



HR 8/21/24

COPY - Original Invoice

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Invoice Copy
08/12/2024

Account Name: FLEMING COUNTY WATER ASSOC
Address: ATTN BERTY COLGAN
PO BOX 327
FLEMINGSBURG, KY 410410327

Invoice Number: 839155
Account Number: C6C53
Premium Due Date: 08/15/2024
Amount Billed: \$780.60
Amount Remitting: \$780.60
Billing Period: July
Number of Deductions: 5
Deduction Frequency: 52
Billing Mode: MONTHLY

Date Prepared: 07/26/2024
Billing Frequency: MONTHLY

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

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	CT	Dept.	Employee/Member#	Name	RM	Premium Due	Employee Sub-total	Adjusted Premium	Adjusted Sub-Total	CR
PV747169	CANCER	F					\$48.60	\$48.60			
PV747170	DENTAL	I				PA	\$35.10	\$35.10	\$ 83.70	\$ 83.70	
POP29903	STD	I					\$69.30	\$69.30	\$ 69.30	\$ 69.30	
B2939962	ACC	I					\$30.00	\$30.00			
POP29904	SPEVNT	I					\$28.50	\$28.50			
P0W7L2C5	STD	I					\$71.40	\$71.40			
P0X7F2G9	CANCER	S					\$45.50	\$45.50	\$ 175.40	\$ 175.40	
P0X7F2G5	ACC	I					\$36.15	\$36.15			
P0X7F2G6	CANCER	F					\$84.80	\$84.80			
P0X7F2G7	STD	I					\$67.50	\$67.50	\$ 188.45	\$ 188.45	
P1A5F119	HOSP	I					\$58.80	\$58.80	\$ 58.80	\$ 58.80	
P0X7F2G3	ACC	F					\$71.85	\$71.85			
P0X7F2G4	STD	I					\$50.40	\$50.40			
P1A5F0Y7	CANCER	F					\$82.70	\$82.70	\$ 204.95	\$ 204.95	
Total Amount Billed								\$780.60	Amount Due	\$780.60	