

845

636.9

1-27-25

LIST BILL

Due Number: 20919128
Billing Date: February 5, 2025

Grange Life Insurance Company
P.O. Box 182828
Columbus, Ohio 43218-2828

V# 21725

To: MUHLENBERG CO WATER DISTRICT
PO BOX 348
GREENVILLE, KY 42345

ck# 50333

Please remit total premium due: \$416.76

Agent: Richard Buchanan

Agent Number: 1612820102

KEEP THIS COPY FOR YOUR RECORDS

For customer assistance, call (800) 399-3797

Please return a copy of this bill together with your payment to:
Grange Life Insurance Company
P.O. Box 182828 Columbus, Ohio 43218-2828

Due File Number: 20919128
Amount Due: \$ 416.76
Billing Date: February 5, 2025
Payor Name: MUHLENBERG CO WATER DISTRICT **Bill Group Number:** G3055

GRANGE LIFE INSURANCE COMPANY

List Bill Detail for January 21, 2025

Payor: MUHLENBERG CO WATER DISTRICT - Bill Group: G3055

POLICY	COVERAGE	INSURED NAME	MODE	DUE DATE	PREMIUM DUE
GL00613508	WNSBWL		13P	01/14/25	\$ 47.39
GL00613508	WNSBWL		13P	01/28/25	\$ 47.39
GL00613508	WNSBWL		13P	02/11/25	\$ 47.39
GL00613508	WNSBWL		13P	02/25/25	\$ 47.39
POLICY TOTAL:					\$189.56
GL00613510	WNSBWL		13P	01/14/25	\$ 16.31
GL00613510	WNSBWL		13P	01/28/25	\$ 16.31
GL00613510	WNSBWL		13P	02/11/25	\$ 16.31
GL00613510	WNSBWL		13P	02/25/25	\$ 16.31
POLICY TOTAL:					\$65.24
GL00613511	WNSBWL		13P	01/14/25	\$ 17.86
GL00613511	WNSBWL		13P	01/28/25	\$ 17.86
GL00613511	WNSBWL		13P	02/11/25	\$ 17.86
GL00613511	WNSBWL		13P	02/25/25	\$ 17.86
POLICY TOTAL:					\$71.44
GL00613512	WNSBWL		13P	01/14/25	\$ 22.63
GL00613512	WNSBWL		13P	01/28/25	\$ 22.63
GL00613512	WNSBWL		13P	02/11/25	\$ 22.63
GL00613512	WNSBWL		13P	02/25/25	\$ 22.63
POLICY TOTAL:					\$90.52

MUHLENBERG COUNTY WATER - 0000 - A92659
ATTN: KENDRA NEWMAN
PO BOX 348
GREENVILLE, KY 42345

Invoice Nbr: 000000010579560
Bill Type: 890
Group Nbr: A92659-0000
Bill Group Nbr: 0000
Due Date: 02/01/2025
Region: CENTRAL

Administrative Contact:
E-Mail: AL-E&BSupport@standard.com
Phone Number: 866-551-0315
Fax Number: 614-433-8302
Invoice Date: 01/21/2025
Reference ID: 358960

Billing Statement Summary for FEBRUARY 01, 2025 TO MARCH 01, 2025

Outstanding Balance	\$0.00
Account Credit	\$0.00
Beginning Balance	\$0.00
Current Period Premium	\$839.46
Current Period Adjustments	\$48.44CR
Administrative Fees	\$0.00
Current Billed Balance	\$791.02
TOTAL AMOUNT DUE	\$791.02

PLEASE PAY THIS AMOUNT

Your premium payment grace period expires 31 days after the premium due date unless otherwise agreed to by us. Please remember, we have no liability for claims incurred on or after the due date of your earliest outstanding bill, except as outlined in your policy/certificate.

