



Aflac  
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If paying by paper check, please reconcile online and send your check with the printed payment coupon to the address listed above.

Invoice Copy  
7/15/2025

Invoice Number: 512030  
Account Number: GCJ76  
Premium Due Date: 7/15/2025  
Amount Billed: \$1,244.28  
Amount Remitting: \$1,244.28  
Billing Period: June  
Number of Deductions: 4  
Deduction Frequency: 52  
Billing Mode: MONTHLY

Account Name: CUMBERLAND COUNTY WATER  
Address: Attn Matthew Dyer  
133 Lower River St  
BURKESVILLE, KY 42717-9622

Date Prepared: 6/26/2025  
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. If paying by paper check, please reconcile online and send your check with the printed payment coupon to the address listed above.

Policy	Policy Type	CT	Dept.	Employee/Member #	Name	RM	Premium Due	Employee Sub-Total	Adjusted Premium	Adjusted Sub-Total	CR
P1C880T2	STD	I			BALLARD, MICHAEL		\$112.32	\$112.32	\$112.32	\$112.32	
P1D2A104	ACC	P			BEAN, TOBIE		\$43.44	\$43.44	\$43.44	\$43.44	
P0H4M4T7	ACC	F			BOWLIN, BRENDA		\$62.04		\$62.04		
P0Z0H098	STD	I			BOWLIN, BRENDA		\$35.88	\$97.92	\$35.88	\$97.92	
P0C9B093	CANCER	S			CLEMENS, JULIE		\$22.80		\$22.80		
P0K823B7	SPEVNT	I			CLEMENS, JULIE		\$29.40		\$29.40		
P0P032X0	ACC	I			CLEMENS, JULIE		\$24.48	\$76.68	\$24.48	\$76.68	
P0C9B087	ACC	F			DYER, MATTHEW		\$64.80	\$64.80	\$64.80	\$64.80	
P0C9B086	ACC	P			ENGLAND, REX		\$46.32		\$46.32		
P0C9B089	CANCER	F			ENGLAND, REX		\$41.16		\$41.16		
P0F37524	STD	I			ENGLAND, REX		\$30.24		\$30.24		
P0G6P0Z5	DENTAL	I			ENGLAND, REX		\$35.40		\$35.40		
P0L6P4J3	LIFE	I			ENGLAND, REX		\$25.40		\$25.40		
P1D2A112	SPEVNT	P			ENGLAND, REX		\$51.00	\$229.52	\$51.00	\$229.52	
P0U4A9F3	STD	I			MELECOSKY, ANTHONY		\$27.60		\$27.60		
P0U4A9F4	ACC	I			MELECOSKY, ANTHONY		\$35.52		\$35.52		
P0U4A9F5	DENTAL	P			MELECOSKY, ANTHONY		\$69.36		\$69.36		
P0W4Y3Z9	CANCER	I			MELECOSKY, ANTHONY		\$43.72	\$176.20	\$43.72	\$176.20	
P0C9B091	CANCER	F			MYERS, BILLY		\$41.16		\$41.16		
P0F37523	ACC	F			MYERS, BILLY		\$46.44		\$46.44		
P0F37525	STD	I			MYERS, BILLY		\$32.76		\$32.76		
P0K823B6	SPEVNT	P			MYERS, BILLY		\$37.92		\$37.92		
P0P032X2	HOSP	P			MYERS, BILLY		\$54.60	\$212.88	\$54.60	\$212.88	
P1A484T0	ACC	I			SHOOPMAN, JESSIE		\$32.64		\$32.64		

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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 person to policy C = Cancel Coverage D = Deceased E = Unknown Insured-Remove F = Family Medical Leave H = Name Change I = Delete person from policy L = Non-Family Medical Leave M = Missed Deduction O = Other R = Retired T = No longer employed here W = Transfer to another account Y = Military Leave

COPY - Submitted Invoice.  
Contains  
reconciliation/changes made  
by account.

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Policy	Policy Type	CT	Dept.	Employee/ Member #	Name	RM	Premium Due	Employee Sub-Total	Adjusted Premium	Adjusted Sub-Total	CR
P1A484T1	STD	I			SHOOPMAN, JESSIE		\$33.12		\$33.12		
P1D2A105	DENTAL	I			SHOOPMAN, JESSIE		\$35.40		\$35.40		
P1D2A106	SPEVNT	I			SHOOPMAN, JESSIE		\$21.60	\$122.76	\$21.60	\$122.76	
P1A484S7	ACC	I			WAID, DAVID		\$32.64		\$32.64		
P1A484W5	STD	I			WAID, DAVID		\$33.12		\$33.12		
P1D2A130	SPEVNT	F			WAID, DAVID		\$42.00	\$107.76	\$42.00	\$107.76	
Total Amount Billed:							\$1,244.28	<b>Amt Due</b>	<b>\$1,244.28</b>		

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