

INVOICE

Kentucky Association of Counties Workers Compensation Fund

400 Englewood Drive
Frankfort, KY 40601
Tel: 1-502-223-7667
Fax: 1-502-234-5055

Invoice Number: W240670
Invoice Date: 05/29/2024

Member Name and Address:
Crittenden - Livingston Water District
620 East Main Street
Salem, KY 42078

Member ID: 1497

Item	Amount
Workers Compensation Insurance Premium - Policy WC2024-1497	\$18,323.00
Special Fund Tax	\$1,196.00
Total Due	\$19,519.00

* You may elect to use one of the following payment options:

(1) Full payment by 8/1/2024. 1% discount applied = \$19,323.81
or

(2) 50% payment by 8/1/2024 and 3 subsequent equal monthly pmts. on balance
50% = \$9,759.49 Plus 3 monthly payments of \$3,253.17

Please Note: Effective January 1, 2025 any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2024

Please return a copy of this invoice with your payment

Servicing Agency:

Kentucky Association of Counties Workers Compensation Fund
(800) 264-5226

For claims service please call:

(866) 367-5226