

Group ID: 0900000126
 Invoice No: 4004019671
 SOUTHERN WATER & SEWER

Notes from Assurity:

Notes from Group:

Payor Name	Insured Name	Policy Number	Insurance Type	Benefit Amounts	Cov	Paid to Date	Premium Due	Reconciled Amount
[REDACTED]	[REDACTED]	5050718576	Critical Illness	EE:\$5,000.00	EE	7/5/2023	\$8.06	\$8.06
[REDACTED]	[REDACTED]	5050718576	Critical Illness	EE:\$5,000.00	EE	7/19/2023	\$8.06	\$8.06
						Employee total:	\$16.12	\$16.12
[REDACTED]	[REDACTED]	5050718598	Hospital Indemnity	EE:\$100.00	EE	7/5/2023	\$12.46	\$12.46
[REDACTED]	[REDACTED]	5050718598	Hospital Indemnity	EE:\$100.00	EE	7/19/2023	\$12.46	\$12.46
[REDACTED]	[REDACTED]	5050718599	Critical Illness	EE:\$15,000.00	EE	7/5/2023	\$10.80	\$10.80
[REDACTED]	[REDACTED]	5050718599	Critical Illness	EE:\$15,000.00	EE	7/19/2023	\$10.80	\$10.80
[REDACTED]	[REDACTED]	5050718600	Universal Life	EE:\$50,000.00	EE	7/5/2023	\$27.68	\$27.68
[REDACTED]	[REDACTED]	5050718600	Universal Life	EE:\$50,000.00	EE	7/19/2023	\$27.68	\$27.68
[REDACTED]	[REDACTED]	5050761574	Accident Expense	2 Unit	FAM	7/1/2023	\$16.66	\$16.66
[REDACTED]	[REDACTED]	5050761574	Accident Expense	2 Unit	FAM	7/15/2023	\$16.66	\$16.66
[REDACTED]	[REDACTED]	5050761574	Accident Expense	2 Unit	FAM	7/29/2023	\$16.66	\$16.66
						Employee total:	\$151.86	\$151.86
						GROUP TOTAL DUE:	\$167.98	\$167.98

Reconciled Amount Changes:

Payor Name	Policy Number	Paid to Date	Premium Due	Reconciled Amount	Reason	Date	Notes

Payor Changes:

Payor Name	Policy Number	Reason	Date	Name/Address	Notes

Assurity[®] Life Insurance Company

Statement For: 7/3/2023

Please Remit Payment by: 7/23/2023

This bill does not reflect payments received after: 6/23/2023

Group Name:

SOUTHERN WATER & SEWER
ATTN: PAULA BURKE
P.O. BOX 610
MCDOWELL, KY, 41647

Group ID: 0900000126

Phone: (606) 377-9296

Invoice No: 4004019671

Billed Amount: \$167.98

Reconciliation Approved by:

paula burke
E: paulaswsd19@gmail.com
P: (606) 377-9296

Assurity Case Manager:

CLAIRE HOPPMANN EXT 4514
E: CHOPPMANN@ASSURITY.COM
P: (800) 627-7212

Make Check Payable to:

ASSURITY LIFE INSURANCE COMPANY
PO BOX 957494
ST. LOUIS, MO, 63195-7494

Date Reconciled: 6/28/2023

Payment Method: ACH

Reconciled Amount: \$167.98

Additional Premium: \$0.00

Total Remitted: \$167.98

Additional Premium Notes:

Pl. 6-28-23

Assurity[®] Life Insurance Company

Statement For: 6/4/2024

Please Remit Payment by: 6/22/2024

This bill does not reflect payments received after: 5/24/2024

Group Name:

SOUTHERN WATER & SEWER
ATTN: LUCY HOWELL
P.O. BOX 610
MCDOWELL, KY, 41647

Group ID: 0900000126

Phone: (606) 377-9296

Invoice No: 4004273075

Billed Amount: \$167.98

Reconciliation Approved by:

Lucy
E: lucyh@southernwatersewerdistrict.com
P: (606) 377-9296

Assurity Case Manager:

AMBER SMITH EXT 3524
E: asmith@assurity.com
P: (800) 627-7212

Make Check Payable to:

ASSURITY LIFE INSURANCE COMPANY
PO BOX 957494
ST. LOUIS, MO, 63195-7494

Date Reconciled: 5/29/2024

Payment Method: ACH

Reconciled Amount: \$167.98

Additional Premium: \$0.00

Total Remitted: \$167.98

Additional Premium Notes:

Group ID: 0900000126
 Invoice No: 4004273075
 SOUTHERN WATER & SEWER

Notes from Assurity:

Notes from Group:

