



Group Name
**LAKE VILLAGE WATER
ASSOCIATION**
Bill Entity
SK1033M001
Invoice Number
001731482G

*****SCH 5-DIGIT 40330 45
9563 1 AV 0.545
LAKE VILLAGE WATER ASSOCIATION
RITA MONSON
PO BOX 303
BURGIN KY 40310-0303

Bill Period 11/01/2024 to 12/01/2024

Total Amount to Be Deducted **\$3,720.18**

by **November 1, 2024**

Please refer to the Bill Summary section for a breakdown of your premium on the back of this page

016052020101

**DO NOT MAIL A PAYMENT. PAYMENTS MUST BE ELECTRONICALLY DEDUCTED AS
REQUIRED IN YOUR PARTICIPATION AGREEMENT.**

THIS STATEMENT IS FOR YOUR RECORDS ONLY AND REFLECTS PREMIUM
EQUIVALENTS DEDUCTED VIA YOUR ELECTRONIC FUND TRANSFER (EFT).

PRODUCT SUMMARY DETAILS

Understanding the Contract Type Values

- S = Subscriber Only
- 2P = Subscriber and Spouse
- FAM = Family
- DEP = One Dependent
- DEPS = Two or more Dependents
- S+DEP = Subscriber + One Dependent (No Spouse)
- S+DEPS = Subscriber + Two or more Dependents (No Spouse)

Plan: SK1033M001 – KY BLUE ACCESS PPO – ACT

Contract Type	Contract Count	Current Premium	Retroactive Premium	Total	Billing Rate
S	4	\$2,565.64	\$0.00	\$2,565.64	\$641.41
2P	0	\$0.00	\$0.00	\$0.00	\$1,346.96
S+DEP	1	\$1,154.54	\$0.00	\$1,154.54	\$1,154.54
FAM	0	\$0.00	\$0.00	\$0.00	\$1,860.09
S+DEPS	0	\$0.00	\$0.00	\$0.00	\$1,154.54
Total	5	\$3,720.18	\$0.00	\$3,720.18	
Total All Plans		\$3,720.18	\$0.00	\$3,720.18	

IMPORTANT NOTICE: If this bill reflects an outstanding balance for the prior month's bill, Anthem's issuance of this invoice does not waive Anthem's contractual right as Claims Administrator in your Participation Agreement with your Benefit Plan Trust to automatically terminate your group's Participation Agreement and therefore, your medical benefits through your Benefit Plan Trust for failure to timely pay your premium equivalent rate.

IMPORTANT NOTICE REGARDING PAYMENT OF PREMIUM EQUIVALENT RATE: Please be advised that if Anthem does not receive your medical premium equivalent rate payment by the due date, the group health coverage for medical policies will be terminated effective on the last day through which the full medical premium equivalent was paid. This notice serves as the 15 day notice of termination required by law.

Membership changes can be submitted by logging onto the Employer Access portal on www.anthem.com. Submit membership changes per instructions provided. We will adjust your premium, when applicable, on a future bill.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



Group Name
**LAKE VILLAGE WATER
ASSOCIATION**
Bill Entity
SK1033D001
Invoice Number
001731481G

*****SCH 5-DIGIT 40330
9562 J AV D.545 45
LAKE VILLAGE WATER ASSOCIATION
RITA MONSON
PO BOX 303
BURGIN KY 40310-0303

Bill Period 11/01/2024 to 12/01/2024

Total Amount to Be Deducted **\$314.31**
by November 1, 2024

Please refer to the Bill Summary section for a breakdown of your premium on the back of this page

016051020101

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VIA YOUR ELECTRONIC FUND TRANSFER (EFT).**

2024-10-11 01:6051 Env [9,562] 1 of 2 B 4



Group Name
**LAKE VILLAGE WATER
ASSOCIATION**
Bill Entity
SK1033M001
Invoice Number
700165185M

*****SCH 5-DIGIT 40330
9564 1 AV B.545 45
LAKE VILLAGE WATER ASSOCIATION
RITA MONSON
PO BOX 303
BURGIN KY 40310-0303

Bill Period 11/01/2024 to 12/01/2024

Total Amount to Be Deducted **\$25.00**
by November 1, 2024

038869020101

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DEDUCTED VIA YOUR ELECTRONIC FUND TRANSFER (EFT).**

20241011 038869 Env [0.564] 1 of 2 B 4



Premium Statement

pd \$336.18
CK# 33059
12-17-24



Lake Village Water
Association Inc
PO Box 303
801 Pleasant Hill Dr
Burgin KY 40310-0303

Go Paperless



Register Online

More efficiently manage your account by registering in Aflac Business Services today. Through this tool you can save time, eliminate postage costs, obtain faster access to your invoice (print, view or adjust), manage participants and reduce your effort monthly with establishing recurring auto draft. Register today for Aflac Business services, at Aflac.com/Register/Employers.

Account At A Glance

Account Number:	M4599
Billing Frequency:	Monthly
Invoice Number:	390597
Date Prepared:	12/12/24
Current Amount Billed:	\$336.18
Payment Due Date:	01/01/25

Questions about your invoice? Contact:

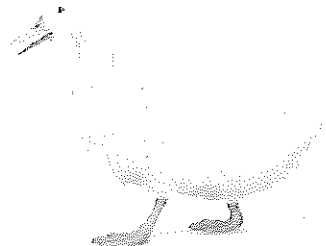


Customer Service

Online, Chat and Phone customer service options are available on the Contact Us page of Aflac.com
1932 Wynnton Rd Columbus Ga
31999-0797



Ensure your employees maintain their coverage. Payments are due no later than 30 days after the invoice due date.