ELECTRONIC FUNDS TRANSFER (EFT)

CLASS DESCRIPTION**MUHLENBERG COUNTY WATER - 0000 - A92659****Group Number: A92659-0000****Bill Group Nbr: 0000****Due Date: 02/01/2025****Region: CENTRAL**

Class Number	Class Description	Benefit Description	Benefit Amount
01	ALL ELIGIBLE EMPLOYEES	DEP FAM	\$20,000.00
		LIFE	\$100,000.00
		AD&D	\$100,000.00
		STD	60% OF EARNINGS

MUHLENBERG COUNTY WATER - 0000 - A92659

Group Nbr: A92659-0000

Bill Group Number: 0000

Due Date: 02/01/2025

Region: CENTRAL

Beginning Balance

\$0.00

Current Member Detail

<u>Insured Name</u>	<u>Employee #</u>	<u>Class</u>	<u>Plan</u>	<u>Benefit</u>	<u>Premium</u>	<u>Total Premium</u>
	XXXXX2851	01	LIFE	100,000	\$29.00	
			AD&D	100,000	\$4.00	
			STD	590	\$27.14	
			DEP FAM	20,000	\$5.37	\$65.51
	XXXXX4913	01	LIFE	100,000	\$29.00	
			AD&D	100,000	\$4.00	
			STD	390	\$17.94	
			DEP FAM	20,000	\$5.37	\$56.31
	XXXXX5813	01	LIFE	100,000	\$29.00	
			AD&D	100,000	\$4.00	
			STD	580	\$26.68	
			DEP FAM	20,000	\$5.37	\$65.05
	XXXXX6360	01	LIFE	100,000	\$29.00	
			AD&D	100,000	\$4.00	
			STD	430	\$19.78	
			DEP FAM	20,000	\$5.37	\$58.15
	XXXXX7140	01	LIFE	100,000	\$29.00	
			AD&D	100,000	\$4.00	
			STD	460	\$21.16	
			DEP FAM	20,000	\$5.37	\$59.53
	XXXXX5621	01	LIFE	100,000	\$29.00	
			AD&D	100,000	\$4.00	
			STD	430	\$19.78	
			DEP FAM	20,000	\$5.37	\$58.15
	XXXXX4524	01	LIFE	100,000	\$29.00	
			AD&D	100,000	\$4.00	
			STD	430	\$19.78	
			DEP FAM	20,000	\$5.37	\$58.15
	XXXXX4742	01	LIFE	100,000	\$29.00	
			AD&D	100,000	\$4.00	
			STD	500	\$23.00	
			DEP FAM	20,000	\$5.37	\$61.37
	XXXXX4925	01	LIFE	100,000	\$29.00	
			AD&D	100,000	\$4.00	
			STD	590	\$27.14	
			DEP FAM	20,000	\$5.37	\$65.51
	XXXXX4674	01	LIFE	100,000	\$29.00	
			AD&D	100,000	\$4.00	
			STD	440	\$20.24	
			DEP FAM	20,000	\$5.37	\$58.61

Beginning Balance **\$0.00**

Current Member Detail

<u>Insured Name</u>	<u>Employee #</u>	<u>Class</u>	<u>Plan</u>	<u>Benefit</u>	<u>Premium</u>	<u>Total Premium</u>
	XXXXX8156	01	LIFE	100,000	\$29.00	
			AD&D	100,000	\$4.00	
			STD	530	\$24.38	
			DEP FAM	20,000	\$5.37	\$62.75
	XXXXX8308	01	LIFE	100,000	\$29.00	
			AD&D	100,000	\$4.00	
			STD	510	\$23.46	
			DEP FAM	20,000	\$5.37	\$61.83
	XXXXX0454	01	LIFE	100,000	\$29.00	
			AD&D	100,000	\$4.00	
			STD	430	\$19.78	
			DEP FAM	20,000	\$5.37	\$58.15
	XXXXX6787	01	LIFE	50,000	\$14.50	
			AD&D	50,000	\$2.00	
			STD	620	\$28.52	
			DEP FAM	20,000	\$5.37	\$50.39
Summary	LIVES	14	LIFE	1,350,000	\$391.50	
	LIVES	14	AD&D	1,350,000	\$54.00	
	LIVES	14	STD	6,930	\$318.78	
	LIVES	14	DEP FAM	280,000	\$75.18	\$839.46

Current Period Premium Due **\$839.46**

*Indicates change from prior billing statement. (See Adjustment Detail)

MUHLENBERG COUNTY WATER - 0000 - A92659

Group Nbr: A92659-0000

Bill Group Nbr: 0000

Due Date: 02/01/2025

Region: CENTRAL

Beginning Balance	\$0.00
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Adjustment Detail

<u>Insured Name</u>	<u>Cert No</u>	<u>Adjustment Reason</u>	<u>Effective Date of Change</u>	<u>Premium Adjustment</u>
		Termination	2025-01-01	\$48.44CR

Total Adjustments	\$48.44CR
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Total Premium Due	\$791.02
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