

Location Premium Detail for Henry County Water District - 149



Location	Prepared	Billing Period
Lisa Coots Henry County Water District - 149 8498 Main Street Campbellsville, KY 40011	05/16/2023	June 2023 Final Invoice

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active - Female

COOTS, LISA L

W31683M001 PPO A01 RXT1 - Age 55 and Over	EMP		\$0.00	\$0.00	\$639.87
Employee Totals			\$0.00	\$0.00	\$639.87

SEA, JONICA E

W31683M001 PPO A01 RXT1 - Age 40-44	EMP		\$0.00	\$0.00	\$525.62
Employee Totals			\$0.00	\$0.00	\$525.62

Active - Female Current Total			\$0.00	\$0.00	\$1,165.49
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June 2023 Final Invoice

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05/17/2023

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active - Male

BECKLEY, BRANDON C

W31683M001 PPO A01 RXT1 - Age 35-39	FAM		\$0.00	\$0.00	\$1,191.81
Employee Totals			\$0.00	\$0.00	\$1,191.81

CONRAD, JADEN K

W31683M001 PPO A01 RXT1 - Age 24 and Under	EMP		\$0.00	\$0.00	\$197.36
Employee Totals			\$0.00	\$0.00	\$197.36

COOTS, MATTHEW

W31683M001 PPO A01 RXT1 - Age 35-39	EMP		\$0.00	\$0.00	\$295.90
Employee Totals			\$0.00	\$0.00	\$295.90

ENGSTRAND, JUSTIN M

W31683M001 PPO A01 RXT1 - Age 35-39	EMP		\$0.00	\$0.00	\$295.90
Employee Totals			\$0.00	\$0.00	\$295.90

HALL, DYLAN C

W31683M001 PPO A01 RXT1 - Age 25-29	ECH		\$0.00	\$0.00	\$542.55
Employee Totals			\$0.00	\$0.00	\$542.55

JACKSON, MATTHEW L

W31683M001 PPO A01 RXT1 - Age 45-49	FAM		\$0.00	\$0.00	\$1,484.96
Employee Totals			\$0.00	\$0.00	\$1,484.96

KREBS, ERIC T

W31683M001 PPO A01 RXT1 - Age 35-39	EMP		\$0.00	\$0.00	\$295.90
Employee Totals			\$0.00	\$0.00	\$295.90

LEE, TRAVIS G

W31683M001 PPO A01 RXT1 - Age 30-34	EMP		\$0.00	\$0.00	\$238.27
Employee Totals			\$0.00	\$0.00	\$238.27

LIMONES, ADREAN C

W31683M001 PPO A01 RXT1 - Age 24 and Under	EMP		\$0.00	\$0.00	\$197.36
Employee Totals			\$0.00	\$0.00	\$197.36

MATHENA, MICHAEL

W31683M001 PPO A01 RXT1 - Age 24 and Under	EMP		\$0.00	\$0.00	\$197.36
Employee Totals			\$0.00	\$0.00	\$197.36

MORRIS, STEVEN K

W31683M001 PPO A01 RXT1 - Age 40-44	EMP	\$0.00	\$0.00	\$0.00	\$366.83
Employee Totals		\$0.00	\$0.00	\$0.00	\$366.83
PARKS, CHRISTIAN S					
W31683M001 PPO A01 RXT1 - Age 24 and Under	EMP	\$0.00	\$0.00	\$0.00	\$197.36
Employee Totals		\$0.00	\$0.00	\$0.00	\$197.36
ANKIN, JERRY L					
W31683M001 PPO A01 RXT1 - Age 50-54	ESP	\$0.00	\$0.00	\$0.00	\$1,244.20
Employee Totals		\$0.00	\$0.00	\$0.00	\$1,244.20
SIMPSON, BOBBEY W					
W31683M001 PPO A01 RXT1 - Age 45-49	FAM	\$0.00	\$0.00	\$0.00	\$1,484.96
Employee Totals		\$0.00	\$0.00	\$0.00	\$1,484.96

WHEELER, DYLLION					
W31683M001 PPO A01 RXT1 - Age 24 and Under	EMP	\$0.00	\$0.00	\$0.00	\$197.36
June 2023 Final Invoice		2		05/17/2023	

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Employee Totals			\$0.00	\$0.00	\$197.36
Active - Male Current Total			\$0.00	\$0.00	\$8,428.08
Location Current Totals			\$0.00	\$0.00	\$9,593.57

ADJUSTMENTS					
ADJUSTED TOTALS					
Location Adjusted Totals			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$9,593.57

Remit Payment to:		Previous Total Due	\$9,593.57
KACo Benefits Group PO Box 950159 Louisville, KY 40295-0159		Total Payment Received	\$9,593.57
		Unpaid Balance	\$0.00
		Current Total Premium	\$9,593.57
		Billing Fees	\$0.00
		Adjustment Total	\$0.00
Payment Due Date	06/01/2023	Misc Fees	\$0.00
		Location Adjustment	\$0.00
		Current Total Due	\$9,593.57

Life

Item 7

The Lincoln National Life Insurance Company

BILLING SUMMARY



Print Bill

Note: When printing set page orientation to landscape and the left, right, top, and bottom margins to .25 inches. [Click here for additional printing help.](#)

