

Colonial Life

Processing Center
P.O. Box 903
Columbia, SC 29202-0903

Colonial Life
Billing Control Number: (BCN) E4814117
Invoice Number: 4814117-0704574
Date Printed: 07/26/2024
(Changes are made as payment is received and will be reflected on future invoices.)
Billing Frequency: VARIABLE MONTHLY

Telephone Number: (606) 845-3981
Let us know if your phone number needs to be updated!

****IMPORTANT****

Please check if changes are made on any page of the invoice.

Remit by: 08/11/2024
Current Premium Due: \$437.76
Past Due Premiums: \$.00
Total Amount Due: \$437.76
Amount Paid: _____
Check Number: _____
(Remember to write your BCN on the check)



AT 001 000167 UNBLAQV1 000000



FLEMING COUNTY WATER ASSOCIATI
ATTN: KEVIN CORNETTE
PO BOX 327
FLEMINGSBURG KY 41041-0327

THIS INVOICE IS FOR THE
FOLLOWING DEDUCTION DATES:
07/04/24, 07/11/24, 07/18/24, 07/25/24

Visit Colonial Life for Clients (www.coloniallife.com/clientportal) to handle all your invoices digitally.

The portal allows you to:

- Quickly access what you need with your customized dashboard.
- Easily check off administrative to-dos like paying invoices all at once.
- Adjust your invoice online.
- Conveniently access and make changes to your enrolled employees.

If there are any updates needed on your invoice:

- Login to the portal.
- Select the invoice you want to view.
- Make edits to employee information and premium amounts.
- Enjoy real-time invoice updates with any change.

OK
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KRC

PLEASE REMEMBER TO SEND PAYMENT BY THE REMIT DATE ABOVE

1. Write the Billing Control Number (BCN) on your check
2. Return the remittance slip from Client Portal or a copy of this page with your check
3. Return any page of your invoice in which you have made changes and check the box above if you have not made updates via the Client Portal.

If you still want to make changes via mail:

- Remove an Employee's Coverage: Draw a line through the name and deduct the premium amount from the invoice. If you are removing because the employee is leaving your employment, please provide their address in the Status Changes/Plan Administrator Comments section.
 - If you are not paying for an employee for this billing period but the employee does not wish to cancel: indicate the reason for the missed deduction in the Comments section and subtract the amount from the invoice total.
 - Employees not listed on the invoice: write the name, employee ID number and premium amount at the bottom of the invoice and add the total additional premium to the Total Remitted.
- Reconcile your invoice: it is important that your invoice is reconciled each time, so payments are credited correctly.

If you have questions about your invoice, please call Plan Administrator Services at 1-800-256-7004.

For Policyholder questions, refer employees to our Policyholder Service Center at 1-800-325-4368



INVOICE FOR COLONIAL LIFE INSURANCE PREMIUMS

Account Name FLEMING COUNTY WATER ASSOCIATI
 BCN/Section E4814117-0000
 KY GG T2

Billing Frequency: VARIABLE MONTHLY

Due Date: 07-04-2024

PAGE 1 OF 2

Employee #	Employee's Name	Total Due	Pre-Tax Premium	Post-Tax Premium	Insurance Plan	Policy/Cert Number	Status Changes/Comments (Termination, LOA, etc.)
*****8870	██████████ COLGAN, WILLIAM		PRE-TAX	POST-TAX 5.50 5.50 5.50 5.50 6.07 6.07 6.07 6.07 6.07	LIFE LIFE LIFE LIFE LIFE LIFE LIFE LIFE LIFE	8427220920 8427221000	
	TOTAL	46.28		46.28			
*****0898	██████████		PRE-TAX	POST-TAX 14.09 14.09 14.09 14.09 15.80 15.80 15.80 15.80 15.80	LIFE LIFE LIFE LIFE LIFE LIFE LIFE LIFE LIFE	8427221590 8481723420	
	TOTAL	119.56		119.56			
*****2583	██████████ ██████████		PRE-TAX	POST-TAX 3.01 3.01 3.01 3.01 3.01 3.01 3.01 3.01	LIFE LIFE LIFE LIFE LIFE LIFE LIFE LIFE	8427220840 8481659400	
	TOTAL	24.08		24.08			
*****4797	██████████		PRE-TAX	POST-TAX 6.65 6.65 6.65 6.65 6.96 6.96 6.96 6.96	LIFE LIFE LIFE LIFE LIFE LIFE LIFE LIFE	8427221260 8481723590	
	TOTAL	54.44		54.44			
*****9781	██████████		PRE-TAX	POST-TAX 2.23 2.23 2.23 2.23	LIFE LIFE LIFE LIFE	8556413460	
	TOTAL	8.92		8.92			
*****3208	██████████		PRE-TAX	POST-TAX 38.36 38.36 38.36 38.36	LIFE LIFE LIFE LIFE	8427221180	
	TOTAL	153.44		153.44			

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Account Name FLEMING COUNTY WATER ASSOCIATI
 BCN/Section E4814117-0000
 KY GG T2

Billing Frequency: VARIABLE MONTHLY

Due Date: 07-04-2024

PAGE 2 OF 2

Employee #	Employee's Name	Total Due	Pre-Tax Premium	Post-Tax Premium	Insurance Plan	Policy/Cert Number	Status Changes/Comments (Termination, LOA, etc.)
*****3064	[REDACTED]		PRE-TAX	POST-TAX			
				3.78	LIFE	8666134250	
				3.78	LIFE		
				3.78	LIFE		
				3.78	LIFE		
				3.98	LIFE	8666134330	
				3.98	LIFE		
				3.98	LIFE		
				3.98	LIFE		
	TOTAL	31.04		31.04			
Invoice Pre-Tax Totals:		\$.00					
Invoice Post-Tax Totals:		\$437.76					
Current Invoice Totals:		\$437.76					
Past Due Premium*:		\$.00	*If premium has already been submitted, thank you for your payment.				
GRAND TOTAL:		\$437.76					
Adjustments:							
Total Remitted:							
If any changes are made to this bill, return all changes with your remittance.							

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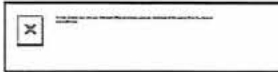
000167 UNBLAQV1 000487 E



006481411707045740000437760006

From: DoNotReply@ColonialLife.com
Sent: Saturday, July 27, 2024 5:01 PM
To: KCORNETTE@RICHM.TWCBC.COM
Subject: Your Invoice is Ready for You
Importance: High

OK
JUL 29 RECD
KRC



Account Number (BCN): E4814117

Your invoice is ready.



Your next payment will be automatically scheduled on:
Aug. 11, 2024

Your invoice amount due is \$437.76



If there are any updates needed:

- Login to [Colonial Life for Clients](#)
- Select the invoice you want to view.
- Make any required changes to employee details, deduction amounts and coverage.

Login

Injury • Illness • Dental • Vision • Life