

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: W250539
Invoice Date: 05/28/2025

Member Name and Address:

Garrard County Water Association
PO Box 670
315 Lexington Road
Lancaster, KY 40444

Member ID: 0762

Item	Amount
Workers' Compensation Insurance Premium - Policy WC2025-0762	\$10,186.00
Special Fund Tax	\$563.00
Total Due	\$10,749.00

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

(1) Full payment by 8/1/2025. 1% discount applied = \$10,641.51
or

(2) 50% payment by 8/1/2025 and 3 subsequent equal monthly pmts. on balance.
50% = \$5,374.50 Plus 3 monthly payments of \$1,791.50

Please Note: Effective January 1, 2026 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, 2025

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