

Location Premium Detail for Bath County Water District - 008



Location	Prepared	Billing Period
Sherri Greene Bath County Water District - 008 PO Box 380 Owingsville KY 40360	04/15/2024	May 2024 Final Invoice

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active - Female

BENNETT, SHELBY S					
FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 - Age 25-29	EMP	\$0.00	\$0.00	\$0.00	\$719.89
Employee Totals		\$0.00	\$0.00	\$6.00	\$725.89

CAGGS, CONNIE					
FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 - Age 55 and Over	ESP	\$0.00	\$0.00	\$0.00	\$1,749.64
Employee Totals		\$0.00	\$0.00	\$6.00	\$1,755.64
Active - Female Current Total		\$0.00	\$0.00	\$12.00	\$2,481.53

May 2024 Final Invoice

1

04/15/2024

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active - Male

CONN, RANDALL					
FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 - Age 55 and Over	ESP	\$0.00	\$0.00	\$0.00	\$1,749.64
Employee Totals		\$0.00	\$0.00	\$6.00	\$1,755.64

COUCH, CHRISTOPHER					
FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 - Age 25-29	EMP	\$0.00	\$0.00	\$0.00	\$282.53
Employee Totals		\$0.00	\$0.00	\$6.00	\$288.53

COUCH, MARK A					
FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 - Age 50-54	FAM	\$0.00	\$0.00	\$0.00	\$2,308.00
Employee Totals		\$0.00	\$0.00	\$6.00	\$2,314.00

KRENZLE, JUSTIN					
FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 - Age 40-44	ESP	\$0.00	\$0.00	\$0.00	\$1,213.28
Employee Totals		\$0.00	\$0.00	\$6.00	\$1,219.28

LANEY, ROBERT W					
FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 - Age 24 and Under	EMP	\$0.00	\$0.00	\$0.00	\$268.64
Employee Totals		\$0.00	\$0.00	\$6.00	\$274.64

RAZOR, EDUARDO					
FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 - Age 25-29	FAM	\$0.00	\$0.00	\$0.00	\$1,551.73
Employee Totals		\$0.00	\$0.00	\$6.00	\$1,557.73

Active - Male Current Total

\$0.00 \$0.00 \$36.00 \$7,409.82

Location Current Totals

\$0.00 \$0.00 \$48.00 \$9,891.35

ADJUSTMENTS

ADJUSTED TOTALS

Location Adjusted Totals

\$0.00 \$0.00 \$48.00 \$9,891.35

Remit Payment to:		Previous Total Due	\$9,921.35
KACo Benefits Group PO Box 950159 Louisville, KY 40295-0159		Total Payment Received	\$9,921.35
		Unpaid Balance	\$0.00
		Current Total Premium	\$9,891.35
		FEBCO Document Fee	\$30.00
Payment Due Date	05/01/2024	Adjustment Total	\$0.00
		Misc Fees	\$0.00
		Location Adjustment	\$0.00
		Current Total Due	\$9,921.35

May 2024 Final Invoice

Location Premium Detail for Bath County Water District - 008



Location	Prepared	Billing Period
Sherri Greene Bath County Water District - 008 PO Box 380 Owingsville KY 40360	04/14/2025	May 2025 Final Invoice

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active - Female

BENNETT, SHELBY B

FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 RXT5 - Age 25-29	EMP	\$0.00	\$0.00	\$0.00	\$767.85
Employee Totals		\$0.00	\$0.00	\$6.00	\$773.85

BRECH, CHRISTIE B

FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 RXT5 - Age 40-44	EMP	\$0.00	\$0.00	\$0.00	\$771.43
Employee Totals		\$0.00	\$0.00	\$6.00	\$777.43

BURROS, CONNIE

FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 RXT5 - Age 55 and Over	ESP	\$0.00	\$0.00	\$0.00	\$1,867.50
Employee Totals		\$0.00	\$0.00	\$6.00	\$1,873.50

Active - Female Current Total \$0.00 \$0.00 \$18.00 \$3,424.78

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Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active - Male

