

INVOICE

Kentucky Association of Counties Workers Compensation Fund

400 Englewood Drive
Frankfort, KY 40601
Tel: 1-502-223-7667
Fax: 1-502-234-5055

Invoice Number: W220137
Invoice Date: 05/26/2022

Member Name and Address:

Member ID: 0834

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

Item	Amount
Workers Compensation Insurance Premium - Policy WC2022-0834	\$15,300.00
Special Fund Tax	\$1,062.00
Total Due	\$16,362.00

* You may elect to use one of the following payment options:

(1) Full payment by 8/1/2022. 1% discount applied = \$16,198.38

or

(2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance.
50% = \$8,181.00 Plus 3 monthly payments of \$2,727.00

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

Please return a copy of this invoice with your payment

Servicing Agency:

Kentucky Association of Counties Workers Compensation Fund
(800) 264-5226

For claims service please call:

(866) 367-5226