



Mulhenberg Water Dist 3
 Attn Cindy Daw
 PO Box 67
 Bremen KY 42325-0067

14139
 5078
 242-7
PAID
 DEC 05 2023
 BY: 28268

Go Paperless

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 Aflac.com/Register/Employers.

Account At-A-Glance

Account Number: YU289
 Billing Frequency: Monthly
 Invoice Number: 212277
 Date Prepared: 11/30/23
Current Amount Billed: \$976.19
 Billing Period: November
 Payment Due Date: 12/15/23

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 due date.

Loans Checks Cashed	POC557G1	HOSP	F	104.52	104.52		0000017
	PAGE AMOUNT BILLED			\$976.19	TOTAL AMOUNT BILLED		\$976.19
	PAGE ADJUSTMENTS (+/-)				TOTAL ADJUSTMENTS (+/-)		
	PAGE ADJUSTED TOTAL				TOTAL ADJUSTED TOTAL		

Legend

COVERAGE TYPE (CT)

- I - Individual
- F - Family
- S - Single Parent Family
- P - Primary-Spouse

CHANGE REQUEST (CR)

- A - Add person to policy
- C - Cancel Coverage
- D - Deceased
- E - Not Our Employee

For a more detailed explanation of the codes, please see the second page of the invoice

- F - Family Medical Leave
- H - Name Change
- I - Delete person from policy

- L - Non-Family Medical Leave
- M - Missed Deduction
- O - Other
- R - Retired

- T - No longer employed here
- W - Transfer to another account
- Y - Military Leave



Account At-A-Glance

Mulhenberg Water Dist 3
 Attn Cindy Daw
 PO Box 67
 Bremen KY 423250067

Account Number: YU289

Payment Due Date: 12/15/23

Invoice Number: 212277

Current Amount Billed: \$976.19

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	DEPT	EMPLOYEE #	POLICY	POLICY TYPE	CT	PREMIUM DUE	EMPLOYEE SUB-TOTAL	ADJUSTED PREMIUM	CR	LINE NUMBER	
<p>CASH EXPRESS 888-899-0399</p> <p>Loans Checks Cashed</p> <p>CASH EXPRESS 888-899-0399</p> <p>Loans Checks Cashed</p>			PM078798	ACC	F	38.22				0000001	
			P0E0S8D8	PSI	F	54.30				0000002	
			P0K26202	SPEVNT	P	17.68	110.20				0000003
			P0Y6V0X3	HOSP	F	107.38	107.38				0000004
			P0T7R078	CANCER	F	58.55					0000005
			P0Y6V0X2	STD	I	98.02	156.57				0000006
			P0M408U4	ACC	F	55.90					0000007
			P0M408U5	SPEVNT	P	30.29	86.19				0000008
			P0P49798	HOSP	F	97.63					0000009
			P0X3W9A2	CANCER	P	71.69					0000010
			P0X3W9A3	LIFE	F	35.00					0000011
			P0Y72588	STD	I	60.06	264.38				0000012
			P0P49797	ACC	I	29.64	29.64				0000013
			PM078793	ACC	F	38.22					0000014
			P0R62545	SPEVNT	P	30.29					0000015
			P0Y72589	LIFE	I	48.80	117.31				0000016
			P0C557G1	HOSP	F	104.52	104.52				0000017
						PAGE AMOUNT BILLED	\$976.19	TOTAL AMOUNT BILLED	\$976.19		
						PAGE ADJUSTMENTS (+/-)		TOTAL ADJUSTMENTS (+/-)			
						PAGE ADJUSTED TOTAL		TOTAL ADJUSTED TOTAL			

Legend

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- L - Non-Family Medical Leave
- M - Missed Deduction
- O - Other
- R - Retired
- T - No longer employed here
- W - Transfer to another account
- Y - Military Leave



