

Group ID: [REDACTED]  
SubGroup ID: 0000

Invoice Number: 146537124



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. ®Registered marks Blue Cross and Blue Shield Association.

**Billing for:** North Mercer Water  
108 Main St  
District  
Salvisa, KY 40372-9766

**Due Date:** 12/01/2023  
**Billing Date:** 11/15/2023  
**Coverage Period From:** 12/01/2023  
**Through:** 12/31/2023

Group ID: [REDACTED]  
SubGroup ID: 0000

Invoice Number: 146537124

**Account Summary**

Previous Total Due \$12,977.06  
11/03/2023 Payment ( \$12,977.06)

Outstanding Balance as of 11/15/2023 \$0.00  
Current Invoice \$12,977.06  
**Total Due** \$12,977.06

*Please Pay This Amount*  
*11-22-23*  
*CH#*  
*18430*

For billing questions, please call 1-888-290-9159.

PLEASE NOTE: If your premium has changed, it could be due to an age change in one or more employee and/or spouse .

- + Remember to PAY AS BILLED - pay the total amount shown as due on the bill.
- + Do not add or delete members by writing on your bill - your payment goes to an automatic deposit box that cannot read your changes.
- + Submit membership changes to Anthem as they occur. We will adjust your premiums, when applicable, on a future bill.

**IMPORTANT NOTICE REGARDING PAYMENT OF PREMIUM.**

Please be advised that if Anthem does not receive the group premium payment within the 30 day grace period following the premium payment due date, the group health coverage will be terminated effective on the last date through which full premiums were paid. This notice serves as the 30-day notice of termination required by law.

**IMPORTANT NOTICE:** If this bill reflects an outstanding premium balance for the prior month's bill, Anthem's issuance of this invoice does not waive Anthem's contractual right to automatically terminate your group's coverage for failure to timely pay premiums.

**IMPORTANT NOTICE:** Remember to audit your bill monthly to verify the information is correct. Anthem will not accept any requests for retroactive additions, changes or terms beyond 60 days.

014606GR01 COMB 24031116801 JB0C  
20231115 000282030200\* Env (5,394) 2 of 3 B 4

**Account Detail**

	Subscribers	Dependents	Current	Retro	Net
Health 1 Premium	10	12	\$12,977.06	\$0.00	\$12,977.06
			<hr/>	<hr/>	<hr/>
			Current Bill Total	\$0.00	\$12,977.06
			Balance Carried Forward		\$0.00
					<hr/>
			Total		\$12,977.06

Group ID: [REDACTED]  
SubGroup ID: 0000

Invoice Number: 146537124

Current Subscriber Details

SubGroup ID: 0000

SubGroup Name: North Mercer Water

OHBCGR01 COMB 20231116B01 JB0C  
20231115 000282 Env 15.3941 3 of 3 B 4

Subscriber	Subscriber ID	Plan	Volume	Subscriber	Dependent	Total
[REDACTED]	396M56403	Health 1				
[REDACTED]	434M56201	Health 1				
[REDACTED]	324M56514	Health 1				
[REDACTED]	672M91342	Health 1				
[REDACTED]	834M61105	Health 1				
[REDACTED]	627M70766	Health 1				
[REDACTED]	113W11543	Health 1				
[REDACTED]	926M64316	Health 1				
[REDACTED]	629M70766	Health 1				
[REDACTED]	140M56529	Health 1				
<b>Subtotal for 0000</b>						

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Group ID: [REDACTED]  
SubGroup ID: 0000

Invoice Number: 146582718



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Billing for: North Mercer Water  
108 Main St  
District  
Salvisa, KY 40372-9766

Due Date: 01/01/2024  
Billing Date: 12/15/2023  
Coverage Period From: 01/01/2024  
Through: 01/31/2024

Group ID: [REDACTED]  
SubGroup ID: 0000

Invoice Number: 146582718

Account Summary

Previous Total Due \$12,977.06  
12/01/2023 Payment ( \$12,977.06)

Outstanding Balance as of 12/15/2023  
Current Invoice

Total Due

\$0.00  
~~\$14,653.06~~  
\$14,653.06

Please Pay This Amount

*Handwritten notes:*  
1-11-24  
OK #  
12599

For billing questions, please call 1-888-290-9159.