Payor Name	Insured Name	Policy Number	Insurance Type	Benefit Amounts	Cov	Paid to Date	Premium Due	Reconciled Amount
[REDACTED]	[REDACTED]	5050718576	Critical Illness	EE:\$5,000.00	EE	6/5/2024	\$8.06	\$8.06
[REDACTED]	[REDACTED]	5050718576	Critical Illness	EE:\$5,000.00	EE	6/19/2024	\$8.06	\$8.06
						Employee total:	\$16.12	\$16.12
[REDACTED]	[REDACTED]	5050718598	Hospital Indemnity	EE:\$100.00	EE	6/5/2024	\$12.46	\$12.46
[REDACTED]	[REDACTED]	5050718598	Hospital Indemnity	EE:\$100.00	EE	6/19/2024	\$12.46	\$12.46
[REDACTED]	[REDACTED]	5050718599	Critical Illness	EE:\$15,000.00	EE	6/5/2024	\$10.80	\$10.80
[REDACTED]	[REDACTED]	5050718599	Critical Illness	EE:\$15,000.00	EE	6/19/2024	\$10.80	\$10.80
[REDACTED]	[REDACTED]	5050718600	Universal Life	EE:\$50,000.00	EE	6/5/2024	\$27.68	\$27.68
[REDACTED]	[REDACTED]	5050718600	Universal Life	EE:\$50,000.00	EE	6/19/2024	\$27.68	\$27.68
[REDACTED]	[REDACTED]	5050761574	Accident Expense	2 Unit	FAM	6/1/2024	\$16.66	\$16.66
[REDACTED]	[REDACTED]	5050761574	Accident Expense	2 Unit	FAM	6/15/2024	\$16.66	\$16.66
[REDACTED]	[REDACTED]	5050761574	Accident Expense	2 Unit	FAM	6/29/2024	\$16.66	\$16.66
						Employee total:	\$151.86	\$151.86
						GROUP TOTAL	\$167.98	\$167.98
						DUE:		

Reconciled Amount Changes:

Payor Name	Policy Number	Paid to Date	Premium Due	Reconciled Amount	Reason	Date	Notes

Payor Changes:

Payor Name	Policy Number	Reason	Date	Name/Address	Notes

Assurity[®] Life Insurance Company

Statement For: 5/1/2024

Please Remit Payment by: 5/23/2024

This bill does not reflect payments received after: 4/23/2024

Group Name:

SOUTHERN WATER & SEWER
ATTN: PAULA BURKE
P.O. BOX 610
MCDOWELL, KY, 41647

Group ID: 0900000126

Phone: (606) 377-9296

Invoice No: 4004248298

Billed Amount: \$151.32

Reconciliation Approved by:

Lucy
E: lucyh@southernwatersewerdistrict.com
P: (606) 377-9296

Assurity Case Manager:

AMBER SMITH EXT 3524
E: asmith@assurity.com
P: (800) 627-7212

Make Check Payable to:

ASSURITY LIFE INSURANCE COMPANY
PO BOX 957494
ST. LOUIS, MO, 63195-7494

Date Reconciled: 5/17/2024

Payment Method: ACH

Reconciled Amount: \$151.32

Additional Premium: \$0.00

Total Remitted: \$151.32

Additional Premium Notes:

Group ID: 0900000126
 Invoice No: 4004248298
 SOUTHERN WATER & SEWER

Notes from Assurity:

Notes from Group:

Payor Name	Insured Name	Policy Number	Insurance Type	Benefit Amounts	Cov	Paid to Date	Premium Due	Reconciled Amount
[REDACTED]	[REDACTED]	5050718576	Critical Illness	EE:\$5,000.00	EE	5/8/2024	\$8.06	\$8.06
[REDACTED]	[REDACTED]	5050718576	Critical Illness	EE:\$5,000.00	EE	5/22/2024	\$8.06	\$8.06
						Employee total:	\$16.12	\$16.12
[REDACTED]	[REDACTED]	5050718598	Hospital Indemnity	EE:\$100.00	EE	5/8/2024	\$12.46	\$12.46
[REDACTED]	[REDACTED]	5050718598	Hospital Indemnity	EE:\$100.00	EE	5/22/2024	\$12.46	\$12.46
[REDACTED]	[REDACTED]	5050718599	Critical Illness	EE:\$15,000.00	EE	5/8/2024	\$10.80	\$10.80
[REDACTED]	[REDACTED]	5050718599	Critical Illness	EE:\$15,000.00	EE	5/22/2024	\$10.80	\$10.80
[REDACTED]	[REDACTED]	5050718600	Universal Life	EE:\$50,000.00	EE	5/8/2024	\$27.68	\$27.68
[REDACTED]	[REDACTED]	5050718600	Universal Life	EE:\$50,000.00	EE	5/22/2024	\$27.68	\$27.68
[REDACTED]	[REDACTED]	5050761574	Accident Expense	2 Unit	FAM	5/4/2024	\$16.66	\$16.66
[REDACTED]	[REDACTED]	5050761574	Accident Expense	2 Unit	FAM	5/18/2024	\$16.66	\$16.66
						Employee total:	\$135.20	\$135.20
						GROUP TOTAL DUE:	\$151.32	\$151.32

Reconciled Amount Changes:

Payor Name	Policy Number	Paid to Date	Premium Due	Reconciled Amount	Reason	Date	Notes

Payor Changes:

Payor Name	Policy Number	Reason	Date	Name/Address	Notes