CORN, RANDALL

FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 RXT5 - Age 55 and Over	ESP	\$0.00	\$0.00	\$0.00	\$1,867.50
Employee Totals		\$0.00	\$0.00	\$6.00	\$1,873.50

INGRAM, LESLIE W

FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 RXT5 - Age 45-49	EMP	\$0.00	\$0.00	\$0.00	\$698.71
Employee Totals		\$0.00	\$0.00	\$6.00	\$704.71

KICKENZIE, JUSTIN T

FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 RXT5 - Age 40-44	EMP	\$0.00	\$0.00	\$0.00	\$536.59
Employee Totals		\$0.00	\$0.00	\$6.00	\$542.59

KINNEY, ROBERT W

FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 RXT5 - Age 24 and Under	EMP	\$0.00	\$0.00	\$0.00	\$285.97
Employee Totals		\$0.00	\$0.00	\$6.00	\$291.97

MAZOR, ELIJAH K

FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 RXT5 - Age 25-29	FAM	\$0.00	\$0.00	\$0.00	\$1,656.15
Employee Totals		\$0.00	\$0.00	\$6.00	\$1,662.15

STWARD, NEIL CAMERON

FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31465M001 HSA E01 RXT5 - Age 40-44	EMP	\$0.00	\$0.00	\$0.00	\$536.59
Employee Totals		\$0.00	\$0.00	\$6.00	\$542.59

Active - Male Current Total \$0.00 \$0.00 \$36.00 \$5,617.51

Location Current Totals \$0.00 \$0.00 \$54.00 \$9,042.29

ADJUSTMENTS

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active - Male

WICKENZIE, JUSTIN

W31465M001 HSA E01 RXT5 - Age 40-44
ADJ-DEBIT April 2025 Final Invoice EMP \$0.00 \$0.00 \$0.00 \$536.59

W31465M001 HSA E01 RXT5 - Age 40-44
ADJ-CREDIT April 2025 Final Invoice ESP \$0.00 \$0.00 \$0.00 -\$1,294.73

Employee Totals \$0.00 \$0.00 \$0.00 -\$758.14

Active - Male Adjustment Total \$0.00 \$0.00 \$0.00 -\$758.14

Location Adjustment Totals \$0.00 \$0.00 \$0.00 -\$758.14

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ADJUSTED TOTALS

Location Adjusted Totals \$0.00 \$0.00 \$54.00 \$8,284.15

Remit Payment to:		Previous Total Due	\$9,830.43
KACo Benefits Group PO Box 950159 Louisville, KY 40295-0159		Total Payment Received	\$9,830.43
		Unpaid Balance	\$0.00
		Current Total Premium	\$9,042.29
		FEBCO Document Fee	\$30.00
		Adjustment Total	-\$758.14
Payment Due Date	05/01/2025	Misc Fees	\$0.00
		Location Adjustment	\$0.00
		Current Total Due	\$8,314.15

Humana

Invoice

For coverage in May 2024

AB 01 000645 97268 H 7 C



BATH CO WATER DISTRICT
P O BOX 369
SALT LICK KY 40371

BATH CO WATER DISTRICT

Billing ID
660540-001

Invoice number - Invoice date
781541738 - April 14, 2024

Billing Contact
1-800-232-2006
GB EAST REGION

Payment due
May 1, 2024

Invoice Summary

Amount due from last invoice	\$107.85
Total payments received	-\$107.85
Amount past due	\$0.00
Premiums this period	\$115.95
Member adjustments	\$0.00
Fees and other adjustments	\$0.00
Please pay total amount due	\$115.95

Encourage your employees to keep their phone number up-to-date. To make sure Humana is able to contact them about valuable plan information, it's important to let us know if they have changed their phone number, even if it's just a temporary change. Please encourage them to contact you with any changes to their contact information.

