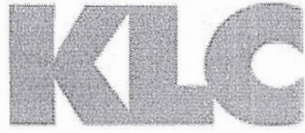


Location Premium Detail for Nebo Water District



Location	Prepared	Billing Period
J.E. Ellis Nebo Water District 45 N Bernard Street Nebo, KY 42441	01/12/2024	February 2024 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	<i>pd. 1-23-24</i> 02/01/2024 <i>ck# 19707</i>	\$3,347.44

CURRENT

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

W32061M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$692.08
W32061V001 Anthem Vision Option D	EMP	\$0.00	\$0.00	\$0.00	\$7.43
Employee Totals		\$0.00	\$0.00	\$0.00	\$699.51

W32061M001 PPO A01T1	ECH	\$0.00	\$0.00	\$0.00	\$1,234.81
W32061V001 Anthem Vision Option D	ECH	\$0.00	\$0.00	\$0.00	\$14.10
Employee Totals		\$0.00	\$0.00	\$0.00	\$1,248.91

W32061M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$692.08
W32061 V001 Anthem Vision Option D	EMP	\$0.00	\$0.00	\$0.00	\$7.43
Employee Totals		\$0.00	\$0.00	\$0.00	\$699.51

W32061M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$692.08
W32061V001 Anthem Vision Option D	EMP	\$0.00	\$0.00	\$0.00	\$7.43
Employee Totals		\$0.00	\$0.00	\$0.00	\$699.51

Active Current Total		\$0.00	\$0.00	\$0.00	\$3,347.44
Location Current Totals		\$0.00	\$0.00	\$0.00	\$3,347.44

ADJUSTMENTS

February 2024 Final Invoice	1	01/12/2024
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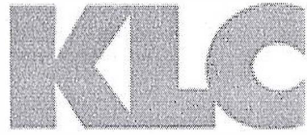
ADJUSTED TOTALS

Location Adjusted Totals	\$0.00	\$0.00	\$0.00	\$3,347.44
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Previous Total Due	\$3,347.44
Total Payment Received	\$3,347.44
Unpaid Balance	\$0.00
Current Total Premium	\$3,347.44
Billing Fees	\$0.00
Adjustment Total	\$0.00
Misc Fees	\$0.00
Location Adjustment	\$0.00
Current Total Due	\$3,347.44

DW

Location Premium Detail for Nebo Water District



Location	Prepared	Billing Period
J.E. Ellis Nebo Water District 45 N Bernard Street Nebo, KY 42441	02/15/2024	March 2024 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	<i>pd. 2-27-24 CK#19110</i> 03/01/2024 <i>DW</i>	\$3,347.44

CURRENT

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

W32061M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$692.08
W32061V001 Anthem Vision Option D	EMP	\$0.00	\$0.00	\$0.00	\$7.43
Employee Totals		\$0.00	\$0.00	\$0.00	\$699.51

W32061M001 PPO A01T1	ECH	\$0.00	\$0.00	\$0.00	\$1,234.81
W32061V001 Anthem Vision Option D	ECH	\$0.00	\$0.00	\$0.00	\$14.10
Employee Totals		\$0.00	\$0.00	\$0.00	\$1,248.91

W32061M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$692.08
W32061V001 Anthem Vision Option D	EMP	\$0.00	\$0.00	\$0.00	\$7.43
Employee Totals		\$0.00	\$0.00	\$0.00	\$699.51

W32061M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$692.08
W32061V001 Anthem Vision Option D	EMP	\$0.00	\$0.00	\$0.00	\$7.43
Employee Totals		\$0.00	\$0.00	\$0.00	\$699.51

Active Current Total		\$0.00	\$0.00	\$0.00	\$3,347.44
Location Current Totals		\$0.00	\$0.00	\$0.00	\$3,347.44

ADJUSTMENTS

March 2024 Final Invoice 1 02/16/2024

ADJUSTED TOTALS

Location Adjusted Totals		\$0.00	\$0.00	\$0.00	\$3,347.44
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Previous Total Due	\$3,347.44
Total Payment Received	\$3,347.44
Unpaid Balance	\$0.00
Current Total Premium	\$3,347.44
Billing Fees	\$0.00
Adjustment Total	\$0.00
Misc Fees	\$0.00
Location Adjustment	\$0.00
Current Total Due	\$3,347.44

