

ATV 0/21/24



THE HARTFORD
P O BOX 783690
PHILADELPHIA PA 19178-3690

Invoice #: 365399438375
Customer #: 012124630001
Policy #: OGL 881221

KEVIN CORNETTE
FLEMING COUNTY WATER ASSOCIATION INC
2772 MOREHEAD RD
PO BOX 327
FLEMINGSBURG KY 41041

INSURANCE PREMIUM STATEMENT

IMPORTANT MESSAGES:

BILLING PERIOD: 08/01/2024-08/31/2024

- ▶ To view employee and adjustment details and to make enrollment changes, log in to your account at www.employerview.com
- ▶ Enrollment changes noted on this invoice will not be processed. They must be sent to :
Fax: 1-888-701-8234 or Email: list.bill@thehartford.com
- ▶ Be sure to pay your total amount due by your payment due date to avoid risk of cancelation.

No longer need this coverage? Be sure to contact your Hartford Representative and request cancelation.

ACCOUNT SUMMARY	
Previous Balance	\$264.33
Payment(s)	\$-264.33
Current Premium	\$264.33
AMOUNT DUE	\$264.33
PAYMENT DUE DATE:	08/15/2024

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). © 2019 The Hartford

**** PAYMENT COUPON • DETACH AND REMIT WITH PAYMENT ****

Invoice #: 365399438375
Customer #: 012124630001
Policy #: OGL 881221

AMOUNT DUE:	\$264.33
AMOUNT ENCLOSED:	\$ <input type="text"/>

PAYMENT DUE DATE: 08/15/2024

MAIL PAYMENT TO:

THE HARTFORD
PO BOX 783690
PHILADELPHIA PA 19178-3690

ATTENTION:

KEVIN CORNETTE
FLEMING COUNTY WATER ASSOCIATION INC
2772 MOREHEAD RD
PO BOX 327
FLEMINGSBURG KY 41041

0121246300010 00000000000365399438375 000000000026433



Business Insurance
Employee Benefits
Auto
Home

Invoice #: 365399438375
Customer #: 012124630001
Policy #: OGL 881221

BILLING PERIOD: 08/01/2024-08/31/2024

ACCOUNT DETAIL - CURRENT PREMIUM

Legend: * - Personal Health Application Required S - Spouse C - Child WAIVE - Premium Waiver Applied
PEND - Late Entrant PHA Required **BOLD** - Employee Record Modified YES - Active Spouse and/or Child Coverage

This invoice reflects enrollment on record at The Hartford at the time the invoice generated. It does not guarantee, nor certify, employee coverage. Eligibility for benefits is maintained by the Employer.