Do you need to make a quick payment? Are you short on time? Use **Express Pay!** It's a quick and easy way to make a secure one-time payment without having to sign into your account. If you need to check your balance, review your invoice or move to an online only invoice -then sign in or register on the Employer Self-Service website where you can also make a one-time payment or set up recurring payments! All of these great features and more are available at [Humana.com/employer/ebilling](https://www.humana.com/employer/ebilling).

- 4/25/24 -
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Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

1. Write your Billing ID on your check.
2. Fill out all information on the remittance stub.
3. Put your check and remittance stub in the envelope provided.

Payments received after the end of your grace period will cause the account to automatically terminate and result in a disruption of coverage for your employees. If your policy terminates, request for reinstatement may be made. Reinstatements are at our discretion. Reinstatement fees may apply.

Humana's Employer Self-Service Center

You can log in anytime to your Self-Service Center to receive personalized information and tools to help you manage your employees' benefits. To register, go to the "Employers" section on [Humana.com](https://www.humana.com), click "Register Today."

Through Humana.com you can:

- View your monthly statement and make a premium payment;
- Complete daily enrollment maintenance tasks like adding a new employee, changing coverage, and terminating an employee's benefits;
- Enjoy features that simplify plan administration, such as links to eligibility information.

Paper Enrollment Submissions

Please ensure that all paper enrollment submissions are completed thoroughly, including group names and numbers associated with your account. Mail your enrollment forms to the following address:

Humana Inc.
P.O. Box 14209
Lexington, Kentucky 40512-4209

There may be a delay in updates on your invoice due to timing and processing. Please continue to pay the "Total Amount Due" to save time and money on reconciliation efforts. Please ensure all adjustments are accurately reflected on your invoice. If not, please contact your Billing Representative.

Group Summary

Payments

Date	Description	Amount	Balance
	Amount due from last invoice		\$107.85
Apr 2	Payment received (thank you)	-\$107.85	\$0.00
	Amount past due		\$0.00

Premiums by Product Type

Product type	QTY	Employee (EMP)	QTY	Family (FAM)	Total
Specialty	16	\$115.95	0	\$0.00	\$115.95
Total	16	\$115.95	0	\$0.00	\$115.95

Premiums by Plan Type

Plan type	QTY	Employee (EMP)	QTY	Family (FAM)	Total
LBE	8	\$110.55	0	\$0.00	\$110.55
ABE	8	\$5.40	0	\$0.00	\$5.40
Total	16	\$115.95	0	\$0.00	\$115.95

Plan Type Legend

ABE	BASIC EMPLOYEE AD&D
LBE	BASIC EMPLOYEE LIFE

Employee Detail:

BATH CO WATER DISTRICT

660540-001

BATH CO WATER DISTRICT

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
BENNETT, SHELBY	958293057	LBE-\$15,000	EMP			\$3.15	
	958293057	ABE-\$15,000	EMP			\$0.45	
Employee Total							\$3.60
CONN, RANDALL	004365917	LBE-\$15,000	EMP			\$41.85	
	004365917	ABE-\$15,000	EMP			\$0.75	
Employee Total							\$42.60
CROUCH, CHRISTOPHER	107995287	LBE-\$15,000	EMP			\$5.25	
	107995287	ABE-\$15,000	EMP			\$0.75	
Employee Total							\$6.00
CROUCH, MARK	005596846	LBE-\$15,000	EMP			\$20.85	
	005596846	ABE-\$15,000	EMP			\$0.75	
Employee Total							\$21.60
MCKENZIE, JUSTIN	121401400	LBE-\$15,000	EMP			\$7.95	
	121401400	ABE-\$15,000	EMP			\$0.75	
Employee Total							\$8.70
RAINEY, ROBERT	972142299	LBE-\$15,000	EMP			\$4.80	
	972142299	ABE-\$15,000	EMP			\$0.75	
Employee Total							\$5.55
RAZOR, ELIJAH	112147562	LBE-\$15,000	EMP			\$5.10	
	112147562	ABE-\$15,000	EMP			\$0.75	
Employee Total							\$5.85
SCAGGS, CONNIE	006928116	LBE-\$15,000	EMP			\$21.60	
	006928116	ABE-\$15,000	EMP			\$0.45	
Employee Total							\$22.05

☒ Cobra Coverage
 ☐ State Continuation Coverage
 ☒ State Continuation with Subsidy



Questions about your invoice? Call your Billing Representative at 1-800-232-2006.
 Don't forget, you can pay your invoice online at [Humana.com](https://www.humana.com).



