Location	Premium Detail for No	bo Water D	istrict		
	Location	Prepared		illing Period	
K C	J.E. Ellis Nebo Water District 45 N Bernard Street Nebo, KY 42441	01/12/2024	February 2024 Final Invo		nvoice
Remit Payment to:	Payment Due I	Date	Current	Total Premiu	ms Due _
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	Pd. 1-23-24 02/01/2024 CK# 19707			\$3,347.44	
	CURRENT	T En	iployee (Company To	
Employee/Plan	Tier Co	Verage		Premium To	tal Premium
Active				I	
W32061M001 PPO A01T1 W32061V001 Anthem Vision Option D	EMP EMP Employee Totals	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$692.08 \$7.43 \$699.51
W32061M001 PPO A01T1 W32061V001 Anthem Vision Option D	ECH ECH Employee Totals	\$0.00 \$0.00 \$ 0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$1,234.81 \$14.10 \$1,248.91
W32061M001 PPO A01T1 W32061 V001 Anthem Vision Option D	EMP EMP Employee Totals	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$692.08 \$7.43 \$699.51
W32061M001 PPO A01T1 W32061V001 Anthem Vision Option D	EMP EMP Employee Totals Active Current Total	\$0.00 \$0.00 \$ 0.00	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$692.08 \$7.43 \$699.51 \$3,347.44
	Location Current Totals	\$0.00	\$0.00	\$0.00	\$3,347.44
February 2024 Final Invoice	ADJUSTMENTS	1		Ca Official Control	01/12/2024
	ADJUSTED TOTAL	e l			01/12/2024
1	Location Adjusted Totals	\$0.00 Previous Total Payment F Unpaid Current Total Bill Adjustm	Received Balance Premium ing Fees ent Total isc Fees	\$0.00	\$3,347.44 \$3,347.44 \$3,347.44 \$0.00 \$3,347.44 \$0.00 \$0.00
		Location Ad	A STATE OF THE PARTY OF THE PAR		\$0.00 \$3,347.44
	- FRE 19 07 5	SE CHIEFILA	SCHING!		ψυ , υτ1.44



Location	Premium Detail for Ne	bo Water D	istrict		
	Location	Prepared		Billing Perio	od
	J.E. Ellis Nebo Water District 45 N Bernard Street Nebo, KY 42441	02/15/2024	March 2024 Final Invoice		Invoice
Remit Payment to:	Payment Due I	ate	Current	t Total Prem	iums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	pd. 2-27-24 03/01/2024	CK#19170 W		\$3,347.44	
	CURRENT				
Employee/Plan	Tier Co	A CONTRACTOR OF THE PROPERTY O	iployee emium	Company Premium	Total Premium
Active		1			
W32061M001 PPO A01T1 W32061V001 Anthem Vision Option D	EMP EMP Employee Totals	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$692.08 \$7.43 \$699.51
W32061M001 PPO A01T1	ECH	\$0.00	\$0.00	\$0.00	\$1,234.81
W32061V001 Anthem Vision Option D	ECH Employee Totals	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$14.10 \$1,248.91
W32061M001 PPO A01T1 W32061V001 Anthem Vision Option D	EMP EMP Employee Totals	\$0.00 \$0.00 \$ 0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$692.08 \$7.43 \$699.51
W32061M001 PPO A01T1 W32061V001 Anthem Vision Option D	EMP EMP Employee Totals	\$0.00 \$0.00 \$ 0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$692.08 \$7.43 \$699.51
	Active Current Total Location Current Totals	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$3,347.44 \$3,347.44
	ADJUSTMENTS				02/16/2024
March 2024 Final Invoice	ADJUSTED TOTAL	1 S			02/10/2024
L	ocation Adjusted Totals	\$0.00	\$0.00	\$0.00	\$3,347.44
		Previous T	otal Due		\$3,347.44
		\$3,347.44			
		\$0.00			
		\$3,347.44			
		\$0.00			
		\$0.00			
Misc Fees					\$0.00
Location Adjustment					\$0.00
		Current To	otal Due		\$3,347.44

SIMPLE IRA - Contribution Transmittal Form

Scan Title: Contribution Transmittal

1.	Employer or Company Name:	Nebo Water		Branch Address:	
2.	Send Receipt to:	Valerie Coffman		Edward Jones	
3.	Contribution Type:	O ACH O Check		Brandon C LaMond	
4.	Total Amount:	\$ [1,301,62] (Checks)	must be made Payable to "Edward Jones")	1120 Island Ford Rd	
5.	Contribution Month:	February	-1 2 22 211	Madisonville, KY 42431	
6.	Contribution Year(s):)	pd. 2-27-24 CK# 19769		
	Salary Deferral:	<u>2024</u> (YYYY)	CX# 19769		
	Company/Employer:	2024 (YYYY)	ch		

