



Metropolitan Life Insurance Company

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KM05548835 0001

BILL DUE DATE: 08 01 2024

TO: EDMONSON COUNTY WATER DISTRICT

PRINT DATE: 07 14 2024

FOR ADDITIONAL INFORMATION, SEE REVERSE SIDE

NAME OF INSURED / I.D. NUMBER	INSURED BIRTH MO. - YR.	CLASS # ADJ. DATE	BT CODE	BENEFIT TITLE	FAM. IND.	ADJ. CODE	PREMIUM	VOLUME	TOTAL PREMIUM
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OUTSTANDING DUE AS OF 07/14/2024

609.95

\*\*\*GRAND TOTAL DUE PLEASE PAY THIS AMOUNT ----->

1,119.19

AFTER CHANGES HAVE BEEN RECEIVED AND MADE IN OUR OFFICE,  
PREMIUM ADJUSTMENTS WILL BE REFLECTED ON YOUR BILLING STATEMENT.

7/22/24  
yod ✓ # 51557  
\$ 1119.19

60431-121.66  
60432-190.65  
60450-539.58  
60470-144.26  
60480-123.04



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[REDACTED] XXXXXX0687	08-1988	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38 ✓
[REDACTED] XXXXXX0305	10-1944	0001	AI LI	AD&D LIFE	C C		.38 8.31	12,500 12,500	8.69 ✓
[REDACTED] XXXXXX1820	05-1981	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38
[REDACTED] XXXXXX7626	08-1992	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38 ✓
[REDACTED] XXXXXX4256	07-1995	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38 ✓
[REDACTED] XXXXXX7328	04-1966	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38 ✓
[REDACTED] XXXXXX6191	03-1960	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38 ✓
[REDACTED] XXXXXX2240	02-1980	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38
[REDACTED] XXXXXX5243	10-1973	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38
[REDACTED] XXXXXX3076	11-2002	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38 ✓
[REDACTED] XXXXXX9494	01-1977	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38

TOTAL FOR THIS BILLING PERIOD

509.24



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NAME OF INSURED / I.D. NUMBER	INSURED BIRTH MO. - YR.	CLASS # ADJ. DATE	BT CODE	BENEFIT TITLE	FAM. IND.	ADJ. CODE	PREMIUM	VOLUME	TOTAL PREMIUM
[REDACTED] XXXXX1893	07-1975	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38
[REDACTED] XXXXX1759	09-1980	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38 ✓
[REDACTED] XXXXX4859	05-1999	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38
[REDACTED] XXXXX6148	09-1986	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38 ✓
[REDACTED] XXXXX7559	03-1980	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38 ✓
[REDACTED] XXXXX1663	07-1996	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38
[REDACTED] XXXXX8508	12-1966	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38
[REDACTED] XXXXX4728	01-1969	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38 ✓
[REDACTED] XXXXX7360	03-1996	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38
[REDACTED] XXXXX1716	11-1957	0001	AI LI	AD&D LIFE	C C		.49 10.81	16,250 16,250	11.30 ✓
[REDACTED] XXXXX3179	10-1967	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38 ✓
[REDACTED] XXXXX7575	06-1944	0001	AI LI	AD&D LIFE	C C		.38 8.31	12,500 12,500	8.69 ✓



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TO: EDMONSON COUNTY WATER DISTRICT  
 ATTN: TONY SANDERS  
 P.O. BOX 208  
 BROWNSVILLE KY 42210

BILL DUE DATE: 08 01 2024

PRINT DATE: 07 14 2024

AMOUNT PAID: \_\_\_\_\_

For customer service please contact us at: 1-800-ASK-4MET (275-4638) (Prompt 2)

## PLEASE NOTE THE FOLLOWING:

- PLEASE COMPLETE A CHANGE FORM FOR ALL CHANGES WHICH CAN BE LOCATED AT <http://www.whymetlife.com/adminmanual/>
- ASK YOUR ACCOUNT SPECIALIST ABOUT ELECTRONIC FUNDS TRANSFER (EFT)
- FOR ADDITIONAL INFORMATION, SEE REVERSE SIDE OF THE LAST PAGE

NAME OF INSURED - / LD. NUMBER	INSURED BIRTH MO. - YR.	CLASS # ADJ. DATE	BT CODE	BENEFIT TITLE	FAM. IND.	ADJ. CODE	PREMIUM	VOLUME	TOTAL PREMIUM
████████████████████ XXXXX8698	02-1976	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38
████████████████████ XXXXX8352	09-1974	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38
████████████████████ XXXXX5590	12-1967	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38 ✓
████████████████████ XXXXX2157	10-1955	0001	AI LI	AD&D LIFE	C C		.49 10.81	16,250 16,250	11.30
████████████████████ XXXXX1047	04-1989	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38 ✓
████████████████████ XXXXX7108	11-1991	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38
████████████████████ XXXXX0317	09-1981	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38 ✓
████████████████████ XXXXX7990	07-1988	0001	AI LI	AD&D LIFE	C C		.75 16.63	25,000 25,000	17.38