Humana

Invoice

For coverage in April 2025

BATH CO WATER DISTRICT

Billing ID

660540-001

Invoice number - Invoice date

781541770 - March 14, 2025

Billing Contact

1-800-232-2006

GB EAST REGION

Payment due

April 1, 2025

MB 01 002155 92040 H 12 A



BATH CO WATER DISTRICT

P O BOX 369

SALT LICK KY 40371

Invoice Summary

Amount due from last invoice	\$93.60
Total payments received	-\$93.60
Amount past due	\$0.00
Premiums this period	\$93.60
Member adjustments	\$0.00
Fees and other adjustments	\$0.00
Please pay total amount due	\$93.60

continued ►

RETURN THIS PORTION WITH YOUR PAYMENT

Humana

Payment Coupon

Billing ID: 660540-001
Invoice number: 781541770

Payment due date: April 1, 2025
Amount due: \$93.60
Amount enclosed:

781541682 001 0000009360 04012025 89736 5

HBSG10LETHBSG174A0315202500030002203
BATH CO WATER DISTRICT
P O BOX 369
SALT LICK, KY 40371

Please remit to:

HUMANA INS CO OF KY
PO BOX 4613
CAROL STREAM, IL 60197-4613

For change of address, please contact your Billing Representative.

Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

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3. Put your check and remittance stub in the envelope provided.

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Group Summary

Payments

Date	Description	Amount	Balance
	Amount due from last invoice		\$93.60
Mar 6	Payment received (thank you)	-\$93.60	\$0.00
	Amount past due		\$0.00

Premiums by Product Type

Product type	QTY	Employee (EMP)	QTY	Family (FAM)	Total
Specialty	14	\$93.60	0	\$0.00	\$93.60
Total	14	\$93.60	0	\$0.00	\$93.60

Premiums by Plan Type

Plan type	QTY	Employee (EMP)	QTY	Family (FAM)	Total
LBE	7	\$89.25	0	\$0.00	\$89.25
ABE	7	\$4.35	0	\$0.00	\$4.35
Total	14	\$93.60	0	\$0.00	\$93.60

Plan Type Legend

ABE BASIC EMPLOYEE AD&D
LBE BASIC EMPLOYEE LIFE

Employee Detail:

BATH CO WATER DISTRICT

660540-001

BATH CO WATER DISTRICT

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
BENNETT, SHELBY	958293057	LBE-\$15,000	EMP			\$3.15	
	958293057	ABE-\$15,000	EMP			\$0.45	
Employee Total							\$3.60
CONN, RANDALL	004365917	LBE-\$15,000	EMP			\$41.85	
	004365917	ABE-\$15,000	EMP			\$0.75	
Employee Total							\$42.60
CREECH, CHRISTY	126461890	LBE-\$15,000	EMP			\$4.80	
	126461890	ABE-\$15,000	EMP			\$0.45	
Employee Total							\$5.25
HICKENZIE, JUSTIN	121401400	LBE-\$15,000	EMP			\$7.95	
	121401400	ABE-\$15,000	EMP			\$0.75	
Employee Total							\$8.70
KATNEY, ROBERT	972142299	LBE-\$15,000	EMP			\$4.80	
	972142299	ABE-\$15,000	EMP			\$0.75	
Employee Total							\$5.55
LAZOR, EMILY	112147562	LBE-\$15,000	EMP			\$5.10	
	112147562	ABE-\$15,000	EMP			\$0.75	
Employee Total							\$5.85
SABIDO, CONNIE	006928116	LBE-\$15,000	EMP			\$21.60	
	006928116	ABE-\$15,000	EMP			\$0.45	
Employee Total							\$22.05