INVOICE

SHIP TO: MUHLENBERG COUNTY WATER D
4789 MAIN ST
BREMEN, KY 42325-2081

INVOICE # 4173155120
INVOICE DATE 11/07/2023
SERVICE TICKET # 4173155120

BILL TO: MUHLENBERG COUNTY WATER D
PO BOX 67
BREMEN, KY 42325-0067

SOLD TO # 11369651
PAYER # 12843912
PAYMENT TERMS NET 30 DAYS
SORT # 03140008316
CINTAS ROUTE 20 / DAY 2 / STOP 008

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX
	X10197	4X6 TRAFFIC MAT	01	F	1	6.082	6.08	N
	X10198	3X10 TRAFFIC MAT	01	F	2	7.403	14.81	N
	X1946	24" MOP FRAME-	01	F	1	0.000	0.00	N
	X2160	SM SHOP TWL-RED-	01	F	100	0.073	7.30	N
	X2160	SM SHOP TWL-RED-	L 01	F	15	0.540	8.10	N
	X2570	24" DUST MOP-	01	F	1	0.970	0.97	N
	X3030	LINEN BAG RACK-	P 01	F	1	0.000	0.00	N
	X6924	WOOD DUST MOP HANDLE-	01	F	1	0.000	0.00	N
0001	X59935	UF SHR/LT GRY/CMFT/RFT STR/LS-00LLS	01	F	11	0.737	8.11	N
0001	X59935	UF SHR/LT GRY/CMFT/RFT STR/SS-RG00L	01	F	11	0.737	8.11	N
0001	X59945	WRK PNT/CHAR GRY/TWL/RFLT STRP-03632	01	F	11	0.773	8.50	N
0001	X59970	PRM LND JKT/CHR GY RFLCTV TP-00LLS	01	F	2	1.436	2.87	N
0001								
0002	X59935	UF SHR/LT GRY/CMFT/RFT STR/LS-00MLS	01	F	11	0.737	8.11	N
0002	X59935	UF SHR/LT GRY/CMFT/RFT STR/SS-RG00M	01	F	11	0.737	8.11	N
0002	X59970	PRM LND JKT/CHR GY RFLCTV TP-00LLS	01	F	2	1.436	2.87	N
0002								
0003	X59935	UF SHR/LT GRY/CMFT/RFT STR/LS-0XLLS	01	F	11	0.737	8.11	N
0003	X59935	UF SHR/LT GRY/CMFT/RFT STR/SS-RG0XL	01	F	11	0.737	8.11	N
0003	X59970	PRM LND JKT/CHR GY RFLCTV TP-00LLS	01	F	2	1.436	2.87	N
0003								
		UNIFORM ADVANTAGE					7.71	N
		SUBTOTAL					110.74	
		SUBTOTAL					110.74	
		TAX					0.00	
		TOTAL USD					110.74	
		SPECIAL PROGRAMS BREAKDOWN						
		UNIFORM ADVANTAGE			83	0.093	7.71	N



INVOICE

Client Name: MUHLENBERG COUNTY WATER DISTRICT NO 3

Invoice No.: RIS0005435749

Client No.: M000430020

Invoice Date: 01/01/2024

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

Line	Identifier	Description	Quantity	UOM	Amount Due
		Balance Forward			0.00
1		Subscriber Only	3	23.92	71.76
2		Subscriber and Spouse	1	46.04	46.04
3		Subscriber, Spouse, Children	3	72.04	216.12
Current Monthly Total:			7		\$333.92
Total Amount Due:					\$333.92

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 12/18/2023 will be reflected in the next billing cycle.

PAID
 DEC 21 2023
 BY: 28303

2114
 184-2 (143.52)
 242-1 (190.40)
 14192

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3317

Forwarding Service Requested

82

MUHLENBERG CO. WATER DIST #3
 SANDRA GARY
 PO BOX 67
 BREMEN KY 42325

STATEMENT OF ACCOUNT

Client: Muhlenberg Co. Water Dist #3
Group: 9882101

Subgroup: 1001

Opening Balance As Of 10/22/23 \$75.29
Payments Received Thru 11/21/23 \$75.29
Adjustments To Account \$0.00

Current Month Activity

Invoice	Invoice Type	Subgroup Name	Billing Period	Amount
166058509	PREMIUM	Muhlenberg Co. Water Dist #3	Dec, 2023	\$85.31
PREMIUM Total:				\$85.31

