

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

ELECTRONIC APPLICATION OF SOUTH	)	
HOPKINS WATER DISTRICT FOR A RATE	)	CASE NO.
ADJUSTMENT PURSUANT TO 807 KAR 5:076	)	2026-00193
	)	

SUPPLEMENTAL RESPONSE TO STAFF'S FIRST REQUEST
ITEMS 11 AND 12

By and through the undersigned counsel, South Hopkins Water District ("South Hopkins") gives notice of the filing of its Supplemental Response to Staff's First Request for Information ("Staff's First Request"). South Hopkins' response to Item 11f of Staff's First Request was inadvertently omitted from the filed response to Item 11, and Attachments 1-12a and 1-12c were also inadvertently omitted from the response to Item 12.

The previously omitted documents are attached and South Hopkins apologizes for the omission.

Dated: October 22, 2026

Respectfully submitted

/s/ Tina C. Frederick
Tina C. Frederick
Stoll Keenon Ogden PLLC
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Lexington, Kentucky 40507
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Counsel for South Hopkins Water District

CERTIFICATE OF SERVICE

In accordance with the Commission's Order of July 22, 2021 in Case No. 2020-00085 (Electronic Emergency Docket Related to the Novel Coronavirus COVID-19), this is to certify that the electronic filing has been transmitted to the Commission on October 22, 2026; and that there are currently no parties in this proceeding that the Commission has excused from participation by electronic means.

/s/ Tina C. Frederick
Tina Frederick

SOUTH HOPKINS WATER DISTRICT

Case No. 2026-00193

Response to Commission Staff's First Request for Information

Question No. 1-11

Responding Witness: Mike Easley and David Foster

- Q 1-11. Using a table format, provide an Excel spreadsheet with all formulas, rows, and columns fully accessible and unprotected that lists each position (Position 1, Position 2, etc.) job titles, hours worked, pay rates, and bonus payments, total wages paid, and total FICA cost for each employee for the year ended December 31, 2025, and year-to-date 2026. Overtime hours worked and paid at rates greater than the straight time pay rate should be separated from on call hours paid. Include the date the employee was hired and, if applicable, the employee's termination date. If a position is recently vacated but the intent is to fill it, note the vacancy and the amount of time that it has been vacant. The table should include a column for total wages by employee (regular wages and overtime) and a row for total wages for all employees. Employee names should be redacted from all documents.**
- a. Provide calculations by employee that support pro forma wages of \$360,865. This may be provided as a separate table or combined with the table above. If a position is recently vacated but the intent is to fill it, note the vacancy and the amount of time that it has been vacant.**
 - b. State the planned number of employees separated between full time and part time that make up the pro forma wage amount of \$392,805.**
 - c. State whether yearly hours for full time employees is 1950 hours (37.5 weekly) or 2080 hours (40 weekly).**
 - d. For any part-time employees, state how many weekly hours the part-time is expected to work.**

e. Provide a summary of overtime hours worked and cost that were due to vacant positions and thus will be eliminated when the vacant positions are filled.

f. For any bonuses, provide written personnel policies including a description of the measurement determinants.

A 1-11a. See Files: SHWD_DR1_11_Employee_info_2025

SHWD_DR1_11_Employee_info_2026

A 1-11b. South Hopkins planned number of employees are 8, full-time employees.

A 1-11c. 2080 hours (40 weekly).

A 1-11d. South Hopkins does not have part-time employees.

A 1-11e. See Response to 11a.

A 1-11f. There is no written personnel policy concerning bonuses.

Attachment 1-12a

Representative 2025 Invoices for Employee Benefits



Delta Dental of Kentucky, Inc.

PO Box 950199

Louisville, KY 40295-0199

Bill To:

SOUTH HOPKINS WATER DISTRICT

DDKY

10100 Linn Station Rd

Louisville, KY 40223

Invoice Date

11/20/2025

Coverage Period

12/01/2025 - 12/31/2025

Invoice number

20251120000584-027

Due Date

Due upon receipt

Plan

Group

SOUTH HOPKINS WATER DISTRICT

Plan

Period

Coverage Type

Dental

12/01/2025

Subscriber and 1 Child

Dental

12/01/2025

Subscriber and Spouse

Dental

12/01/2025

Subscriber Only

Premium Group Number

M00043-0057

Count

Total

1

\$47.19

1

\$47.19

6

\$147.12

8

\$241.50

Current Premiums

\$241.50

Prior Period Adjustments

\$.00

Manual Invoice Adjustments

\$.00

Current Period Billing

\$241.50

* If total amount due is negative, then no payment required at this time.

* Confirmed EFT groups will have payment auto deducted.



SOUTH HOPKINS WATER DISTRICT
EMPLOYEE BENEFITS DEPARTMENT
PO BOX 487
DAWSON SPRINGS KY 42408-0487

Coverage Period**December 2025**

Statement Date: 11/18/2025

Client ID: 30015803

Statement Number: 824047298

Payment Activity

Previous Statement Balance: \$	101.68
Payments Received: \$	(101.68)
Remaining Balance: \$	0.00

Current Statement Activity

Remaining Balance: \$	0.00
Current Charges: \$	114.08
Adjustments: \$	0.00
Amount Due: \$	114.08
Payment Due Date:	Due Upon Receipt

Paying your bill has never been easier. Access our online tools at www.vsp.com by clicking the Employers tab, then going to "Manage Your Plan". You'll have tools at your fingertips that will make paying bills and managing eligibility a snap.

