




# Premium Statement



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

## ACCOUNT INFORMATION

<b>Account Number:</b>	T2223
<b>Billing Frequency:</b>	Monthly
<b>Invoice Number:</b>	723290
<b>Date Prepared:</b>	01/12/25
<b>Current Amount Billed:</b>	\$188.80
<b>Billing Period:</b>	January
<b>Payment Due Date:</b>	02/01/25

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

### Go Paperless



#### Register Online

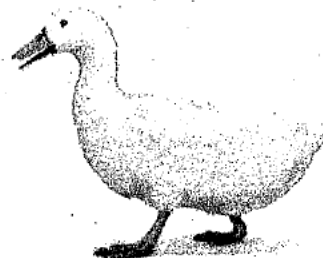
More efficiently manage your account by registering in Aflac Business Services today. Through this tool you can save time, eliminate postage costs, obtain faster access to your invoice (print, view or adjust), manage participants and reduce your effort monthly with establishing recurring auto draft.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

### Questions about your invoice? Contact:



#### Customer Service

Online, Chat and Phone customer service options are available on the Contact Us page of [Aflac.com](http://Aflac.com)  
1932 Wynnton Rd Columbus Ga  
31999-0797





# Premium Statement

Worldwide Headquarters  
 1932 Wynnton Road, Columbus, Georgia 31999  
 Online, Chat and Phone customer service options are available on the Contact Us page of Aflac.com

## Account At-A-Glance

Crittenden-Livingston  
 County Water Dist  
 Attn Abbie Adamson  
 620 E Main St  
 Salem KY 420788034

Account Number: T2223

Payment Due Date: 02/01/25

Invoice Number: 723290

Current Amount Billed: \$188.80

**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	CT	PREMIUM DUE	EMPLOYEE SUB-TOTAL	ADJUSTED PREMIUM	CR	LINE NUMBER
[REDACTED]			POD324H1	ACC	S	44.76				0000001
[REDACTED]			POK4Y8R3	CANCER	S	38.08	82.84			0000002
[REDACTED]			POD324H2	HOSP	I	23.04	23.04			0000003
[REDACTED]			POD324H3	STD	I	38.12	69.12			0000004
[REDACTED]			POS0M0L7	CANCER	P	49.80	49.80			0000005

Thank you for your business.

PAGE AMOUNT BILLED	\$188.80	TOTAL AMOUNT BILLED	\$188.80
PAGE ADJUSTMENTS (A)		TOTAL ADJUSTMENTS (A)	
PAGE ADJUSTED TOTAL		TOTAL ADJUSTED TOTAL	

**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
  - T - No longer employed here
  - F - Family
  - C - Cancel Coverage
  - H - Name Change
  - M - Missed Deduction
  - W - Transfer to another account
  - S - Single Parent Family
  - D - Deceased
  - I - Delete person from policy
  - O - Other
  - Y - Military Leave
  - P - Primary-Spouse
  - E - Not Our Employee
  - R - Retired

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PCX0515