Metropolitan Life Insurance Company

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BILL DUE DATE: 08 01 2024

TO: EDMONSON COUNTY WATER DISTRICT

PRINT DATE: 07 14 2024

FOR ADDITIONAL INFORMATION, SEE REVERSE SIDE

NAME OF INSURED / I.D. NUMBER	INSURED BIRTH MO. - YR.	CLASS # ADJ. DATE	BT CODE	BENEFIT TITLE	FAM. IND.	ADJ. CODE	PREMIUM	VOLUME	TOTAL PREMIUM
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\*\*\*SUMMARY TOTALS\*\*\*

INSUREDS				DEPENDENTS		
TITLE	COUNT	VOLUME	PREMIUM	COUNT	PREMIUM	
AD&D	31	732,500	21.99	0		0.00
LIFE	31	732,500	487.25	0		0.00

\*\*\*\*\*PLEASE NOTE\*\*\*\*\*

METLIFE MUST RECEIVE YOUR PREMIUM WITHIN 31 DAYS OF THE BILL DUE DATE OR YOUR POLICY WILL TERMINATE ACCORDING TO ITS TERMS.

- Checks or money orders should be made payable to Metropolitan Life Insurance Company. Send payment along with the remittance copy of the billing to:

Metropolitan Life Insurance Company  
 P. O. Box 804466  
 Kansas City, Missouri 64180-4466

- **ELECTRONIC FUNDS TRANSFER (EFT)** - EFT is an electronic payment option for remittance of the monthly premium, without the processing and postage costs associated with issuing and mailing a check to us each month. To implement EFT, contact your Customer Service Representative at 1-800 ASK 4 MET (1-800 275-4638) to obtain more information and an authorization form.
- **PREMIUMS FOR NEW ENROLLMENTS OR CHANGES** - New enrollments and changes will be billed on the next premium statement if we receive this information from you before the next bill date.

**FAMILY INDICATORS**

- A = Family
- B = Member and Spouse
- C = Member Only
- D = Member and Children  
Spouse is Excluded
- E = Spouse and Children  
Member is Excluded
- F = Spouse Only
- G = Children Only

**ADJUSTMENT CODES**

- A = Member Addition
- B = Benefit Record Change
- C = Class Change
- D = Dependent Change
- E = Evidence Change
- F = Family Indicator Change
- G = Group Generation Change
- H = Division Generation Change
- I = Reinstatement
- J = Substandard Rate Update
- K = Reinsurance Change
- L = Lapse In Coverage
- M = Medical Rate Table Change
- N = Non-Medical Rate Table Change
- O = Only Manual Adjustments
- P = Selected Benefit
- Q = Election Change Generation
- R = Retirement
- S = Change In Benefit Status
- T = Termination
- U = Elected Units
- V = Factor Table Change
- W = Other Changes
- X = Member Adjustment/Correction
- Y = Age Change
- Z = Batch Control
- 1 = Salary Change
- 1 = Adjustment Of Elected Volumes
- 2 = Disability Event Change
- 3 = Payroll Event Change
- 4 = Member Key Change
- 5 = Family Rate Table Change
- 7 = MX Screen Changes
- 8 = ME Screen Changes Applied Retroactively,  
Equal To The Member Effective Date



THIS PAGE MUST BE RETURNED WITH YOUR REMITTANCE. IF THERE ARE NO CHANGES TO REPORT, PLEASE DETACH AND RETURN THE TOP PORTION OF THIS PAGE TO:

KM05548835 0001

EDMONSON COUNTY WATER DISTRICT

BILL DUE DATE: 08 01 2024

PRINT DATE: 07 14 2024

GRAND TOT DUE: 1,119.19

AMOUNT PAID: 1119.19

CHECK #: 51557

Metropolitan Life Insurance Company  
P.O. Box 804466  
Kansas City, MO 64180-4466



KM05548835 0001

EDMONSON COUNTY WATER DISTRICT

For customer service please contact us at: 1-800-ASK-4MET (275-4638) (Prompt 2)

To ensure timely processing of your bill, please make your check payable to:

**METROPOLITAN LIFE INSURANCE COMPANY**

PO Box 804466  
Kansas City, MO 64180-4466

**PLEASE INCLUDE YOUR GROUP NUMBER ON YOUR CHECK**

All premiums are due on the first of the month for which coverage is provided. MetLife must receive your premium within 31 days of the bill due date or your policy will terminate according to its terms.

**Please note that your bill no longer includes a change form.**

Please use the change form in your administrative manual under Forms. If you need to request a change form, or have any questions please contact us at:

**1 800 ASK 4 MET**  
**(1 800-275-4638) – Prompt 2**

A change form needs to be completed for any enrollment or eligibility changes.