PLEASE NOTE: If your premium has changed, it could be due to an age change in one or more employee and/or spouse.

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OH66601 COMB 20231215001 JC/E  
20231216 060303 Env (11/8/16) 2 of 3 B 4



**Account Detail**

	Subscribers	Dependents	Current	Retro.	Net
Health 1 Premium	10	12	\$14,653.06	\$0.00	\$14,653.06
		<b>Current Bill Total</b>	<u>\$14,653.06</u>	<u>\$0.00</u>	<u>\$14,653.06</u>
		<b>Balance Carried Forward</b>			\$0.00
		<b>Total</b>			<u>\$14,653.06</u>





Current Subscriber Details

SubGroup ID: 0000

SubGroup Name: North Mercer Water

20231216 000300 FAX35 Emv [11.9.16] 3 of 3 B-4

Subscriber	Subscriber ID	Plan	Volume	Subscriber	Dependent	Total
[REDACTED]	396M56403	Health 1		\$1,007.43	\$1,007.43	\$2,014.86
[REDACTED]	434M56201	Health 1		\$1,007.43	\$1,007.43	\$2,014.86
[REDACTED]	324M56514	Health 1		\$1,007.43	\$1,007.43	\$2,014.86
[REDACTED]	672M91342	Health 1		\$312.07	\$0.00	\$312.07
[REDACTED]	834M61105	Health 1		\$1,007.43	\$330.20	\$1,337.63
[REDACTED]	627M70766	Health 1		\$568.46	\$1,483.95	\$2,052.41
[REDACTED]	113W11543	Health 1		\$312.07	\$0.00	\$312.07
[REDACTED]	926M64316	Health 1		\$568.46	\$1,777.25	\$2,345.71
[REDACTED]	629M70766	Health 1		\$454.51	\$786.65	\$1,241.16
[REDACTED]	140M56529	Health 1		\$1,007.43	\$0.00	\$1,007.43
<b>Subtotal for 0000</b>				<b>\$7,252.72</b>	<b>\$7,400.34</b>	<b>\$14,653.06</b>

*M. Lopez*





# INVOICE

Client Name: NORTH MERCER

Invoice No.: RIS0005362592

Client No.: [REDACTED]

Invoice Date: 12/01/2023

Billing Period: 12/01/2023 Thru 12/31/2023

Line	Identifier	Description	Quantity	UOM	Amount Due
		Balance Forward			0.00
1		Subscriber Only	7	20.90	146.30
2		Subscriber and Spouse	3	40.24	120.72
3		Subscriber, Spouse, Children	2	62.92	125.84
4		Subscriber and 1 Child	1	40.24	40.24
<b>Current Monthly Total:</b>			<b>13</b>		<b>\$433.10</b>
<b>Total Amount Due:</b>					<b>\$433.10</b>

Reminder: Billing details are only available online on Benefit Manager Toolkit ([www.benefitmanagertoolkit.com](http://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 11/15/2023 will be reflected in the next billing cycle.

*Handwritten:* pd  
OK # 18439  
11-30-23

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3317



FOR RETURNED MAIL ONLY  
Accounts Receivable  
PO Box 242810  
Louisville, KY 40224-2810



000000002765

**NORTH MERCER**  
**ATTN: Billing Department**  
**PO Box 79**  
**Salvisa KY 40372-0079**





# Payment Submission Complete

Confirmation Number: 280094875280

Customer Number: [REDACTED]

Payment Account:

North Mercer Water  
District O&M account -  
9024 - 4168

Customer Name:

NORTH MERCER WATER  
DISTRICT

Payment Submitted Date:

01/09/2024

Payment Date:

01/09/2024

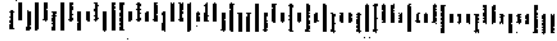
Invoice Date	Invoice Number	Due Date	Bill Group	Total Amount Due	Amount Paid	Reason Code
12/15/2023	221914705736	01/01/2024	1	\$447.81	\$447.81	Paid as billed
Total Payment				\$447.81	\$447.81	

*For File  
IPM*





# Premium Statement



North Mercer Water  
District  
Attn MS Mischell Lee  
PO Box 79  
Salvisa KY 40372-0079