SIMPLE IRA - Contribution Transmittal Form

Scan Title: Contribution Transmittal

1. Employer or Company Name: Nebo Water
2. Send Receipt to: Valerie Coffman
3. Contribution Type: ACH Check
4. Total Amount: \$ 1,301.62 (Checks **must** be made Payable to "Edward Jones")
5. Contribution Month: February
6. Contribution Year(s):
 - Salary Deferral: 2024 (YYYY)
 - Company/Employer: 2024 (YYYY)

Branch Address:
Edward Jones
Brandon C LaMond
1120 Island Ford Rd
Madisonville, KY 42431

pd. 2-27-24
 CK# 19769
 ch

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

Employee Name	Account Number	Salary Deferral	Employer Matching	Employer Non-elective
1.	*1562	\$ 0	\$ 0	\$
2.	*1038	\$ 238.42	\$ 119.21	\$
	*4779	\$ 395.09	\$ 169.32	\$
4.	*3880	\$ 101.44	\$ 76.08	\$
5.	*3093	\$ 101.03	\$ 101.03	\$
6.		\$	\$	\$
7.		\$	\$	\$
8.		\$	\$	\$
9.		\$	\$	\$
10.		\$	\$	\$
11.		\$	\$	\$
12.		\$	\$	\$
13.		\$	\$	\$
14.		\$	\$	\$
15.		\$	\$	\$
Totals:		\$ 835.98	\$ 465.64	\$

SIMPLE IRA - Contribution Transmittal Form

Scan Title: Contribution Transmittal

1. Employer or Company Name: Nebo Water
2. Send Receipt to: Valerie Coffman
3. Contribution Type: ACH Check
4. Total Amount: \$ 1,351.04 (Checks **must** be made Payable to "Edward Jones")
5. Contribution Month: January
6. Contribution Year(s):
 - Salary Deferral: 2024 (MY)
 - Company/Employer: 2024 (MY)

Branch Address:
Edward Jones
Brandon C LaMond
1120 Island Ford Rd
Madisonville, KY 42431

pd. 1-23-24
 CK # 19705

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

	Employee Name	Account Number	Salary Deferral	Employer Matching	Employer Non-elective
		*1562	\$ 0	\$ 0	\$
		*1038	\$ 257.73	\$ 128.86	\$
		*4779	\$ 396.87	\$ 170.08	\$
		*3880	\$ 102.88	\$ 11.16	\$
		*3093	\$ 108.73	\$ 108.73	\$
6.			\$	\$	\$
7.			\$	\$	\$
8.			\$	\$	\$
9.			\$	\$	\$
10.			\$	\$	\$
11.			\$	\$	\$
12.			\$	\$	\$
13.			\$	\$	\$
14.			\$	\$	\$
15.			\$	\$	\$
Totals:			\$ 866.21	\$ 484.83	\$



INVOICE

Client Name: NEBO WATER DISTRICT

Invoice No.: RIS0005504167

Client No.: M000430050

*pd. 1-23-24
CL# 19704*

Invoice Date: 02/01/2024

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

Line	Identifier	Description	Quantity	UOM	Amount Due
		Balance Forward			0.00
1		Subscriber Only	2	20.90	41.80
2		Subscriber and Spouse	1	40.24	40.24
Current Monthly Total:			3		\$82.04
Total Amount Due:					\$82.04

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

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3317



INVOICE

Client Name: NEBO WATER DISTRICT

Client No.: M000430050

*pd. 2-27-24
CK#19768
DW*

Invoice No.: RIS0005571345

Invoice Date: 03/01/2024

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

Line	Identifier	Description	Quantity	UOM	Amount Due
		Balance Forward			0.00
1		Subscriber Only	2	20.90	41.80
2		Subscriber and Spouse	1	40.24	40.24
Current Monthly Total:			3		\$82.04
Total Amount Due:					\$82.04

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

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3317