☒ Cobra Coverage
 ☐ State Continuation Coverage
 ☒ State Continuation with Subsidy



Questions about your invoice? Call your Billing Representative at 1-800-232-2006.
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COPY - Original Invoice

Aflac
PO BOX 5626, CHICAGO IL 60680-5600
Aflac.com

Invoice Copy
04/25/2024

Account Name: BATH COUNTY WATER DISTRICT
Address: ATTN ACCOUNTS PAYABLE
PO BOX 369
SALT LICK, KY 403710369

Invoice Number: 830858
Account Number: F3856
Premium Due Date 05/15/2024
Amount Billed: \$345.07
Amount Remitting: \$345.07

Date Prepared: 04/27/2024

Billing Frequency: MONTHLY

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

Policy	Policy Type	CT	Dept.	Employee/Member#	Name	RM	Premium Due	Employee Sub-total	Adjusted Premium	Adjusted Sub-Total	CR
P0T2C7C3	STD	I			[REDACTED]		\$32.76	\$32.76	\$ 32.76	\$ 32.76	
P1B241A5	ACC	S			[REDACTED]		\$44.98	\$44.98	\$ 44.98	\$ 44.98	
P0T515C2	CANCER	P			[REDACTED]		\$28.99	\$28.99			
P0Z8J8S2	ACC	I			[REDACTED]		\$29.38	\$29.38	\$ 58.37	\$ 58.37	
P0M13033	STD	I			[REDACTED]		\$39.00	\$39.00	\$ 39.00	\$ 39.00	
P0K028M2	STD	I			[REDACTED]		\$45.76	\$45.76	\$ 45.76	\$ 45.76	
P1A6Y4G1	STD	I			[REDACTED]		\$32.76	\$32.76			
P1A6Y4G2	ACC	I			[REDACTED]		\$33.80	\$33.80	\$ 66.56	\$ 66.56	
P0Z8J8S5	CANCER	F			[REDACTED]		\$57.64	\$57.64	\$ 57.64	\$ 57.64	
Total Amount Billed							\$345.07	Amount Due	\$345.07		

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



COPY - Original Invoice

Aflac
PO BOX 5626, CHICAGO IL 60680-5600
Aflac.com

Invoice Copy
05/08/2025

Account Name: BATH COUNTY WATER DISTRICT
Address: ATTN ACCOUNTS PAYABLE
PO BOX 369
SALT LICK, KY 403710369

Invoice Number: 865642
Account Number: F3856
Premium Due Date 05/15/2025
Amount Billed: \$260.31
Amount Remitting: \$260.31

Date Prepared: 04/27/2025

Billing Frequency: MONTHLY

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

Policy	Policy Type	CT	Dept.	Employee/Member#	Name	RM	Premium Due	Employee Sub-total	Adjusted Premium	Adjusted Sub-Total	CR
P0T2C7C3	STD	I			[REDACTED]		\$32.76	\$32.76	\$ 32.76	\$ 32.76	
P1B241A5	ACC	S			[REDACTED]		\$44.98	\$44.98	\$ 44.98	\$ 44.98	
P0T515C2	CANCER	P			[REDACTED]		\$28.99	\$28.99			
P0Z8J8S2	ACC	I			[REDACTED]		\$29.38	\$29.38	\$ 58.37	\$ 58.37	
P1A6Y4G1	STD	I			[REDACTED]		\$32.76	\$32.76			
P1A6Y4G2	ACC	I			[REDACTED]		\$33.80	\$33.80	\$ 66.56	\$ 66.56	
P0Z8J8S5	CANCER	F			[REDACTED]		\$57.64	\$57.64	\$ 57.64	\$ 57.64	
Total Amount Billed							\$260.31	Amount Due	\$260.31		

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



ACCOUNT NUMBER: 87725
BATH COUNTY WATER DIST
P O BOX 369
SALT LICK, KY 40371-0000

Due Date: 5/1/2024
Delinquent Date: 5/16/2024

Total Amount Billed:
Total Amount Adjusted:

\$281.52
\$0.00

Total Amount Paid: \$281.52

Paying by Mail? Return with Your Payment & Adjustments. Paying Online? Keep for Your Records.