For adding a new employee, please complete an enrollment form.

The enrollment and change forms may then be faxed to:

**1 888-505-7446**

Or mailed to:

**Metropolitan Life Insurance Company**  
**PO Box 14593**  
**Lexington, KY 40512-4593**

Changes received after the 6<sup>th</sup> day of the month will not be reflected until the following bill cycle.

METLIFE - GROUP BENEFITS  
4150 N. MULBERRY DRIVE  
SUITE 300  
KANSAS CITY, MO 64116



00326  
ENV# 409  
EDMONSON COUNTY WATER DISTRICT  
ATTN: TONY SANDERS  
P.O. BOX 208  
BROWNSVILLE KY 42210



**EDMONSON COUNTY WATER DISTRICT**  
**OPERATING & MAINTENANCE**  
 P.O. BOX 208  
 BROWNSVILLE, KY 42210-0208

BANK OF EDMONSON COUNTY  
 BROWNSVILLE, KY 42210  
 73-756839

51557

ONE THOUSAND ONE HUNDRED NINETEEN AND 19/100 US DOLLARS

DATE: 7/22/2024  
 AMOUNT: \*\*\*\*\*\$1,119.19

PAY TO THE ORDER OF: Metlife  
 P.O. Box: 804466  
 Kansas City, MO: 64180-4466

*Darren Denma*

⑈051557⑈ ⑆083907560⑆ ⑆305 086 6⑈

EDMONSON COUNTY WATER DISTRICT  
 OPERATING & MAINTENANCE

VENDOR Metlife

Metlife  
 AMOUNT DUE  
 1,119.19

DISCOUNT TAKEN  
 0.00

Check No 51557 **51557**  
 NET AMOUNT DUE  
 1,119.19

DATE: 7/22/2024  
 INVOICE NUMBER: July 2024

7/22/2024 TOTAL 1,119.19 0.00 1,119.19

EDMONSON COUNTY WATER DISTRICT  
 OPERATING & MAINTENANCE

VENDOR Metlife

Metlife  
 AMOUNT DUE  
 1,119.19

DISCOUNT TAKEN  
 0.00

Check No 51557 **51557**  
 NET AMOUNT DUE  
 1,119.19

DATE: 7/22/2024  
 INVOICE NUMBER: July 2024

7/22/2024 TOTAL 1,119.19 0.00 1,119.19

Metropolitan Life Insurance Company  
18210 Crane Nest Drive  
Tampa, FL 33647



July 16, 2024

TONY SANDERS  
EDMONSON COUNTY WATER DISTRICT  
P.O. Box 208  
Brownsville, KY 42210

Policy: KM05548835-0001 EDMONSON COUNTY WATER DISTRICT

Dear Tony Sanders,

This is to alert you that the premium payment indicated below for the referenced group insurance policy issued to you by Metropolitan Life Insurance Company ("MetLife") has not been received. Your group insurance policy has a grace period and that grace period will expire on August 1, 2024. Upon expiration of the grace period, your group insurance policy will terminate and any claims incurred after the termination date will not be paid. To prevent termination of your group insurance policy, please remit the past due premium in the amount of \$609.95 no later than August 1, 2024.

If you believe that your payment may have crossed in the mail with this notice, you may wish to use MetLife's automated response system to confirm that your payment was received. Call (800) ASK 4 MET (800-275-4638) and select Option 2 (Benefits Administrator), then Option 1 (Eligibility & Billing), enter your Group # 05548835 and Division 0001, then press Option 2 for billing inquiries.

<u>Bill Due Date</u>	<u>Amount Due</u>
7/1/2024	\$609.95

You may send payment via overnight mail to:

MetLife  
Commerce Bank  
811 Main Street, 7<sup>th</sup> Floor  
Kansas City, MO 64105-2005

If you send payment via regular mail, please use the address provided on your billing statement. Remember to include your group insurance policy number on your check to insure accurate processing.

If you have decided to terminate your MetLife group insurance policy, please provide MetLife with a letter on your company's letterhead that states the date you would like the policy to terminate. Please fax this information to 888-505-7446.

Massachusetts Regulation 940 CMR 9.00 requires that we inform all of your employees that reside in Massachusetts by mail of the termination of the above referenced Group Policy if it is being cancelled due to nonpayment of premium and you are not going to another Dental carrier. All claims incurred prior to the termination effective date will be honored under the existing terms of the Group Policy and the Massachusetts Regulation. If you do not have Dental coverage or do not have any employees that reside in Massachusetts this regulation would not apply.

If you have any questions or require further assistance, please contact MetLife at (800) ASK 4 MET (800-275-4638).

Sincerely,  
MetLife Customer Service Center

CC: LAWRENCE C BOBB