



Invoice

Kentucky Association of Counties All Lines Fund
 400 Englewood Drive
 Frankfort, KY 40601
 Tel: 1-800-264-5226
 Fax: 1-502-875-8240

Invoice Number K220251
Invoice Date 05/25/2022
Due Date 08/01/2022

Insured Name and Address

Member Number 0377

Hyden-Leslie County Water District
 PO Box 906
 Hyden, KY 41749

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
L.J.	Turner	Manager	(606)672-2791	(606)672-7510	hlwater@tds.net

Invoice Detail

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2022	Annual Premium for 2022-2023 Policy Renewal	\$46,999.00	\$46,999.00
		Total Due	\$46,999.00

Payment Options:

- Option 1: Save 1%; pay \$46,529.01 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
 50 % = \$23,499.49 plus 3 monthly payments of \$7,833.17

Please Note: Effective January 1, 2023, any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2022.

Servicing Agency
 Kentucky Association of Counties All Lines Fund
 1-800-264-5226

For claims service please call:
 1-866-367-5226

Please return a copy of this invoice with your payment



KENTUCKY ASSOCIATION OF COUNTIES WORKERS COMPENSATION

400 Englewood Drive, Frankfort, KY 40601
502-223-7667 • 800-264-5226 • Fax 502-875-8240 • www.kaco.org

Date: May 26, 2022
To: Hyden-Leslie County Water District
From: Temple Juett
KACo Workers Compensation Fund
Re: 2022-2023 Workers Compensation Policy Renewal

Thank you for your continued participation as a member of the KACo Worker's Compensation Fund. We appreciate your business and continuously work to provide members with the best value in the insurance marketplace. Remember...this program is owned and managed by members to meet the special needs of counties and county related entities and is not profit driven, which means that you benefit from every dollar earned in the form of added programs and services, premium reductions and dividends.

Enclosed within this packet you will find the following KACo Workers Compensation Fund renewal documents:

Renewal Certificate

2022-2023 Invoice

Application for Membership Agreement (KACo W/C-3)

Regarding your invoice, please note the discount you can receive if you pay your premium prior to 8/1/2022, as well as the penalty that will apply if your premium is not paid in full by 12/31/2022.

Please remit payment to:

KACo Workers Compensation Fund
Attn: Accounting Department
400 Englewood Drive
Frankfort, KY 40601

The enclosed Application for Membership Agreement (KACo W/C -3), has been completed for you with information on file. Please review this information and correct as needed – then sign with witness at the “X’s” and return to our office within the next two weeks via fax number **502-234-5055 or scan and e-mail to insurance@kaco.org.** If you do not have access to a fax machine or scanner, simply mail the document to us at the address shown on the letterhead above. This signed document is a requirement of the Kentucky Department of Insurance. Also, for those otherwise qualifying for a dividend from the 2008-2009 policy year, receipt of this document is final confirmation of your eligibility to receive your dividend check.

If you have any questions, please do not hesitate to contact your Marketing Representative, Sue Porter, at 888-696-9620, or call KACo direct at 800-264-5226. Thank you again for your continued support of the KACo Workers Compensation Program. We appreciate your loyalty and look forward to working with you again this year!

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Oldham Co. Magistrate

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