PAYROLL DEDUCTION NOTICE

ACCOUNT NUMBER: 87725
BATH COUNTY WATER DIST
P O BOX 369
SALT LICK, KY 40371-0000

AGENCY
113

ACCOUNT NUMBER
87725

DUE DATE
5/1/2024

DELINQUENT AFTER
5/16/2024

Globe Life Liberty National Division
Attn: Worksite Billing Department
P.O. Box 248889-73124
Oklahoma City, OK 73124-8889

TOTAL AMOUNT DUE \$281.52

RETURN THIS STUB WITH PAYMENT AND ADJUSTMENTS

0001 000000877250 0501247 000201527

Account Number: 87725 BATH COUNTY WATER DIST
Due Date: 5/1/2024

Policy	Type - Description	Emp ID	Employee Name	Insured Name	Due Date	Premium Deducted	Total Premium	Adjusted Amount	Total After Adjustment	Total By Employee
A043254908	Cancer - Cancer Endurance Plan	*****	[REDACTED]	[REDACTED]	5/1/2024	\$3.62	\$7.82	\$7.82	\$7.82	
A043254909	Intensive Care - Hospital Intensive Care-Individual 2 Units	*****	[REDACTED]	[REDACTED]	5/1/2024	\$1.40	\$3.00	\$3.00	\$3.00	
A043258157	Accident - Accident Protector Max	*****	[REDACTED]	[REDACTED]	5/1/2024	\$11.08	\$24.00	\$24.00	\$24.00	\$34.82
A039090755	Life - Group Term Life 100	*****	[REDACTED]	[REDACTED]	5/1/2024	\$15.48	\$33.52	\$33.52	\$33.52	\$33.52
A042478792	Life - Group Term Paid Up at 65	*****	[REDACTED]	[REDACTED]	5/1/2024	\$16.28	\$35.25	\$35.25	\$35.25	
A039090626	Cancer - Cancer Endurance Plan	*****	[REDACTED]	[REDACTED]	5/1/2024	\$15.10	\$32.69	\$32.69	\$32.69	
A039090753	Life - Group Term Paid Up at 65	*****	[REDACTED]	[REDACTED]	5/1/2024	\$18.48	\$40.01	\$40.01	\$40.01	\$107.95
A043548685	Life - Group Term Paid Up at 65	*****	[REDACTED]	[REDACTED]	5/1/2024	\$6.36	\$13.77	\$13.77	\$13.77	

Account Number: 87725 BATH COUNTY WATER DIST
Due Date: 5/1/2024

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Policy	Type - Description	Emp ID	Employee Name	Insured Name	Due Date	Premium Deducted	Total Premium	Adjusted Amount	Total After Adjustment	Total By Employee
A043258159	Accident - Accident Protector Max	*****			5/1/2024	\$11.08	\$24.00		\$24.00	\$13.77
A042498648	Life - Group Term Paid Up at 65	*****			5/1/2024	\$12.18	\$26.37		\$26.37	\$24.00
A041412174	Life - Group Term Paid Up at 65	*****			5/1/2024	\$18.98	\$41.09		\$41.09	\$67.46



ACCOUNT NUMBER: 87725
BATH COUNTY WATER DIST
P O BOX 369
SALT LICK, KY 40371-0000

Due Date: 5/1/2025
Delinquent Date: 5/16/2025

Total Amount Billed:
Total Amount Adjusted:

\$236.32
\$0.00

Total Amount Paid: \$236.32

Paying by Mail? Return with Your Payment & Adjustments. Paying Online? Keep for Your Records.