Transamerica Life Insurance Company

HOME OFFICE: Cedar Rapids, Iowa



YOUR PAYMENT MUST BE RECEIVED BY THE DUE DATE, OR BY THE END OF YOUR GRACE PERIOD, OR YOUR COVERAGE WILL LAPSE EXCEPT AS TO THE RIGHT TO ANY CASH SURRENDER VALUE OR NONFORFEITURE BENEFIT.

2 policies

IMPORTANT - PREMIUM NOTICE

pd # 1415.00
ck # 32611
7-9-24

IF WE CAN BE OF SERVICE, PLEASE CONTACT US AT: 1-800-852-4678

INDICATED BELOW IS THE PREMIUM DUE FOR POLICIES LISTED. A LATE ACCEPTANCE OF ANY PREMIUM SHALL NOT EXTEND THE GRACE PERIOD OF THE POLICY. THIS NOTICE SHALL NOT SUPERSEDE ANY GRACE PERIOD NOTICE. PLEASE REFER TO YOUR POLICY FOR OTHER CONDITIONS.

BILLING FREQUENCY: ANNUALLY

NAME	POLICY NO.	CO	DUE DATE	LIFE PREMIUM	LOAN	OTHER	DIV CR	TOTALS
	6600534137	07	JUL 27 2024	962.00				962.00
							PAYMENT DUE	962.00

THIS NOTICE DOES NOT REFLECT PAYMENTS RECEIVED AFTER JUN 27 2024
PAYMENT BY CHECK OR DRAFT WILL BE CREDITED AS OF THE DATE RECEIVED,
SUBJECT TO BEING HONORED BY THE ISSUING BANK ON FIRST PRESENTATION.

DETACH AND RETURN THE LOWER PORTION WITH PAYMENT, DO NOT STAPLE
DETACH HERE

DATE _____ CHECK NO. _____
DETACH HERE



Transamerica Life Insurance Company

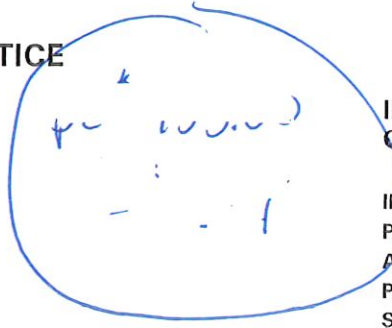


HOME OFFICE: Cedar Rapids, Iowa

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IMPORTANT - PREMIUM NOTICE

0330-9719



IF WE CAN BE OF SERVICE, PLEASE CONTACT US AT: 1-800-852-4678

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BILLING FREQUENCY: ANNUALLY

NAME	POLICY NO.	CO	DUE DATE	LIFE PREMIUM	LOAN	OTHER	DIV CR	TOTALS
	6600534148	07	JUL 27 2024	453.00				453.00
							PAYMENT DUE	453.00

THIS NOTICE DOES NOT REFLECT PAYMENTS RECEIVED AFTER JUN 27 2024
PAYMENT BY CHECK OR DRAFT WILL BE CREDITED AS OF THE DATE RECEIVED,
SUBJECT TO BEING HONORED BY THE ISSUING BANK ON FIRST PRESENTATION.

DETACH AND RETURN THE LOWER PORTION WITH PAYMENT, DO NOT STAPLE
DETACH HERE

DATE _____ CHECK NO. _____
DETACH HERE



Metropolitan Life Insurance Company

TS05926736 0001



TO: LAKE VILLAGE WATER ASSOCIATION
 INC
 ATTN: MIKE SANFORD
 PO BOX 303
 BURGIN KY 40310

*pd \$ 119.37
 ck# 32999
 11-30-24*

BILL DUE DATE: 12 01 2024

PRINT DATE: 11 14 2024

AMOUNT PAID:

For customer service please contact us at: 1-800-ASK-4MET (275-4638) (Prompt 2)

PLEASE NOTE THE FOLLOWING:

- PLEASE COMPLETE A CHANGE FORM FOR ALL CHANGES WHICH CAN BE LOCATED AT <http://www.whymetlife.com/adminmanual/>
- ASK YOUR ACCOUNT SPECIALIST ABOUT ELECTRONIC FUNDS TRANSFER (EFT)
- FOR ADDITIONAL INFORMATION, SEE REVERSE SIDE OF THE LAST PAGE

NAME OF INSURED / I.D. NUMBER	INSURED BIRTH MO. - YR.	CLASS # ADJ. DATE	BT CODE	BENEFIT TITLE	FAM. IND.	ADJ. CODE	PREMIUM	VOLUME	TOTAL PREMIUM
XXXXXX		0001	AI LI	AD&D LIFE	C C		1.70 16.25	50,000 50,000	17.95
XXXXXX		0001	AI LI	AD&D LIFE	C C		1.70 16.25	50,000 50,000	17.95
XXXXXX		0001	AI LI	AD&D LIFE	C C		1.70 16.25	50,000 50,000	17.95
XXXXXX		0001	AI LI	AD&D LIFE	C C		1.11 10.56	32,500 32,500	11.67
XXXX		0001	AI LI	AD&D LIFE	C C		1.70 16.25	50,000 50,000	17.95
XXXXX		0001	AI LI	AD&D LIFE	C C		1.70 16.25	50,000 50,000	17.95
XXXX		0001	AI LI	AD&D LIFE	C C		1.70 16.25	50,000 50,000	17.95

TOTAL FOR THIS BILLING PERIOD 119.37