



Group Name:	SOUTHERN WATER DISTRICT	Invoice Number:	808818
Group Number:	CWMA39755	Invoice Date:	03/19/2025
Remit Payment To:	Combined Insurance Company of America, 5277 Paysphere Circle, Chicago, IL 60674-0052		

Bill Summary	
Billing Period:	03/01/2025 to 03/31/2025
Total Due:	\$2005.09
Bill Due Date:	04/01/2025
Deduction Frequency:	Bi-Weekly

Important Messages
 Premiums for the invoice number shown above are due on 04/01/2025 and will be considered past due on 05/01/2025.
 Payment must be received within 30 days of the Bill Due Date referenced above. If payment in full is not received within 30 days of the Bill Due Date, your employees' coverage will be considered PAST DUE and will be subject to our past due policy up to and including employees' policy lapses for non-payment of premium.

Bill Details

Location:	Member Name	Member ID	Policy #	Coverage	Premium	Periods	Amount Paid	Reason For Change	Change Effective Date
BA		***-4796	W2412577	GROUP CI CA&CI EMPLOYEE	\$10.52	2			
BA		***-4796	W2412578	UL	\$33.72	2			
BA		***-4796	W2711394	ACCHM	\$30.72	2			
BA				Total Premium:	\$74.96				
RA		***-6970	W2509422	GROUP CI CA&CI EMPLOYEE	\$51.64	2			
RA				Total Premium:	\$51.64				
AB		***-4308	W2412571	GDI	\$21.72	2			
AB		***-4308	W2412574	GROUP CI CA&CI EMPLOYEE	\$9.92	2			
AB		***-4308	W2412579	UL	\$20.54	2			
AB		***-4308	W2515274	ACCHM	\$18.96	2			
AB				Total Premium:	\$71.14				
CC		***-8596	W2412573	GDI	\$21.72	2			
CC		***-8596	W2412576	GROUP CI CA&CI EMPLOYEE	\$10.52	2			
CC				Total Premium:	\$32.24				
CF		***-7653	W2412572	GDI	\$85.80	2			
CF		***-7653	W2412575	GROUP CI CA&CI EMPLOYEE	\$40.32	2			
CF		***-7653	W2412583	UL	\$54.60	2			
CF		***-7653	W2421280	INACC	\$14.44	2			
CF		***-7653	W2509423	GHI	\$71.04	2			
CF				Total Premium:	\$266.20				
JH		***-4131	W2515278	ACCHM	\$30.72	2			
JH		***-4131	W2515414	GHI	\$71.04	2			
JH		***-4131	W2515802	UL	\$10.18	2			
JH		***-4131	W2515803	UL	\$9.94	2			
JH		***-4131	W2515804	UL	\$11.46	2			
JH		***-4131	W2515805	UL	\$73.18	2			
JH				Total Premium:	\$206.52				
GH		***-5493	W2417954	IHC	\$77.40	2			
GH		***-5493	W2417955	UL	\$45.06	2			
GH		***-5493	W2418054	GROUP CI CA&CI EMP & SPS	\$86.08	2			
GH		***-5493	W2421278	INACC	\$26.64	2			
GH		***-5493	W2515275	ACCHM	\$30.24	2			
GH		***-5493	W2515408	GDI	\$48.85	2			
GH		***-5493	W2515412	GHI	\$157.68	2			
GH				Total Premium:	\$471.95				
MH		***-4249	W2409718	GROUP CI CA&CI EMPLOYEE	\$19.32	2			
MH		***-4249	W2412584	UL	\$26.40	2			
MH		***-4249	W2515413	GHI	\$71.04	2			
MH				Total Premium:	\$116.76				
EH		***-3637	W2515276	ACCHM	\$18.96	2			

Member Name	Member ID	Policy #	Coverage	Premium	Periods	Amount Paid	Reason For Change	Change Effective Date
EH	***-3637	W2515410	GROUP CI CA&CI EMPLOYEE	\$24.60	2			
EH	***-3637	W2515806	UL	\$32.98	2			
EH			Total Premium:	\$76.54				
LH	***-2752	W2515273	ACCHM	\$30.72	2			
LH	***-2752	W2515409	GROUP CI CACI FAMILY	\$33.32	2			
LH			Total Premium:	\$64.04				
WL	***-1721	W2417956	UL	\$32.62	2			
WL	***-1721	W2418055	GDI	\$27.14	2			
WL	***-1721	W2421279	INACC	\$29.00	2			
WL	***-1721	W2515281	ACCHM	\$30.24	2			
WL	***-1721	W2515415	GHI	\$71.04	2			
WL	***-1721	W2515807	UL	\$27.38	2			
WL			Total Premium:	\$217.42				
CM	***-7022	W2515277	ACCHM	\$18.96	2			
CM			Total Premium:	\$18.96				
ZR	***-0673	W2515280	ACCHM	\$22.56	2			
ZR	***-0673	W2515411	GROUP CI CA&CI EMP & SPS	\$10.52	2			
ZR			Total Premium:	\$33.08				
RS	***-5015	W2409719	GROUP CI CA&CI EMP & SPS	\$45.16	2			
RS	***-5015	W2421281	INACC	\$26.64	2			
RS	***-5015	W2515282	ACCHM	\$30.24	2			
RS	***-5015	W2515416	GHI	\$157.68	2			
RS			Total Premium:	\$259.72				
MS	***-8932	W2412582	UL	\$24.96	2			
MS	***-8932	W2515279	ACCHM	\$18.96	2			
MS			Total Premium:	\$43.92				
			Location Total Premium:	\$2005.09				

Remittance Summary

Total Due: \$2005.09 Past Due Date: 05/01/2025
Adjustments:
Payment Amount: \$2005.09