PAYROLL DEDUCTION NOTICE

ACCOUNT NUMBER: 87725
BATH COUNTY WATER DIST
P O BOX 369
SALT LICK, KY 40371-0000

AGENCY 113
ACCOUNT NUMBER 87725

DUE DATE 5/1/2025
DELINQUENT AFTER 5/16/2025

Globe Life Liberty National Division
Attn: Worksite Billing Department
P.O. Box 248889-73124
Oklahoma City, OK 73124-8889

TOTAL AMOUNT DUE \$236.32

RETURN THIS STUB WITH PAYMENT AND ADJUSTMENTS

0801 00000877258 0501254 000236323

Account Number: 87725 BATH COUNTY WATER DIST
Due Date: 5/1/2025

Policy	Type - Description	Emp ID	Employee Name	Insured Name	Due Date	Premium Deducted	Total Premium	Adjusted Amount	Total After Adjustment	Total By Employee
A043254908	Cancer - Cancer Endurance Plan	****			5/1/2025	\$3.62	\$7.82	\$7.82	\$7.82	
A043258157	Accident - Accident Protector Max	****			5/1/2025	\$11.08	\$24.00	\$24.00	\$24.00	
A039090755	Life - Group Term Life 100	****			5/1/2025	\$15.48	\$33.52	\$33.52	\$33.52	\$31.82
A044172012	Cancer - Cancer Endurance Plan	****			5/1/2025	\$10.56	\$22.85	\$22.85	\$22.85	\$33.52
A044181657	Cancer - Cash Cancer Individual	****			5/1/2025	\$4.28	\$9.25	\$9.25	\$9.25	
A043548685	Life - Group Term Paid Up at 65	****			5/1/2025	\$6.36	\$13.77	\$13.77	\$13.77	\$32.10
A044173837	Life - Group Term Paid Up at 65	****			5/1/2025	\$9.72	\$21.04	\$21.04	\$21.04	
A044181656	Cancer - Cash Cancer Individual	****			5/1/2025	\$2.32	\$5.00	\$5.00	\$5.00	

Account Number: 87725 BATH COUNTY WATER DIST
Due Date: 5/1/2025

Policy	Type - Description	Emp ID	Employee Name	Insured Name	Due Date	Premium Deducted	Total Premium	Adjusted Amount	Total After Adjustment	Total By Employee
A043258159	Accident - Accident Protector Max	****			5/1/2025	\$11.08	\$24.00		\$24.00	\$39.81
A044172742	Critical Illness - Critical Illness excluding cancer	****			5/1/2025	\$3.52	\$7.61		\$7.61	\$24.00
A042498648	Life - Group Term Paid Up at 65	****			5/1/2025	\$12.18	\$26.37		\$26.37	
A041412174	Life - Group Term Paid Up at 65	****			5/1/2025	\$18.98	\$41.09		\$41.09	\$75.07

