

Payroll Invoice: W077

NORTH NELSON WATER DIST

Page 1 of 2

Date prepared Questions?

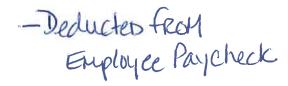
August 28, 2024 Call 1-800-542-2667

Visit us online

kentuckydcp.ky.gov

NORTH NELSON WATER DIST

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



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:

Payroll dated:

September 13, 2024

Billing description: BI-WEEKLY FRIDAY2

Invoice number:

1521523

## Deduction details per participant

IRS Code: 457

Money Source: Salary Reduction

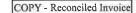
SSN	Name	Expected contribution	Actual contribution (if different than \$ amount)	Contribution change reason
142		\$200.00		

Expected total contribution amount:	\$200.00	
Total contribution amount due:		
Total employees:	1	
Payroll date:	September 13, 2024	
Check number:		
Amount:		

As the authorized reviewer,	please provide your signature bel	low to confirm you revie	ewed and can certif	y this list
on the first page is correct:				

Form reviewer signature:	
Please also print signature:	
Date:	







## 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: Premium Due Date

Amount Billed: Amount Remitting: \$34.68 \$34.68

Billing Period: Number of Deductions: 2

July

**Deduction Frequency: 26** Billing Mode:

MONTHLY

Date Prepared:

07/26/2024 Billing Frequency: MONTHLY

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	СТ	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	
	A	L		***************************************	Total Amoun	t Billed	\$34.68	Amount Due	\$34.68	·	A

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



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