



Ameritas Life Insurance Corp.

PO BOX 81889 / Lincoln, NE 68501-1889

April 1, 2025

Name: **NORTH MARSHALL WATER DISTRICT**

Policy Number: **010 - 514348 - 00001**

Benefit: **VISION**

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### Statement of Premiums - Coverage from 05/01/2025 through 05/31/2025

Due Date: **May 1, 2025**

**Total Amount Due: \$75.72**

Previous Amount Due:

**\$75.72**

Payments received prior to 04/01/2025

**\$75.72**

**Payment Policy:** Premium payment is due in our office by the Due date. The due date is the first day of coverage as shown above. If payment is not received within the grace period, the coverage will terminate. Please refer to your Policy or Agreement for specific details regarding the grace period for your premium payment and coverage as well as our rights to terminate for non-payment. Please contact us if you have any questions.

### Current Month's Premiums

| Cert # | Name | Class Code | Dep Code | Employee Premiums (3) | Dependent Premiums (3) | Total Due |
|--------|------|------------|----------|-----------------------|------------------------|-----------|
|        |      | 01         | EE/SP/CH | 9.48                  | 18.12                  | 27.60     |
|        |      | 01         | EE/SP    | 9.48                  | 11.04                  | 20.52     |
|        |      | 01         | EE/SP/CH | 9.48                  | 18.12                  | 27.60     |

**Premium Total: \$75.72**

**Total Due: \$75.72**