

# 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: W230616  
Invoice Date: 06/01/2023

**Member Name and Address:**

**Member ID:** 1246

Western Rockcastle Water Association  
PO Box 627  
Mount Vernon, KY 40456

Item	Amount
Workers Compensation Insurance Premium - Policy WC2023-1246	\$6,168.00
Special Fund Tax	\$428.00
<b>Total Due</b>	<b>\$6,596.00</b>

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

(1) Full payment by 8/1/2023. 1% discount applied = \$6,530.04  
or

(2) 50% payment by 8/1/2023 and 3 subsequent equal monthly pmts. on balance.  
50% = \$3,298.01 Plus 3 monthly payments of \$1,099.33

Please Note: Effective January 1, 2024 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, 2023

**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