Kentucky Public Pensions Authority

5/27/2025 1:4

Employer Details by Report Month Report

Employer Code: L006 Report Month: 6/01/2024

<u>Contrib Group</u>	<u>Mbr ID</u>	<u>Member Name</u>	<u>Posting Month</u>	<u>Pmt Reason</u>	<u>Salary</u>	<u>Pre EECON</u>	<u>Post EECON</u>	<u>ERCON</u>	<u>HICON</u>
CNHZCB	699021	CORREY, SHEILA D	06/2024	REGL	\$2,720.00	\$136.00	\$0.00	\$634.85	\$27.20
CNHZCB	1496763	CREECH, JOSHUA	06/2024	REGL	\$3,200.00	\$160.00	\$0.00	\$746.88	\$32.00
CNHZCB	1451916	CUNNEY, ROBERT	06/2024	REGL	\$2,421.50	\$121.08	\$0.00	\$565.18	\$24.21
CNHZCB	1265217	RAZOR, ELEANOR	06/2024	REGL	\$3,105.50	\$155.28	\$0.00	\$724.82	\$31.05
L006	Record Count: 4	Member Count: 4	Totals:		\$11,447.00	\$572.36	\$0.00	\$2,671.73	\$114.46
CNHZHI	702263	MCKENZIE, JESSIE	06/2024	REGL	\$3,026.00	\$151.30	\$0.00	\$706.27	\$30.26
L006	Record Count: 1	Member Count: 1	Totals:		\$3,026.00	\$151.30	\$0.00	\$706.27	\$30.26
CNHZNH	643946	CONN, TANDAL L	06/2024	REGL	\$3,777.45	\$188.87	\$0.00	\$881.66	\$0.00
CNHZNH	700379	CROUCH, MARY	06/2024	REGL	\$4,220.12	\$211.01	\$0.00	\$984.98	\$0.00
CNHZNH	712190	STAGGS, CONNIE	06/2024	REGL	\$2,916.80	\$145.84	\$0.00	\$680.78	\$0.00
L006	Record Count: 3	Member Count: 3	Totals:		\$10,914.37	\$545.72	\$0.00	\$2,547.42	\$0.00
CNHZNP	647755	CRANE, SHERRA	06/2024	REGL	\$3,500.00	\$0.00	\$0.00	\$0.00	\$0.00
L006	Record Count: 1	Member Count: 1	Totals:		\$3,500.00	\$0.00	\$0.00	\$0.00	\$0.00
CERS	Record Count: 9	Member Count: 9	Totals:		\$28,887.37	\$1,269.38	\$0.00	\$5,925.42	\$144.72
	Record Count: 9	Member Count: 9	Totals:		\$28,887.37	\$1,269.38	\$0.00	\$5,925.42	\$144.72

Employer Details by Report Month Report

Employer Code: L006 Report Month: 4/04/2025

<u>Contrib Group</u>	<u>Mbr ID</u>	<u>Member Name</u>	<u>Posting Month</u>	<u>Pmt Reason</u>	<u>Salary</u>	<u>Pre EECON</u>	<u>Post EECON</u>	<u>ERCON</u>	<u>HICON</u>
CNHZCB	699021	BANNER, SHELLEY	04/2025	REGL	\$2,800.00	\$140.00	\$0.00	\$551.88	\$28.00
CNHZCB	1496763	CREECH, CHRISTY	04/2025	REGL	\$3,680.00	\$184.00	\$0.00	\$725.33	\$36.80
CNHZCB	1516609	HIGGINS, LESLIE	04/2025	REGL	\$2,877.25	\$143.87	\$0.00	\$567.11	\$28.77
CNHZCB	1451916	FAIRBANKS, ROBERT	04/2025	REGL	\$3,061.25	\$153.06	\$0.00	\$603.37	\$30.62
CNHZCB	1265217	HAZARD, ELLIOTT	04/2025	REGL	\$3,536.00	\$176.80	\$0.00	\$696.95	\$35.36
CNHZCB	1516808	SMITH, ZACHARY	04/2025	REGL	\$2,808.25	\$140.41	\$0.00	\$553.51	\$28.08
L006	Record Count: 6	Member Count: 6	Totals:		\$18,762.75	\$938.14	\$0.00	\$3,698.15	\$187.63
CNHZHI	702263	MCKENZIE, JESSICA	04/2025	REGL	\$3,370.00	\$168.50	\$0.00	\$664.23	\$33.70
L006	Record Count: 1	Member Count: 1	Totals:		\$3,370.00	\$168.50	\$0.00	\$664.23	\$33.70
CNHZNH	643946	COWAN, RANDALL	04/2025	REGL	\$3,859.20	\$192.96	\$0.00	\$760.65	\$0.00
CNHZNH	712190	COOPER, CONNIE	04/2025	REGL	\$2,996.80	\$149.84	\$0.00	\$590.67	\$0.00
L006	Record Count: 2	Member Count: 2	Totals:		\$6,856.00	\$342.80	\$0.00	\$1,351.32	\$0.00
CERS	Record Count: 9	Member Count: 9	Totals:		\$28,988.75	\$1,449.44	\$0.00	\$5,713.70	\$221.33
	Record Count: 9	Member Count: 9	Totals:		\$28,988.75	\$1,449.44	\$0.00	\$5,713.70	\$221.33