



INVOICE

Client Name: RATTLESNAKE RIDGE

Invoice No.: RIS0005571330

Client No.: M000430016

Invoice Date: 03/01/2024

Billing Period: 03/01/2024 Thru 03/31/2024

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	1	20.90	20.90
2		Subscriber and Spouse	1	40.24	40.24
Current Monthly Total:			2		\$61.14
Total Amount Due:					\$61.14

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

Changes made after 2/15/2024 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3317

REMITTANCE



Invoice No.: RIS0005571330

Invoice Date: 03/01/2024

PO Number:

Client No.: M000430016

Due Date: 03/05/2024

Billing Period: 03/01/2024 Thru 03/31/2024

AMOUNT DUE: \$61.14

Amount Remitted: DO NOT PAY/AUTODEDUCTED

RATTLESNAKE RIDGE
ATTN: Becky Kitchen
PO Box 475
Grayson KY 41143-0475

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



RATTLESNAKE RIDGE WATER DISTRICT EMPLOYEE BENEFITS DEPARTMENT PO BOX 475 GRAYSON KY 41143-0475

Coverage Period: January 2023
Statement Date: 12/18/2022
Client ID: 30024755
Statement Number: 816749619

Table with 2 columns: Description, Amount. Rows: Previous Statement Balance: \$ 131.31, Payments Received: \$ (131.31), Remaining Balance: \$ 0.00

Table with 2 columns: Description, Amount. Rows: Remaining Balance: \$ 0.00, Current Charges: \$ 131.31, Adjustments: \$ 0.00, Amount Due: \$ 131.31, Payment Due Date: Due Upon Receipt

Paying your bill has never been easier. Access our online tools at www.vsp.com by clicking the Employers tab, then going to "Manage Your Plan". You'll have tools at your fingertips that will make paying bills and managing eligibility a snap.

Questions? Please call 800.216.6248 if you have questions regarding your statement.

Please detach and return this portion with your payment.

Client Name: RATTLESNAKE RIDGE WATER
Coverage Period: January 2023
Statement Date: 12/18/2022

Client ID: 30024755
Statement Number: 816749619
Customer Ref: 3435343

VSP INSURANCE CO. (CT)
PO BOX 742788
LOS ANGELES CA 90074-2788

Indicate Amount Paid

- Statement Amount: \$131.31
Payment Due Date: Due Upon Receipt
Other Amount: _____



Payment Activity

Payments Received

Date	Description	Amount
12/17/2022	Customer ACH Pymt	\$ (131.31)
Total Payments Received:		\$ (131.31)

Current Statement Activity

Current Charges

Coverage Period January 2023

Division 0001 RATTLESNAKE RIDGE WATER

Coverage	Members Billed	Rate	Amount Due
Member Only	2 @	\$ 14.59	\$ 29.18
Member + One	3 @	\$ 14.59	\$ 43.77
Member + Children	1 @	\$ 14.59	\$ 14.59
Member + Family	3 @	\$ 14.59	\$ 43.77
Total Membership:	9	\$	131.31