

Employee
pays 100%
deducted weekly
from payroll



COPY - Original Invoice

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Invoice Copy
03/10/2025

Account Name: ALLEN COUNTY WATER
Address: 330 NEW GALLATIN RD
DISTRICT
SCOTTSVILLE, KY 421648727

Date Rec'd 3-10-25 AG Code 242.5
 Check # 16714 Mailed 3-12-25
 Office Mgr. _____ District Mgr. _____

Invoice Number: 211928
 Account Number: KUB29
 Premium Due Date: 03/15/2025
 Amount Billed: \$660.88
 Amount Remitting: \$660.88
 Billing Period: February
 Number of Deductions: 4
 Deduction Frequency: 52
 Billing Mode: MONTHLY

Date Prepared: 02/26/2025
 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
P1A931D6	LIFE	I					\$38.40	\$38.40	\$ 38.40	\$ 38.40	
P1A93109	LIFE	I					\$43.56	\$43.56	\$ 43.56	\$ 43.56	
B3312915	STD	I					\$33.12	\$33.12			
B3312916	ACC	P					\$39.96	\$39.96			
B3312917	CANCER	P					\$40.32	\$40.32	\$ 113.40	\$ 113.40	
POU844W5	STD	I					\$73.08	\$73.08			
P1A931D8	LIFE	I					\$32.68	\$32.68	\$ 105.76	\$ 105.76	
P1A93112	LIFE	F					\$73.48	\$73.48	\$ 73.48	\$ 73.48	
P1A931D4	CANCER	P					\$38.12	\$38.12			
P1A93108	LIFE	I					\$34.60	\$34.60	\$ 72.72	\$ 72.72	
P1A931D7	LIFE	I					\$38.76	\$38.76	\$ 38.76	\$ 38.76	
P1A931D5	LIFE	I					\$31.52	\$31.52	\$ 31.52	\$ 31.52	
B3312926	STD	I					\$103.68	\$103.68			
B3312927	ACC	I					\$31.92	\$31.92	\$ 135.60	\$ 135.60	
P1A93110	LIFE	I					\$7.68	\$7.68	\$ 7.68	\$ 7.68	

Total Amount Billed	\$660.88	Amount Due	\$660.88	
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LEGEND		
<u>COVERAGE TYPE (CT)</u>	<u>REMARKS (RM)</u>	<u>CHANGE REQUEST (CR)</u>
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