Current Month Invoice Total \$85.31

Total Amount Due As of 11/21/23 \$85.31

Total Balance *Amounts displayed in the aging below may not reflect recently received payments.*

0-30 Days	31-60 Days	61-90 Days	91-120 Days	>120 Days
\$85.31	\$0.00	\$0.00	\$0.00	\$0.00

PAID
 DEC 02 2023
 BY: 28273

14151
 4145 (33.74)
 184-2
 242-9 (51.57)



PAYMENT IS DUE IN FULL UPON RECEIPT
 THE INVOICE CALCULATION IS BASED ON MEMBERSHIP AS OF 11/22/23
 PLEASE DETACH AND RETURN

Remit To: FIDELITY SECURITY LIFE INSURANCE CO.
 PO BOX 632530
 CINCINNATI OH 45263-2530

MUHLENBERG CO. WATER DIST #3
 SANDRA GARY
 PO BOX 67
 BREMEN KY 42325

GROUP ID: 9882101
SUBGROUP ID: 1001
INVOICE NUMBER: 166058509
TOTAL INVOICE AMOUNT DUE: \$85.31

82

MUHLENBERG CO. WATER DIST #3
SANDRA GARY
PO BOX 67
BREMEN KY 42325

SUMMARY INVOICE FOR: Muhlenberg Co. Water Dist #3
GROUP ID: 9882101
SUBGROUP ID: 1001
INVOICE NUMBER: 166058509

BILLING PERIOD: December, 2023

FULL MONTH

COVERAGE TIER	COUNT	RATE	TOTAL
Benefit Level 2			
Employee Only	3	\$4.82	\$14.46
Employee + Spouse	1	\$9.16	\$9.16
Employee + Family	4	\$14.17	\$56.68
FULL MONTH TOTAL			\$80.30

RETROACTIVE ADJUSTMENTS

Retro 11/2023			\$5.01
RETRO ADJUSTMENT TOTAL			\$5.01
CURRENT BILLING PERIOD TOTAL			\$85.31



PAYMENT IS DUE IN FULL UPON RECEIPT
THE INVOICE CALCULATION IS BASED ON MEMBERSHIP AS OF 11/22/23
PLEASE DETACH AND RETURN

Remit To: FIDELITY SECURITY LIFE INSURANCE CO.
PO BOX 632530
CINCINNATI OH 45263-2530

MUHLENBERG CO. WATER DIST #3
SANDRA GARY
PO BOX 67
BREMEN KY 42325

GROUP ID: 9882101
SUBGROUP ID: 1001
INVOICE NUMBER: 166058509
TOTAL INVOICE AMOUNT DUE: \$85.31

Location Premium Detail for Muhlenberg County Water District 3 - 137



Location	Prepared	Billing Period
Cindy Darr Muhlenberg County Water District 3 - 137 4789 Main St Bremen, KY 42325	12/18/2023	January 2024 Final Invoice

CURRENT

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

Active - Female

CASH EXPRESS
888-899-0399

EMP		\$0.00	\$0.00	\$0.00	\$694.32
Employee Totals		\$0.00	\$0.00	\$0.00	\$694.32
EMP		\$0.00	\$0.00	\$0.00	\$846.11
Employee Totals		\$0.00	\$0.00	\$0.00	\$846.11
Active - Female Current Total		\$0.00	\$0.00	\$0.00	\$1,540.43

1

12/18/2023

Tier	Coverage	Employee Premium	Company Premium	Total Premium
------	----------	------------------	-----------------	---------------

EMP		\$0.00	\$0.00	\$0.00	\$389.14
Employee Totals		\$0.00	\$0.00	\$0.00	\$389.14

EMP		\$0.00	\$0.00	\$0.00	\$831.12
Employee Totals		\$0.00	\$0.00	\$0.00	\$831.12

EMP		\$0.00	\$0.00	\$0.00	\$271.57
Employee Totals		\$0.00	\$0.00	\$0.00	\$271.57