Go Fly online



## Register Online

More efficiently manage your account by registering in Aflac Business Services today. Through this tool you can save time, eliminate postage costs, obtain faster access to your invoice (print, view or adjust), manage participants and reduce your effort monthly with establishing recurring auto draft. Register today for Aflac Business services, at

[www.aflac.com/business](http://www.aflac.com/business)

### Account Information

Account Number:	[REDACTED]
Billing Frequency:	Monthly
Invoice Number:	436511
Date Prepared:	12/29/23
Current Amount Billed:	\$735.40
Payment Due Date:	01/15/24

*Handwritten notes:*  
RC  
1-11-24  
CU # 18604

Questions about your invoice? Contact:



## Customer Service

Chat or Email with us 24/7 from the Contact Us page of Aflac.com  
1932 Wynnton Rd  
Columbus, GA 31999-0797



Ensure your employees maintain their coverage. Payments are due no later than 30 days after the invoice date.









# Premium Statement

Worldwide Headquarters  
 1332 Wyrnton Road, Columbus, Georgia 31899  
 Chat or Email with us 24/7  
 from the Contact Us page of Aflac.com

**PERSONAL INFORMATION**

North Mercer Water  
 District  
 Attn MS Mischell Lee  
 PO Box 79  
 Salvisa KY 403720079

Account Number: [REDACTED]

Payment Due Date: 01/15/24

Invoice Number: 436511

Current Amount Billed: \$745.43

**To help you review this month's statement, please follow these steps:**

1. Refer to last month's statement to help with reconciliation.
2. Match each employee's premium amount due with the amount deducted from their payroll.
3. Mark through any mismatched deduction and write the correct amount in the adjusted premium column. Write the change request code in the CR column.
4. Total the adjusted premium and enter the Adjustments Total and the Amount Enclosed on the payment coupon on page 1 of the invoice.
5. Return the coupon portion on page 1 and copies of the pages with any adjustments shown. Make your check payable to Aflac and note your Account Number on the check.

NAME	DATE	COVERAGE	PLAN	PLAN TYPE	CR	PREMIUM DUE	ADJUSTED PREMIUM	ADJUSTMENTS	CR	LINE NUMBER
[REDACTED]			P0Z0B3E2	ACC	P	60.45	60.45			0000001
[REDACTED]			PV885455	STD	I	50.70	50.70			0000002
[REDACTED]			PV885471	STD	I	29.64				0000003
[REDACTED]			PV885502	CANCER	I	33.02	62.66			0000004
[REDACTED]			PV885478	STD	I	34.58	34.58			0000005
[REDACTED]			P0Z0B3S8	CANCER	P	57.64	57.64			0000006
[REDACTED]			P0R6A8H5	STD	I	28.08				0000007
[REDACTED]			P0R6A8H6	ACC	I	26.91	54.89			0000008
[REDACTED]			PV885459	STD	I	66.69	66.69			0000009
[REDACTED]			PZ701522	STD	I	23.40	23.40			0000010
[REDACTED]			P0T94112	STD	I	16.38				0000011
[REDACTED]			P0T94113	ACC	I	30.03	46.41			0000012
[REDACTED]			P0Z07198	STD	I	35.10	35.10			0000013
[REDACTED]			P0Z07115	STD	I	79.56	79.56			0000014
[REDACTED]			P0A544P7	STD	I	35.10	35.10			0000015
[REDACTED] New			P1B4W629	ACC	I	37.96				0000016
[REDACTED] New			P1B4W630	CANCER	S	33.50	71.46			0000017
[REDACTED] New			P1B506V7	STD	I	66.60	138.15			0000018
						\$745.43				\$745.43
Thank you for your business!										

**Legend**

- COVERAGE TYPE (CT)**
- I - Individual
  - F - Family
  - S - Single Parent Family
  - P - Primary-Spouse
- CHANGE REQUEST (CR)** For a more detailed explanation of the codes, please see the second page of the invoice
- A - Add person to policy
  - C - Cancel Coverage
  - D - Deceased
  - E - Not Our Employee
  - F - Family Medical Leave
  - H - Name Change
  - I - Delete person from policy
  - L - Non-Family Medical Leave
  - M - Missed Deduction
  - G - Other
  - R - Retired
  - T - No longer employed here
  - W - Transfer to another account
  - Y - Military Leave

662XACT15 1 008559 0  
 PCEDX15



