

ACCOUNT Checking *8403	CATEGORY	TRANSACTION DATE 12/01/2022	AMOUNT -\$460.97
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DESCRIPTION
FREEDOM LIFE INS INS. PREM

NOTE

Insurance Coverage Plans		New Payment Amount	
52M382472B	PREMIERCHOICE SICKNESS	New Rate	435.42
52M382472C	PREMIERCHOICE ACCIDENT	No Change	15.18
52M382472J	PREMIERVISION	No Change	10.09

American Independent Business Coalition

72C483309S	AIBC PEARL	No Change	22.95
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Total New Payment: 483.64

Payment Frequency: Monthly

Payment Method: Bank Draft

Effective Date of New Payment: 1/1/2023

Freedom Life



INVOICE

02-13

Client Name: SOUTH 641 WATER DISTRICT

Invoice No.: RIS0004722929

Client No.: M000430017

Invoice Date: 02/01/2023

Billing Period: 02/01/2023 Thru 02/28/2023

Line	Identifier	Description	Quantity	UOM	Amount Due
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.					
		Balance Forward			0.00
1		Subscriber Only	2	20.90	41.80
Current Monthly Total:			2		\$41.80
Total Amount Due:					\$41.80

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

Changes made after 1/18/2023 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3317

REMITTANCE



Invoice No.: RIS0004722929

Invoice Date: 02/01/2023

PO Number:

Client No.: M000430017

Due Date: 02/05/2023

Billing Period: 02/01/2023 Thru 02/28/2023

AMOUNT DUE: \$41.80

Amount Remitted:

SOUTH 641 WATER DISTRICT
 ATTN: Billing Department
 PO Box 126
 Hazel KY 42049-0126

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



INVOICE

Client Name: SOUTH 641 WATER DISTRICT

Invoice No.: RIS0004660819

Client No.: M000430017

Invoice Date: 01/01/2023

Billing Period: 01/01/2023 Thru 01/31/2023

Line	Identifier	Description	Quantity	UOM	Amount Due
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.					
		Balance Forward			0.00
1		Subscriber Only	2	20.90	41.80
Current Monthly Total:			2		\$41.80
Total Amount Due:					\$41.80

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

Changes made after 12/20/2022 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3317

REMITTANCE



Invoice No.: RIS0004660819

Invoice Date: 01/01/2023

PO Number:

Client No.: M000430017

Due Date: 01/05/2023

Billing Period: 01/01/2023 Thru 01/31/2023

AMOUNT DUE: \$41.80

Amount Remitted:

SOUTH 641 WATER DISTRICT
 ATTN: Billing Department
 PO Box 126
 Hazel KY 42049-0126

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



INVOICE

03-13

Client Name: SOUTH 641 WATER DISTRICT

Invoice No.: RIS0004781291

Client No.: M000430017

Invoice Date: 03/01/2023

Billing Period: 03/01/2023 Thru 03/31/2023

Line	Identifier	Description	Quantity	UOM	Amount Due
		Balance Forward			0.00
1		Subscriber Only	2	20.90	41.80
Current Monthly Total:			2		\$41.80
Total Amount Due:					\$41.80

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 2/15/2023 will be reflected in the next billing cycle.

Employees
HANK Stanfield
Kari Averill

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3317

REMITTANCE



Invoice No.: RIS0004781291

Invoice Date: 03/01/2023

PO Number:

Client No.: M000430017

Due Date: 03/05/2023

Billing Period: 03/01/2023 Thru 03/31/2023

AMOUNT DUE: \$41.80

Amount Remitted: DO NOT PAY/AUTODEDUCTED

SOUTH 641 WATER DISTRICT
ATTN: Billing Department
PO Box 126
Hazel KY 42049-0126

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