



Payroll Invoice: W077

NORTH NELSON WATER DIST

Page 1 of 2

Date prepared August 28, 2024
Questions? Call 1-800-542-2667
Visit us online kentuckydcp.ky.gov

NORTH NELSON WATER DIST

5555 LOUISVILLE RD
PO BOX 25
COXS CREEK KY 40013-0025

-Deducted from Employee Paycheck

Below you will find the most recent deduction details as reported to us. Please review this information and return an annotated copy of the reconciled invoice to us within three days of the pay date.

Plan details

Plan name: KENTUCKY DEFERRED COMPENSATION
Plan number: [redacted]
Payroll dated: September 13, 2024
Billing description: BI-WEEKLY FRIDAY2
Invoice number: 1521523

Deduction details per participant

IRS Code: 457
Money Source: Salary Reduction

Table with 5 columns: SSN, Name, Expected contribution, Actual contribution (if different than \$ amount), Contribution change reason. Row 1: [blank], [blank], \$200.00, [blank], [blank]

Summary table with 2 columns: Label, Value. Rows: Expected total contribution amount: \$200.00, Total contribution amount due: [blank], Total employees: 1, Payroll date: September 13, 2024, Check number: [blank], Amount: [blank]

As the authorized reviewer, please provide your signature below to confirm you reviewed and can certify this list on the first page is correct:

Form reviewer signature: _____

Please also print signature: _____

Date: _____

See reverse side for additional information

80428000012018





COPY - Reconciled Invoice

Aflac
PO BOX 5626, CHICAGO IL 60680-5600
Aflac.com

Invoice Copy
09/20/2024

Account Name: NORTH NELSON WATER
Address: DISTRICT

COXS CREEK, KY 400138708

Invoice Number: 845573
Account Number: [REDACTED]
Premium Due Date: 08/15/2024
Amount Billed: \$34.68
Amount Remitting: \$34.68
Billing Period: July
Number of Deductions: 2
Deduction Frequency: 26
Billing Mode: MONTHLY

Date Prepared: 07/26/2024
Billing Frequency: MONTHLY

** Highlighted lines indicate that the premium amount being remitted was adjusted and/or a Change Request was submitted for the employee.

The Premium amount billed for some policies may not reflect the number of deductions indicated above if the policies were issued during the billing period

Policy	Policy Type	CT	Dept.	Employee/Member#	Name	RM	Premium Due	Employee Sub-total	Adjusted Premium	Adjusted Sub-Total	CR
P0D0G045	CANCER	I					\$34.68	\$34.68	\$ 34.68	\$ 34.68	
Total Amount Billed							\$34.68	Amount Due	\$34.68		

LEGEND		
<u>COVERAGE TYPE (CT)</u>	<u>REMARKS (RM)</u>	<u>CHANGE REQUEST (CR)</u>
I = Individual F = Family S = Single-Parent Family P = Primary-Spouse	CV = Pending Conversion PA = Policy is Paid Ahead PC = Policy is Pending Conversion and is Paid Ahead	A = Add Spouse/Child C = Cancel Coverage D = Deceased E = Never Employed Here F = Family Medical Leave H = Name Change I = Delete person from policy L = On Leave M = No Deduction Taken Y = Military Leave O = Other R = Retired T = Insured Terminated/Left Employment W = Transfer to another account

- Deducted from Employee Paycheck