COVERAGE	# OF INSUREDS	VOLUME	RATE	RATE DEFINITION	PREMIUM DUE
Experience Group Name: FLEMING COUNTY WATER ASSOCIATI					
Policy #: OGL 881221					
LIFE	10	250,000.00 X	0.2370	PER \$1000	\$59.30
SUPPLEMENTAL LIFE 0 - 24	1	90,000.00 X	0.0880	PER \$1000	\$7.92
SUPPLEMENTAL LIFE 25 - 29	1	90,000.00 X	0.0640	PER \$1000	\$5.76
SUPPLEMENTAL LIFE 30 - 34	1	30,000.00 X	0.0670	PER \$1000	\$2.01
SUPPLEMENTAL LIFE 35 - 39	1	90,000.00 X	0.0930	PER \$1000	\$8.37
SUPPLEMENTAL LIFE 40 - 44	1	100,000.00 X	0.1410	PER \$1000	\$14.10
SUPPLEMENTAL LIFE 45 - 49	0	0.00 X	0.2270	PER \$1000	\$0.00
SUPPLEMENTAL LIFE 50 - 54	1	100,000.00 X	0.3660	PER \$1000	\$36.60
SUPPLEMENTAL LIFE 55 - 59	3	130,000.00 X	0.5540	PER \$1000	\$72.02
SUPPLEMENTAL LIFE 60 - 64	0	0.00 X	0.7870	PER \$1000	\$0.00
SUPPLEMENTAL LIFE 65 - 69	0	0.00 X	1.1440	PER \$1000	\$0.00
SUPPLEMENTAL LIFE 70 - 74	0	0.00 X	1.9570	PER \$1000	\$0.00
SUPPLEMENTAL LIFE 75 - 111	0	0.00 X	5.4180	PER \$1000	\$0.00
TOTAL SUPPLEMENTAL LIFE	9	630,000.00			\$146.78
SUPP DEPENDENT LIFE 0 - 24	0	0.00 X	0.0990	PER \$1000 SPOUSE	\$0.00
SUPP DEPENDENT LIFE 25 - 29	0	0.00 X	0.0720	PER \$1000 SPOUSE	\$0.00
SUPP DEPENDENT LIFE 30 - 34	1	25,000.00 X	0.0760	PER \$1000 SPOUSE	\$1.90
SUPP DEPENDENT LIFE 35 - 39	1	25,000.00 X	0.1050	PER \$1000 SPOUSE	\$2.63
SUPP DEPENDENT LIFE 40 - 44	1	25,000.00 X	0.1600	PER \$1000 SPOUSE	\$4.00
SUPP DEPENDENT LIFE 45 - 49	0	0.00 X	0.2580	PER \$1000 SPOUSE	\$0.00
SUPP DEPENDENT LIFE 50 - 54	0	0.00 X	0.4150	PER \$1000 SPOUSE	\$0.00
SUPP DEPENDENT LIFE 55 - 59	1	25,000.00 X	0.6270	PER \$1000 SPOUSE	\$15.68
SUPP DEPENDENT LIFE 60 - 64	0	0.00 X	0.8910	PER \$1000 SPOUSE	\$0.00
SUPP DEPENDENT LIFE 65 - 69	0	0.00 X	1.2940	PER \$1000 SPOUSE	\$0.00
SUPP DEPENDENT LIFE 70 - 74	0	0.00 X	2.2160	PER \$1000 SPOUSE	\$0.00
SUPP DEPENDENT LIFE 75 - 111	0	0.00 X	6.1350	PER \$1000 SPOUSE	\$0.00
SUPP DEPENDENT LIFE	5	50,000.00 X	0.0990	PER \$1000 CHILD	\$4.95
TOTAL SUPP DEPENDENT LIFE	9	150,000.00			\$29.16

Contact us at 1-800-523-2233 with billing questions.

From: The Hartford Group Benefits Service Center <gbdcustomerservice@thehartford.com>
Sent: Monday, July 29, 2024 4:39 AM
To: KCORNETTE@RICHM.TWCBC.COM
Subject: Your Invoice Is Ready To Be Paid

To ensure delivery, add gbdcustomerservice@thehartford.com to your address book.

OK

JUL 29 RECD

KRC



Your Invoice Is Ready to Be Paid

Dear Kevin,

The following invoice(s) are now ready for payment.

Bill Group Name	Bill Group #	Invoice #	Billing Period
FLEMING COUNTY WATER ASSOCIATION INC	012124630001	365399438375	08/01/2024-08/31/2024

[Login to your Employer View®](#) account to pay your bill or send your check or electronic payment by 08/15/2024 to:

Remittance Address
The Hartford
P.O. Box 783690
Philadelphia, PA 19178-3690

Overnight Address
The Hartford
LOCKBOX 3690, MAC Y1372-045
401 Market Street
Philadelphia, PA 19106

[Make Payment »](#)

Thank you.

The Hartford Group Benefits Service Center
gbdcustomerservice@thehartford.com
800-523-2233

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This email was sent to: KCORNETTE@RICHM.TWCBC.COM

This email was sent by: The Hartford
One Hartford Plaza, Hartford, CT 06155 United States.

Your employer has provided The Hartford with this work-related email address and has arranged for you to receive this communication. Your employer may continue to send employment or benefit information to this address.