EMP		\$0.00	\$0.00	\$0.00	\$629.00
Employee Totals		\$0.00	\$0.00	\$0.00	\$629.00

Active - Male Current Total \$0.00 \$0.00 \$0.00 \$2,120.83

Location Current Totals \$0.00 \$0.00 \$0.00 \$3,661.26

ADJUSTMENTS

ADJUSTED TOTALS

Location Adjusted Totals \$0.00 \$0.00 \$0.00 \$3,661.26

Remit Payment to:

KACo Benefits Group
PO Box 950159
Louisville, KY 40295-0159

Payment Due Date 01/01/2024

Previous Total Due	\$3,661.26
Total Payment Received	\$3,661.26
Unpaid Balance	\$0.00
Current Total Premium	\$3,661.26
Billing Fees	\$0.00
Adjustment Total	\$0.00
Misc Fees	\$0.00
Location Adjustment	\$0.00
Current Total Due	\$3,661.26

January 2024 Final Invoice

12/18/2023

4945
184-2
14172

PAID
DEC 19 2023

BY: 28298

Monthly Report

Your monthly detail report has been submitted.

Report Details

Employer: P089 - MUHLENBERG COUNTY WATER DISTRICT #3
Report: CERS - 12/2023
Date Submitted: 12/28/2023 10:04:37 AM

Report Totals

Salary:	\$24,910.03
Employee Contributions:	\$1,245.52
Health Insurance Contributions:	\$162.41
Employer Contributions:	\$5,814.01
Number of Contributions:	7

[Click here to submit the Dec 2023 monthly summary for MUHLENBERG COUNTY WATER DISTRICT #3.](#)

[Click here to view the report details.](#)

Date prepared November 22, 2023
 Questions? Call 1-800-542-2667
 Visit us online kentuckydcp.ky.gov

MUHLENBERG WATER DIST #3
 ATTN: CINDY DARR
 4815 MAIN ST
 PO BOX 67
 BREMEN KY 42325-0067

Below you will find the most recent deduction details as reported to us. Please review this information and return an annotated copy of the reconciled invoice to us within three days of the pay date.

Plan details

Plan name: KENTUCKY DEFERRED COMPENSATION
 Plan number: 0047418
 Payroll dated: December 8, 2023
 Billing description: BI-WEEKLY FRIDAY2
 Invoice number: 1391798

Deduction details per participant

IRS Code: 401K
 Money Source: Salary Reduction

SSN	Name	Expected contribution	Actual contribution (if different than \$ amount)	Contribution change reason
		\$180.00		

265680000065035



CASH EXPRESS
 888-899-0399

Loans **Checks Cashed**

\$180.00
1
December 8, 2023

Provide your signature below to confirm you reviewed and can certify this list

Form reviewer signature: _____

Please also print signature: _____

Date: _____

Date prepared November 22, 2023
Questions? Call 1-800-542-2667
Visit us online kentuckydcp.ky.gov

MUHLENBERG WATER DIST #3
ATTN: CINDY DARR
4815 MAIN ST
PO BOX 67
BREMEN KY 42325-0067

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Plan details

Plan name: KENTUCKY DEFERRED COMPENSATION
Plan number: 0047418
Payroll dated: December 8, 2023
Billing description: BI-WEEKLY FRIDAY2
Invoice number: 1391799

Deduction details per participant

IRS Code: 457
Money Source: Salary Reduction

SSN	Name	Expected contribution	Actual contribution (if different than \$ amount)	Contribution change reason
[Redacted]	[Redacted]	\$15.00		
		\$115.00		
		\$70.00		

[Redacted]	\$200.00
[Redacted]	
[Redacted]	3
[Redacted]	December 8, 2023
[Redacted]	
[Redacted]	

Loans

Checks Cashed

See reverse side for additional information

26568000065011



Date prepared November 22, 2023
 Questions? Call 1-800-542-2667
 Visit us online kentuckydcp.ky.gov

MUHLENBERG WATER DIST #3
 ATTN: CINDY DARR
 4815 MAIN ST
 PO BOX 67
 BREMEN KY 42325-0067

Below you will find the most recent deduction details as reported to us. Please review this information and return an annotated copy of the reconciled invoice to us within three days of the pay date.

