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 Aflac.com

Invoice Copy
 01/09/2025

COPY - Original Invoice

1215
 241.0
 66912 21699
 1-18-25
 50307
 CKH

Account Name: MUHLENBERG CO WATER DIST
 Address: ATTN MELVA PENDLEY
 PO BOX 348
 GREENVILLE, KY 423450348

Invoice Number: 693084
 Account Number: E9Y91
 Premium Due Date: 02/01/2025
 Amount Billed: \$152.35
 Amount Remitting: \$152.35
 Billing Period: January
 Number of Deductions: 5
 Deduction Frequency: 52
 Billing Mode: MONTHLY

Date Prepared: 01/12/2025
 Billing Frequency: MONTHLY

** Highlighted lines indicate that the premium amount being remitted was adjusted and/or a Change Request was submitted for the employee.

The Premium amount billed for some policies may not reflect the number of deductions indicated above if the policies were issued during the billing period

Policy	Policy Type	CT	Dept.	Employee/Member#	Name	RM	Premium Due	Employee Sub-total	Adjusted Premium	Adjusted Sub-Total	CR
P0W5L1R5	CANCER	S					\$40.75	\$40.75	\$ 40.75	\$ 40.75	
P1A4R519	ACC	F					\$81.00	\$81.00	\$ 81.00	\$ 81.00	
P0T4H8L0	SPEVNT	I					\$30.60	\$30.60	\$ 30.60	\$ 30.60	
Total Amount Billed							\$152.35	Amount Due	\$152.35		

LEGEND

COVERAGE TYPE (CT)	REMARKS (RM)	CHANGE REQUEST (CR)
I = Individual F = Family S = Single-Parent Family P = Primary-Spouse	CV = Pending Conversion PA = Policy is Paid Ahead PC = Policy is Pending Conversion and is Paid Ahead	A = Add Spouse/Child H = Name Change O = Other C = Cancel Coverage I = Delete person from policy R = Retired D = Deceased L = On Leave T = Insured Terminated/Left Employment E = Never Employed Here M = No Deduction Taken W = Transfer to another account F = Family Medical Leave Y = Military Leave