



Metropolitan Life Insurance Company

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TS05926736 0001



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

pd # 122.70
ck# 34191
2-28-26

BILL DUE DATE: 03 01 2026

PRINT DATE: 02 15 2026

AMOUNT PAID: _____

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

PLEASE NOTE THE FOLLOWING:

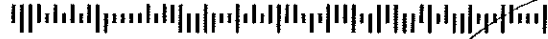
- PLEASE COMPLETE A CHANGE FORM FOR ALL CHANGES WHICH CAN BE LOCATED AT <http://www.whymetlife.com/adminmanual/>
- ASK YOUR ACCOUNT SPECIALIST ABOUT ELECTRONIC FUNDS TRANSFER (EFT)
- FOR ADDITIONAL INFORMATION, SEE REVERSE SIDE OF THE LAST PAGE

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
XXXXX		0001	AI LI	AD&D LIFE	C	C	1.70 16.75	50,000 50,000	18.45
XXXXX		0001	AI LI	AD&D LIFE	C	C	1.70 16.75	50,000 50,000	18.45
XXXXX		0001	AI LI	AD&D LIFE	C	C	1.70 16.75	50,000 50,000	18.45
XXXXX		0001	AI LI	AD&D LIFE	C	C	1.11 10.89	32,500 32,500	12.00
XXXXX		0001	AI LI	AD&D LIFE	C	C	1.70 16.75	50,000 50,000	18.45
XXXXX		0001	AI LI	AD&D LIFE	C	C	1.70 16.75	50,000 50,000	18.45
XXXXX		0001	AI LI	AD&D LIFE	C	C	1.70 16.75	50,000 50,000	18.45
TOTAL FOR THIS BILLING PERIOD									122.70



Premium Statement

Go Paperless



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

pd \$528.68
ck# 34257
3-25-26



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:	265937
Date Prepared:	03/12/26
Current Amount Billed:	\$528.68
Billing Period:	March
Payment Due Date:	04/01/26

Questions about your invoice? Contact:

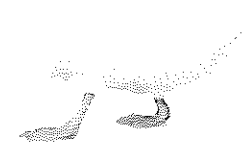


Customer Service

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.



ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 4445
ATLANTA, GA 30302

04/12/2026

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Group Name
**LAKE VILLAGE WATER
ASSOCIATION**
Bill Entity
SK1033M002
Invoice Number
002043775H

*****ALL FOR AADC 403 53
16604 1 AB 0.641
LAKE VILLAGE WATER ASSOCIATION
RITA MONSON
PO BOX 303
BURGIN KY 40310-0303

Bill Period 05/01/2026 to 06/01/2026

Total Amount to Be Deducted **\$3,784.73**
by May 1, 2026

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

021990020101

**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).

20260411 021990 Enw [16,604] 1 of 2 B 4

Group Name: LAKE VILLAGE WATER ASSOCIATION / Bill Entity: SK1033M002 / Group Contact: RITA MONSON
 Invoice Number: 002043775H / Bill Period: 05/01/2026 to 06/01/2026 / Due Date: 05/01/2026
 Premium Specialist: MEWA BP BILL CC / For Questions Call: (844) 348-6155

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: SK1033M002 – KY BLUE ACCESS PPO/HSA – ACT

Contract Type	Contract Count	Current Premium	Retroactive Premium	Total	Billing Rate
S	4	\$2,610.16	\$0.00	\$2,610.16	\$652.54
2P	0	\$0.00	\$0.00	\$0.00	\$1,370.33
S+DEP	1	\$1,174.57	\$0.00	\$1,174.57	\$1,174.57
FAM	0	\$0.00	\$0.00	\$0.00	\$1,892.37
S+DEPS	0	\$0.00	\$0.00	\$0.00	\$1,174.57
Total	5	\$3,784.73	\$0.00	\$3,784.73	
Total All Plans		\$3,784.73	\$0.00	\$3,784.73	

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.

