



RECEIVED MAY 19 2023

Invoice

#42444060501332

Please check this box if any changes have been made to this invoice.

Your account details

BCN: E4244406

Account: Southern Water And Sewer

Attention:
Southern Water
Southern Water And Sewer,
Po Box 610
Mcdowell, KY 41647-0000

Invoice date: May. 1, 2023
Pay by date: May. 1, 2023
Deduction dates:
Invoice frequency: Monthly
Download date: May. 19, 2023

Invoice summary

Total amount due **\$448.75**

How to pay



Pay online on the Colonial Life for Clients Portal.

Visit <https://www.coloniallife.com/clientportal>



Send mail-in payments with the remittance slip to:

Premium Processing, P.O. Box 903, Columbia, SC 29202



Send overnight payments with the remittance slip to:

Processing Center, 828 Bistline Dr Suite 100, West Columbia, SC 29172



Invoice details

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
[REDACTED]	*****8596	Group Accident	4677945660		\$16.48	\$16.48
[REDACTED]	*****7653	Group Accident	4487798270		\$16.48	\$138.26
		Group Critical Care	4488671270		\$27.23	
		Group Disability	4489373590		\$48.80	
		Group Hospital Income	4999379365		\$45.75	
[REDACTED]	*****5493	Group Accident	4487798500		\$26.75	\$131.90
		Group Hospital Income	4999379515		\$105.15	
[REDACTED]	*****7952	Term Life	8367121660		\$56.96	\$56.96
[REDACTED]	*****5015	Group Hospital Income	4999379445		\$105.15	\$105.15
TOTAL AMOUNT DUE					\$448.75	\$448.75

Note: This invoice reflects changes made up to the download date only. If changes have been made after this date, you may need to download again.



Invoice

#42444060301324

*pd. by
ACH
3/19/24*

Please check this box if any changes have been made to this invoice.

Your account details

BCN: E4244406

Account: Southern Water And Sewer

Attention:
Southern Water
Southern Water And Sewer,
245 Ky Route 680
Mc Dowell, KY 41647-6012

Invoice date: Mar. 1, 2024
Pay by date: Mar. 1, 2024
Deduction dates:
Invoice frequency: Monthly
Download date: Apr. 5, 2024

Invoice summary

Total amount due **\$448.75**

How to pay



Pay online on the Colonial Life for Clients Portal.

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Invoice details for Colonial Life

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
[REDACTED]	*****8596	Group Accident	4677945660		\$16.48	\$16.48
[REDACTED]	*****7653	Group Accident	4487798270		\$16.48	\$138.26
		Group Critical Care	4488671270		\$27.23	
		Group Disability	4489373590		\$48.80	
		Group Hospital Income	4999379365		\$45.75	
[REDACTED]	*****5493	Group Accident	4487798500		\$26.75	\$131.90
		Group Hospital Income	4999379515		\$105.15	
[REDACTED]	*****7952	Term Life	8367121660		\$56.96	\$56.96
[REDACTED]	*****5015	Group Hospital Income	4999379445		\$105.15	\$105.15
TOTAL DUE AMOUNT FOR COLONIAL LIFE				-	\$448.75	\$448.75

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