

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
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Payor Changes:

Payor Name	Policy Number	Reason	Date	Name/Address	Notes
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Assurity® Life Insurance Company

Statement For: 1/2/2024

Please Remit Payment by: 1/23/2024

This bill does not reflect payments received after: 12/22/2023

Group Name:

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

Group ID: 0900000126

Phone: (606) 377-9296

Invoice No: 4004155916

Billed Amount: \$210.32

Reconciliation Approved by:

E:
P:

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:

Payment Method:

Reconciled Amount: \$210.32

Additional Premium: \$0.00

Total Remitted: \$0.00

Additional Premium Notes:

Assurity

Ad. by
ACH
draft

Group ID: 090000126
Invoice No: 4004155916
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	1/3/2024	\$8.06	\$8.06
[REDACTED]	[REDACTED]	5050718576	Critical Illness	EE:\$5,000.00	EE	1/17/2024	\$8.06	\$8.06
[REDACTED]	[REDACTED]	5050718576	Critical Illness	EE:\$5,000.00	EE	1/31/2024	\$8.06	\$8.06
						Employee total:	\$24.18	\$24.18
[REDACTED]	[REDACTED]	5050718598	Hospital Indemnity	EE:\$100.00	EE	1/3/2024	\$12.46	\$12.46
[REDACTED]	[REDACTED]	5050718598	Hospital Indemnity	EE:\$100.00	EE	1/17/2024	\$12.46	\$12.46
[REDACTED]	[REDACTED]	5050718598	Hospital Indemnity	EE:\$100.00	EE	1/31/2024	\$12.46	\$12.46
[REDACTED]	[REDACTED]	5050718599	Critical Illness	EE:\$15,000.00	EE	1/3/2024	\$10.80	\$10.80
[REDACTED]	[REDACTED]	5050718599	Critical Illness	EE:\$15,000.00	EE	1/17/2024	\$10.80	\$10.80
[REDACTED]	[REDACTED]	5050718599	Critical Illness	EE:\$15,000.00	EE	1/31/2024	\$10.80	\$10.80
[REDACTED]	[REDACTED]	5050718600	Universal Life	EE:\$50,000.00	EE	1/3/2024	\$27.68	\$27.68
[REDACTED]	[REDACTED]	5050718600	Universal Life	EE:\$50,000.00	EE	1/17/2024	\$27.68	\$27.68
[REDACTED]	[REDACTED]	5050718600	Universal Life	EE:\$50,000.00	EE	1/31/2024	\$27.68	\$27.68
[REDACTED]	[REDACTED]	5050761574	Accident Expense	2 Unit	FAM	1/13/2024	\$16.66	\$16.66
[REDACTED]	[REDACTED]	5050761574	Accident Expense	2 Unit	FAM	1/27/2024	\$16.66	\$16.66
						Employee total:	\$186.14	\$186.14
						GROUP TOTAL DUE:	\$210.32	\$210.32