Deposit the employee salary deferrals and/or employer contributions as follows:

	Employee Name	Account Number	Salary Deferral	Employer Matching	Employer Non-elective
1	double for the co	*1562	\$ C	\$ €	\$
2.	W. India Lakey	*1038	\$238.42	\$ 119.21	\$
1	W. Harris	*4779	\$395.09	\$169.32	\$
4.	The Property	*3880	\$ 101.44	\$ 76.08	\$
5.	ages 4 ct. c	*3093	\$ 101,03	\$ 101.03	\$
6.			\$	\$	\$
7.			\$	\$	\$
8.			\$	\$	\$
9.			\$	\$	\$
10.			\$	\$	\$
11.			\$	\$	\$
12.			\$	\$	\$
13.			\$	\$	\$
14.			\$	\$	\$
15.			\$	\$	\$
		Tot	als: \$835,98	\$465.64	\$

SIMPLE IRA - Contribution Transmittal Form

Company/Employer:

Scan Title: Contribution Transmittal

1.	Employer or Company Name:	Nebo VVater		Branch Address:	
2.	Send Receipt to:	Valerie Coffman		Edward Jones	
3.	Contribution Type:	O ACH O Check		Brandon C LaMond	
4.	Total Amount:	1,351,04 (Checks must be ma	ade Payable to "Edward Jones")	1120 Island Ford Rd	
5.	Contribution Month:	January		Madisonville, KY 42431	
6.	Contribution Year(s):	,	pd. 1-23-24		
	Salary Deferral:	2024 (MM)	CK# 19705		

Deposit the employee salary deferrals and/or employer contributions as follows:

2024 (MM)

	Employee Name	Account Number	Salary Deferral	Employer Matching	Employer Non-elective
	ON THE PARTY OF TH	*1562	\$ 0	\$ O	\$
	ALTERNATION OF THE PERSON OF T	*1038	\$ 251.73	\$ 128.86	\$
	BIRTHAY!	*4779	\$396.87	\$ 170.08	\$
	Cara Co.	*3880	\$ 102.88	\$ 11.16	\$
1	our rate	*3093	\$ 108.13	\$ 108.73	\$
6.			\$	\$	\$
7.			\$	\$	\$
8.			\$	\$	\$
9.			\$	\$	\$
10.			\$	\$	\$
11.			\$	\$	\$
12.			\$	\$	\$
13.			\$	\$	\$
14.			\$	\$	\$
15.			\$	\$	\$
		Tota	als: \$ كاماك. عاما	\$ 484.83	\$



INVOICE

Client Name:

NEBO WATER DISTRICT

Client No.:

M000430050

pd. 1-23-24 CL# 19704

Invoice No.:

RIS0005504167

Invoice Date:

02/01/2024

Billing Period: 02/01/2024 Thru 02/29/2024

Line	Identifier	Description	Quantity	UOM	Amount Due
Remino your se	der: Billing details are ecurity settings via the	only available online on Benefit Manager Toc a site ""First Time Login"" page.	lkit (www.benefitmanagertoolk	it.com). If you do not yet hav	ve access, update
		Balance Forward			0.00
1		Subscriber Only	2	20.90	41.80
2		Subscriber and Spouse	1	40.24	40.24
tages a gift		Current Monthly Total:	3		\$82.04
		Total Amount Due:			\$82.04

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

Changes made after 1/21/2024 will be reflected in the next billing cycle.





Client Name:

Client No.:

NEBO WATER DISTRICT

M000430050

pd.2-27-24 CK#19768

Invoice No.:

RISO005571345

Invoice Date: 03/01/2024

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

Line	Identifier	Description	Qw	Quantity	UOM	Amount Due
Remind our se	er: Billing details are curity settings via the	only available online on Benefit Ma e site ""First Time Login"" page.	nager Toolkit (w	ww.benefitmanagertoolki		have access, update
		Balance Forward				0.00
		Subscriber Only		2	20.90	41.80
		Subscriber and Spouse		1	40.24	40.24
		Current Monthly Total:		3		\$82.04
		Total Amount Due:				\$82.04

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

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