



Premium Statement



Crittenden-Livingston
County Water Dist
Attn Abbie Adamson
620 E Main St
Salem KY 42078-8034

Account At-A-Glance

Account Number:	T2223
Billing Frequency:	Monthly
Invoice Number:	635038
Date Prepared:	01/12/24
Current Amount Billed:	\$236.00
Billing Period:	January
Payment Due Date:	02/01/24



Ensure your employees maintain their coverage. Payments are due no later than 30 days after the invoice due date.

Go Paperless



Register Online

More efficiently manage your account by registering in Aflac Business Services today. Through this tool you can save time, eliminate postage costs, obtain faster access to your invoice (print, view or adjust), manage participants and reduce your effort monthly with establishing recurring auto draft. Register today for Aflac Business services, at Aflac.com/Register/Employers.

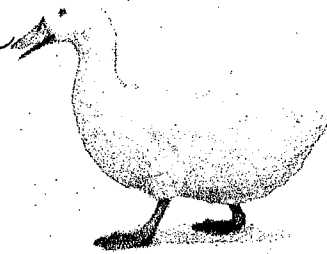
Questions about your invoice? Contact:



Customer Service

Chat or Email with us 24/7 from the Contact Us page of Aflac.com
1932 Wynnton Rd
Columbus, GA 31999-0797

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Premium Statement

Worldwide Headquarters
 1932 Wynnton Road, Columbus, Georgia 31999
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To help you review this month's statement, please follow these steps:

1. Refer to last month's statement to help with reconciliation.
2. Match each employee's premium amount due with the amount deducted from their payroll.
3. Mark through any mismatched deduction and write the correct amount in the adjusted premium column. Write the change request code in the CR column.
4. Total the adjusted premium and enter the Adjustments Total and the Amount Enclosed on the payment coupon on page 1 of the invoice.
5. Return the coupon portion on page 1 and copies of the pages with any adjustments shown. Make your check payable to Aflac and note your Account Number on the check.

NAME	DEPT	EMPLOYEE#	POLICY	POLICY TYPE	OT	PREMIUM DUE	EMPLOYEE SUB-TOTAL	ADJUSTED PREMIUM	CR	LINE NUMBER
[REDACTED]			POD324H1	ACC	S	55.95				0000001
[REDACTED]			POK4Y8R3	CANCER	S	47.60	103.55			0000002
[REDACTED]			POD324H2	HOSP	I	28.80	28.80			0000003
[REDACTED]			POD324H3	STD	I	41.40	41.40			0000004
[REDACTED]			POS0MOL7	CANCER	P	62.25	62.25			0000005
						PAGE AMOUNT BILLED	\$236.00	TOTAL AMOUNT BILLED		\$236.00
						PAGE ADJUSTMENTS (#/%)		TOTAL ADJUSTMENTS (#/%)		
						PAGE ADJUSTED TOTAL		TOTAL ADJUSTED TOTAL		

Thank you for your business.

Legend

- | | | | |
|---------------------------|--|-------------------------------|---------------------------------|
| COVERAGE TYPE (CT) | CHANGE REQUEST (CR) For a more detailed explanation of the codes, please see the second page of the invoice | | |
| I - Individual | A - Add person to policy | F - Family Medical Leave | L - Non-Family Medical Leave |
| F - Family | C - Cancel Coverage | H - Name Change | M - Missed Deduction |
| S - Single Parent Family | D - Deceased | I - Delete person from policy | O - Other |
| P - Primary Spouse | E - Not Our Employee | | Y - Military Leave |
| | | R - Retired | T - No longer employed here |
| | | | W - Transfer to another account |

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