Account #	HENWATDIST-BL-420394
Amount Due	1,110.14
Premium Due By	06-01-2023
Coverage	06-01-2023 - 06-30-2023
Reference	4558351404
Bill Date	05-19-2023

LIFE Policy #	000010077960-00000
WI Policy #	000010077962-00000
LTD Policy #	000010077961-00000

Billed Address
Henry County Water District #2 - KY
Lisa Coots
8955 Main Street
Campbellsburg, KY 40011-0219

Previous Billed Balance	1,110.14	
Premium Processed	- 1,110.14	
Beginning Balance		0.00
Current Period Premium	1,110.14	
Current Period Adjustments	0.00	
Current Billed Balance		1,110.14
Total Amount Due		1,110.14

Paid by ACH on 06/15/2023

Current Premium							TOTAL
CERT NO.	NAME	LI VOLUME	LIFE	AD+D	WI	LTD	
xxxx6076	Beckley, Brandon	50000	14.60	2.00	25.90	31.02	73.52
xxxx9532	Conrad, Jaden K.	50000	14.60	2.00	22.00	26.34	64.94
xxxx6369	Coots, Lisa	50000	14.60	2.00	30.53	36.50	83.63
52	Coots, Matthew	50000	14.60	2.00	24.04	28.76	69.40
71	Engstrand, Justin M.	50000	14.60	2.00	29.81	35.66	82.07
xxxx3165	Hall, Dylan C.	50000	14.60	2.00	20.73	24.76	62.09
xxxx4386	Jackson, Matthew	50000	14.60	2.00	32.39	38.79	87.78
xxxx2893	Krebs, Eric T.	50000	14.60	2.00	27.23	32.59	76.42
xxxx1347	Limones, Adrean	50000	14.60	2.00	23.26	27.79	67.65
xxxx6361	Mathena, Michael A.	50000	14.60	2.00	22.42	26.84	65.86
xxxx8729	Morris, Keith	50000	14.60	2.00	28.73	34.37	79.70
xxxx9776	Payton, Martha K.	20000	5.84	0.80	21.40	25.61	53.65
xxxx2801	Rankin, Jerry	50000	14.60	2.00	29.99	35.87	82.46
xxxx9028	Sea, Jonica E.	50000	14.60	2.00	24.40	29.20	70.20
xxxx5782	Simpson, Bobbey	50000	14.60	2.00	33.78	40.39	90.77
Totals (Lives: 15)		720000	210.24	28.80	396.61	474.49	1,110.14



INVOICE

Dental

Client Name: HENRY CO WATER DISTRICT #2

Invoice No.: RIS0004940348

Client No.: M000430065

Invoice Date: 06/01/2023

Billing Period: 06/01/2023 Thru 06/30/2023

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	13	23.92	310.96
2		Subscriber, Spouse, Children	5	72.04	360.20
Current Monthly Total:			18		\$671.16
Total Amount Due:					\$671.16

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

Changes made after 5/15/2023 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3317

REMITTANCE



Invoice No.: RIS0004940348

Invoice Date: 06/01/2023

PO Number:

Client No.: M000430065

Due Date: 06/05/2023

Billing Period: 06/01/2023 Thru 06/30/2023

AMOUNT DUE: \$671.16

HENRY CO WATER DISTRICT #2
ATTN: Lisa Coats
PO Box 219
Campbellsburg KY 40011-0219

Amount Remitted: DO NOT PAY/AUTODEDUCTED

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

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

Retirement

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
		04/2023	CNHZNH	Regular pay	\$5,948.08	\$297.40	\$0.00	\$1,593.49
		04/2023	CNHZCB	Regular pay	\$3,119.50	\$155.98	\$31.20	\$835.71
		04/2023	CNHZNH	Regular pay	\$6,508.64	\$325.43	\$0.00	\$1,743.66
		04/2023	CNHZCB	Regular pay	\$2,777.24	\$138.86	\$27.77	\$744.02
		04/2023	CNHZNH	Regular pay	\$9,721.12	\$486.06	\$0.00	\$2,604.29
		04/2023	CNHZHI	Regular pay	\$4,876.03	\$243.80	\$48.76	\$1,306.29
		04/2023	CNHZNH	Regular pay	\$5,327.18	\$266.36	\$0.00	\$1,427.15
		04/2023	CNHZNH	Regular pay	\$6,182.85	\$309.14	\$0.00	\$1,656.39
		04/2023	CNHZCB	Regular pay	\$5,249.93	\$262.50	\$52.50	\$1,406.46
		04/2023	CNHZCB	Regular pay	\$3,474.84	\$173.74	\$34.75	\$930.91
		04/2023	CNHZCB	Regular pay	\$4,051.84	\$202.59	\$40.52	\$1,085.49
		04/2023	CNHZNH	Regular pay	\$8,230.90	\$411.55	\$0.00	\$2,205.06
		04/2023	CNHZHI	Regular pay	\$3,284.16	\$164.21	\$32.84	\$879.83
		04/2023	CNHZNH	Regular pay	\$4,626.74	\$231.34	\$0.00	\$1,239.50
		04/2023	CNHZNH	Regular pay	\$3,480.00	\$174.00	\$0.00	\$932.29
		04/2023	CNHZNH	Regular pay	\$9,130.02	\$456.50	\$0.00	\$2,445.93