Plan details

Plan name: KENTUCKY DEFERRED COMPENSATION
 Plan number: 0047418
 Payroll dated: December 8, 2023
 Billing description: BI-WEEKLY FRIDAY2
 Invoice number: 1391800

Deduction details per participant

IRS Code: IRA
 Money Source: IRA Roth

SSN	Name	Expected contribution	Actual contribution (if different than \$ amount)	Contribution change reason
		\$20.00		

CASH EXPRESS
 888-899-0399

\$20.00
1
December 8, 2023

Loans

Checks Cashed

Place your signature below to confirm you reviewed and can certify this list

Form reviewer signature: _____

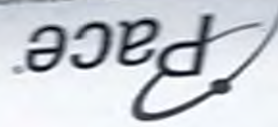
Please also print signature: _____

Date: _____

See reverse side for additional information

26568000065028





Net 30 Days
01/01/2024

Due Date:
Terms:
Customer PO

www.pacelabs.com
270.821.7375
Madisonville, KY 42431
P.O. Box 907

For period: 12/15/2023 to 01/14/2024

Bill produced: 11/30/2023

000062

ATTN: BNFT ADMINISTRATOR
MUHLENBERG COUNTY WATER DISTRICT NO 3
P O BOX 67
BREMEN KY 42325



Important information

If payment has already been made, please disregard this notice.

Bill summary

Account number: 1095262-10001

Due date: 12/15/2023

Last billed amount:	\$349.20
Payments since last bill:	\$349.20
Balance forward:	\$0.00
Adjustments since last bill:	\$0.00
Current premium:	\$349.20

Total amount due:

\$349.20
PAID
DEC 18 2023
BY: 28289

4966
184-2 (130.14)
242-6 (219.06)
14143



Contact us

Group Benefits, call 800.843.1371 Monday-Friday 7:00 a.m. - 6:00 p.m. CT | principal.com

Please make your check payable to Principal Life Insurance Company. Send your check with the stub to the address below. We offer the convenience of online bill payment. If you'd like to make an online bill payment, go to principal.com

Billing statement

Adjustments since last bill

Member ID	Member name
Total	

Current premium

Member ID	Member name	Basic Life
947021806	DARR, CINDY	Life AD&D Dep Life
922830429	JARVIS JR, LARRY	Life AD&D Dep Life
939445355	LANDRUM, BILLY	Life AD&D Dep Life
923585893	REED, MARY	Life AD&D Dep Life
965196223	ROLLEY, TRAVIS	Life AD&D Dep Life
970072149	TOOLEY, GARY	Life AD&D Dep Life
Total		

Insurance products and/or plan administrative s
a member of the Principal Financial Group®, (P
© 2017 Principal Financial Services, Inc.

Billing statement |



Billing statement



Adjustments since last bill

Member ID	Member name	Transaction	Adjustment
Total			\$0.00

Account number: 1095262-10001
 For period: 12/15/2023 to 01/14/2024
 Bill produced: 11/30/2023

This is your copy. Please keep for your records.

Current premium

CASH EXPRESS
 888-899-0399

Basic Life	Disability	Transaction	Total premium
Life 17.50 AD&D 0.63 Dep Life 3.56	STD 50.01		\$71.70
Life 17.50 AD&D 0.63 Dep Life 3.56	STD 49.44		\$71.13
Life 17.50 AD&D 0.63 Dep Life 3.56			\$21.69
Life 17.50 AD&D 0.63 Dep Life 3.56	STD 53.68		\$75.37
Life 17.50 AD&D 0.63 Dep Life 3.56			\$21.69
Life 17.50 AD&D 0.63 Dep Life 3.56	STD 65.93		\$87.62
			\$349.20

Insurance products and/or plan administrative services are provided by Principal Life Insurance Company a member of the Principal Financial Group®, (Principal®), Des Moines, IA 50392

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Account number: 1095262-10001
 For period: 12/15/2023 to 01/14/2024

200000023354615400001001 0000251 002 of 002