



Metropolitan Life Insurance Company

PAGE 1
TM05714471 0001

BILL DUE DATE: 05 01 2023

PRINT DATE: 04 14 2023

AMOUNT PAID: _____

TO: HENDERSON COUNTY WATER
DISTRICT
ATTN: LISA GISH
PO BOX 655
HENDERSON KY 42419

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
PETER R CONRAD XXXXX0643	01-1975	0001	DL	LTD	C		19.08	2,500	25.25
			AI	AD&D	C	.48	15,000		
			LI	LIFE	C	5.69	15,000		
LISA M GISH XXXXX6467	02-1969	0001	DL	LTD	C		9.61	1,259	15.78
			AI	AD&D	C	.48	15,000		
			LI	LIFE	C	5.69	15,000		
JAMES E GRAVES XXXXX8739	07-1973	0001	DL	LTD	C		9.61	1,259	15.78
			AI	AD&D	C	.48	15,000		
			LI	LIFE	C	5.69	15,000		
COURTNEY M HOGGARD XXXXX7659	01-1987	0001	DL	LTD	C		7.94	1,040	14.11
			AI	AD&D	C	.48	15,000		
			LI	LIFE	C	5.69	15,000		
ERICA D BRITTAIN XXXXX3343	10-1971	0001	DL	LTD	C		8.73	1,144	14.90
			AI	AD&D	C	.48	15,000		
			LI	LIFE	C	5.69	15,000		
MARK A POWELL XXXXX4148	02-1965	0001	DL	LTD	C		9.57	1,254	15.74
			AI	AD&D	C	.48	15,000		
			LI	LIFE	C	5.69	15,000		
BRIAN K ROBARDS		0001	AI	AD&D	C	.48	15,000		



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BRIAN K ROBARDS XXXXX7962	01-1992	(CONT.)	LI	LIFE	C		5.69	15,000	6.17
MELISSA D SAUER XXXXX5813	07-1978	0001	DL AI LI	LTD AD&D LIFE	C C C		11.11 .48 5.69	1,456 15,000 15,000	17.28
OLIVIA C WALLACE XXXXX1388	05-1988	0001	DL AI LI	LTD AD&D LIFE	C C C		8.73 .48 5.69	1,144 15,000 15,000	14.90
CODY A WILLETT XXXXX1362	02-2002	0001	DL AI LI	LTD AD&D LIFE	C C C		11.11 .48 5.69	1,456 15,000 15,000	17.28

TOTAL FOR THIS BILLING PERIOD 157.19

***GRAND TOTAL DUE PLEASE PAY THIS AMOUNT -----> 157.19

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



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SUMMARY TOTALS

TITLE	COUNT	INSUREDS		DEPENDENTS	
		VOLUME	PREMIUM	COUNT	PREMIUM
LTD	9	12,512	95.49	0	0.00
AD&D	10	150,000	4.80	0	0.00
LIFE	10	150,000	56.90	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.

Location Premium Summary

Client			Location			Billing Period			Prepared		
KACo Benefits Group			Henderson County Water District - 050			May 2023 Final Invoice			04/17/2023		
			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium
Medical	W31521M001 PPO A04 RXT1	ECH	2	\$0.00	\$2,393.36	-1	\$0.00	-\$1,196.68	1	\$0.00	\$1,196.68
	W31521M001 PPO A04 RXT1	EMP	3	\$0.00	\$2,011.77	0	\$0.00	\$0.00	3	\$0.00	\$2,011.77
	W31521M001 PPO A04 RXT1	ESP	3	\$0.00	\$4,181.88	0	\$0.00	\$0.00	3	\$0.00	\$4,181.88
		Benefit Totals	8	\$0.00	\$8,587.01	-1	\$0.00	-\$1,196.68	7	\$0.00	\$7,390.33
		Location Totals	8	\$0.00	\$8,587.01	-1	\$0.00	-\$1,196.68	7	\$0.00	\$7,390.33
										Misc Fees	\$0.00
										Location Adjustment	\$0.00
										Billing Fees	\$0.00
										Grand Total	\$7,390.33

Location Premium Detail for Henderson County Water District - 050



Location	Prepared	Billing Period
Lisa Gish Henderson County Water District - 050 655 South Main St Henderson KY 42419	04/17/2023	May 2023 Final Invoice

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Active					
BRITTAIN, ERICA					
W31521M001 PPO A04 RXT1	ESP		\$0.00	\$0.00	\$1,393.96
Employee Totals			\$0.00	\$0.00	\$1,393.96
CONRAD, PETE					
W31521M001 PPO A04 RXT1	ESP		\$0.00	\$0.00	\$1,393.96
Employee Totals			\$0.00	\$0.00	\$1,393.96
GISH, LISA					
W31521M001 PPO A04 RXT1	ESP		\$0.00	\$0.00	\$1,393.96
Employee Totals			\$0.00	\$0.00	\$1,393.96
GRAVES, JAMES					
W31521M001 PPO A04 RXT1	EMP		\$0.00	\$0.00	\$670.59
Employee Totals			\$0.00	\$0.00	\$670.59
HOGGARD, COURTNEY					
W31521M001 PPO A04 RXT1	ECH		\$0.00	\$0.00	\$1,196.68
Employee Totals			\$0.00	\$0.00	\$1,196.68
POWELL, MARK					
W31521M001 PPO A04 RXT1	EMP		\$0.00	\$0.00	\$670.59
Employee Totals			\$0.00	\$0.00	\$670.59
SAUER, MELISSA D					
W31521M001 PPO A04 RXT1	EMP		\$0.00	\$0.00	\$670.59
Employee Totals			\$0.00	\$0.00	\$670.59
WALLACE, OLIVIA C					
W31521M001 PPO A04 RXT1	ECH		\$0.00	\$0.00	\$1,196.68
Employee Totals			\$0.00	\$0.00	\$1,196.68
Active Current Total			\$0.00	\$0.00	\$8,587.01
Location Current Totals			\$0.00	\$0.00	\$8,587.01

ADJUSTMENTS

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Active					
ROBARDS, BRIAN K II					
W31521M001 PPO A04 RXT1 ADJ-CREDIT April 2023 Final Invoice	ECH		\$0.00	\$0.00	-\$1,196.68
Employee Totals			\$0.00	\$0.00	-\$1,196.68
Active Adjustment Total			\$0.00	\$0.00	-\$1,196.68
May 2023 Final Invoice		1			04/18/2023
Location Adjustment Totals			\$0.00	\$0.00	-\$1,196.68

ADJUSTED TOTALS

Location Adjusted Totals	\$0.00	\$0.00	\$0.00	\$7,390.33
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Remit Payment to:	Previous Total Due	Total Premium
KACo Benefits Group PO Box 950159 Louisville, KY 40295-0159	\$9,783.69	\$9,783.69
	Total Payment Received	\$9,783.69
	Unpaid Balance	\$0.00
	Current Total Premium	\$8,587.01
	Billing Fees	\$0.00

Payment Due Date	05/01/2023	Adjustment Total	-\$1,196.68
		Misc Fees	\$0.00
		Location Adjustment	\$0.00
		Current Total Due	\$7,390.33

May 2023 Final Invoice