$31.58	
L001037599	NEVITT, JESSICA	***.**-5020	WL142A	06/01/2022	\$13.00	\$0.00	\$13.00	
L001037600	NEVITT, JESSICA	***.**-5020	WL142A	06/01/2022	\$13.00	\$0.00	\$13.00	
							Total Due:	\$ 255.26





Life Insurance Company of Alabama
 P.O. Box 349 Gadsden, AL 35902
 (256) 543-2022 1-800-226-2371

GROUP PREMIUM BILLING

MEADE COUNTY WATER DISTRICT
 1003 ARMORY PLACE
 BRANDONBURG, KY 40108

Group Number: GP00511255
 Payment Mode: Monthly
 Due Date: 05/01/2022

Agent Name: HART 2 HART EMP BEN SPEC
 INC
 Agent Number: AG00027022
 Agent Phone: (502) 216-3169

Policy Number	Name	Employee ID	Product/Plan Description	Policy Due Date	Employee Deduction	Past Due	Amount Due
H002079808	SIPES, CHAD	***_**-2901	Disability	06/01/2022	\$29.20	\$0.00	\$29.20
H004008722	SIPES, CHAD	***_**-2901	Acc 35	06/01/2022	\$29.45	\$0.00	\$29.45
						Total Due:	\$ 58.65

Total Due This Month	Past Due	** Total Amount Due
\$574.00	\$0.00	\$574.00

***The Total Amount Due May Include Past Due Amounts.*