20260411 02:19:00 Env [16,604] 2 of 2 B 4

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 4445
ATLANTA, GA 30302

04/12/2026

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Group Name
**LAKE VILLAGE WATER
ASSOCIATION**
Bill Entity
SK1033M002
Invoice Number
800219654M

*****ALL FOR AADC 403 53
16602 1 AB 0.641
LAKE VILLAGE WATER ASSOCIATION
RITA MONSON
PO BOX 303
BURGIN KY 40310-0303

002349020101

Bill Period 05/01/2026 to 06/01/2026

Total Amount to Be Deducted **\$25.00**

by May 1, 2026

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

20260411 002349 Emv [16,602] 1 of 2 B 4

Group Name: LAKE VILLAGE WATER ASSOCIATION / Bill Entity: SK1033M002 / Group Contact: RITA MONSON
Invoice Number: 800219654M / Bill Period: 05/01/2026 to 06/01/2026 / Due Date: 05/01/2026
Premium Specialist: MEWA BP BILL CC / For Questions Call: (844) 348-6155

MEWA PRODUCT DUES

MEWA Product Dues:	No. Covered	Rate	Total
Current Subscriber Enrollment	5	\$5.00	\$25.00

Note: The Product Dues are not included in the premium equivalent rate and are not billed on behalf of the Trust. As a convenience, Product Dues are billed on behalf of the Establishing Organization and are billed in accordance with your Participating Business Acknowledgement Agreement with the Establishing Organization.

IMPORTANT NOTICE REGARDING PAYMENT OF PRODUCT DUES: Please be advised that if Anthem does not receive your group's product dues payment by the due date, the group health coverage will be terminated effective on the last day through which the full product dues were paid. This notice serves as the 15 day notice of termination required by law.

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20260411 002349 [16.602] 2 of 2 B 4

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 4445
ATLANTA, GA 30302

04/12/2026

Page 1 of 4



Group Name
**LAKE VILLAGE WATER
ASSOCIATION**
Bill Entity
SK1033D001
Invoice Number
001959704G

*****ALL FOR AADC 403
16603 1 AB 0.641 53
LAKE VILLAGE WATER ASSOCIATION
RITA MONSON
PO BOX 303
BURGIN KY 40310-0303

Bill Period 05/01/2026 to 06/01/2026

Total Amount to Be Deducted **\$325.05**
by **May 1, 2026**

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

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REQUIRED IN YOUR PARTICIPATION AGREEMENT.**

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VIA YOUR ELECTRONIC FUND TRANSFER (EFT).**

017226020101

20260411 017226 Env [16.603] 1 of 2 B 4

Group Name: LAKE VILLAGE WATER ASSOCIATION / Bill Entity: SK1033D001 / Group Contact: RITA MONSON
 Invoice Number: 001959704G / Bill Period: 05/01/2026 to 06/01/2026 / Due Date: 05/01/2026
 Premium Specialist: MEWA BP BILL CC / For Questions Call: (844) 348-6155

PRODUCT SUMMARY DETAILS

Understanding the Contract Type Values

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- 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: SK1033D001 – ESSENTIAL CHOICE COMPLETE – ACT

Contract Type	Contract Count	Current Premium	Retroactive Premium	Total	Billing Rate
S	1	\$23.31	\$0.00	\$23.31	\$23.31
2P	3	\$142.62	\$0.00	\$142.62	\$47.54
S+DEP	0	\$0.00	\$0.00	\$0.00	\$54.87
FAM	1	\$83.40	\$0.00	\$83.40	\$83.40
S+DEPS	0	\$0.00	\$0.00	\$0.00	\$54.87
Total	5	\$249.33	\$0.00	\$249.33	

Plan: SK1033V001 – BLUE VIEW – ACT

Contract Type	Contract Count	Current Premium	Retroactive Premium	Total	Billing Rate
S	1	\$7.65	\$0.00	\$7.65	\$7.65
2P	3	\$45.90	\$0.00	\$45.90	\$15.30
S+DEP	0	\$0.00	\$0.00	\$0.00	\$14.11
FAM	1	\$22.17	\$0.00	\$22.17	\$22.17
S+DEPS	0	\$0.00	\$0.00	\$0.00	\$14.11
Total	5	\$75.72	\$0.00	\$75.72	

Total All Plans	\$325.05	\$0.00	\$325.05
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