Questions? Please call 800.216.6248 if you have questions regarding your statement.

Please detach and return this portion with your payment.

Client Name: South Hopkins Water District
Coverage Period: December 2025
Statement Date: 11/18/2025

Client ID: 30015803
Statement Number: 824047298
Customer Ref: 3429194

VSP INSURANCE CO. (CT)
PO BOX 742788
LOS ANGELES CA 90074-2788

Indicate Amount Paid

☐ Statement Amount: \$114.08
Payment Due Date: **Due Upon Receipt**

☐ Other Amount: _____

**Payment Activity****Payments Received**

Date	Description	Amount
11/01/2025	Customer ACH Pymt	\$ (101.68)
Total Payments Received:		\$ (101.68)

Current Statement Activity**Current Charges****Coverage Period December 2025****Division 0001 SOUTH HOPKINS WATER DISTRICT**

Coverage	Members Billed	Rate	Amount Due
Member Only	6 @ \$	12.40 \$	74.40
Member + One	2 @ \$	19.84 \$	39.68
Member + Children	0 @ \$	20.25 \$	0.00
Member + Family	0 @ \$	32.65 \$	0.00
Total Membership:	8	\$	114.08

99.20
14.88

Location Premium Detail for South Hopkins Water

	Location	Prepared	Billing Period		
	Kayla Goodaker South Hopkins Water 129 South Main Street Dawson Springs, KY 42408	03/17/2025	April 2025 Final Invoice		
Remit Payment to:	Payment Due Date		Current Total Premiums Due		
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	04/01/2025		\$7,560.12		
CURRENT					
Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium

Active

L04316M001 PPO 01T1	EMP	\$0.00	\$0.00	\$0.00	\$937.14
Standard 50K Group Life and ADD	55 - 59	\$50,000.00	\$0.00	\$26.20	\$26.20
Employee Totals		\$50,000.00	\$0.00	\$26.20	\$963.34
L04316M001 PPO 01T1	EMP	\$0.00	\$0.00	\$0.00	\$937.14
Standard 50K Group Life and ADD	20 - 24	\$50,000.00	\$0.00	\$5.00	\$5.00
Employee Totals		\$50,000.00	\$0.00	\$5.00	\$942.14
L04316M001 PPO 01T1	EMP	\$0.00	\$0.00	\$0.00	\$937.14
Standard 50K Group Life and ADD	35 - 39	\$50,000.00	\$0.00	\$5.60	\$5.60
Employee Totals		\$50,000.00	\$0.00	\$5.60	\$942.74
L04316M001 PPO 01T1	EMP	\$0.00	\$0.00	\$0.00	\$937.14
Standard 50K Group Life and ADD	35 - 39	\$50,000.00	\$0.00	\$5.60	\$5.60
Employee Totals		\$50,000.00	\$0.00	\$5.60	\$942.74
L04316M001 PPO 01T1	EMP	\$0.00	\$0.00	\$0.00	\$937.14
Standard 50K Group Life and ADD	35 - 39	\$50,000.00	\$0.00	\$5.60	\$5.60
Employee Totals		\$50,000.00	\$0.00	\$5.60	\$942.74
L04316M001 PPO 01T1	EMP	\$0.00	\$0.00	\$0.00	\$937.14
Standard 50K Group Life and ADD	20 - 24	\$50,000.00	\$0.00	\$5.00	\$5.00
Employee Totals		\$50,000.00	\$0.00	\$5.00	\$942.14
L04316M001 PPO 01T1	EMP	\$0.00	\$0.00	\$0.00	\$937.14
Standard 50K Group Life and ADD	25 - 29	\$50,000.00	\$0.00	\$5.00	\$5.00
Employee Totals		\$50,000.00	\$0.00	\$5.00	\$942.14
L04316M001 PPO 01T1	EMP	\$0.00	\$0.00	\$0.00	\$937.14
Standard 50K Group Life and ADD	25 - 29	\$50,000.00	\$0.00	\$5.00	\$5.00
Employee Totals		\$50,000.00	\$0.00	\$5.00	\$942.14
April 2025 Final Invoice		1	03/18/2025		

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Employee Totals		\$50,000.00	\$0.00	\$5.00	\$942.14
Active Current Total		\$400,000.00	\$0.00	\$63.00	\$7,560.12

Location Current Totals	\$400,000.00	\$0.00	\$63.00	\$7,560.12
ADJUSTMENTS				
ADJUSTED TOTALS				
Location Adjusted Totals	\$400,000.00	\$0.00	\$63.00	\$7,560.12
Previous Total Due	\$9,444.40			
Total Payment Received	\$9,444.40			
Unpaid Balance	\$0.00			
Current Total Premium	\$7,560.12			
Billing Fees	\$0.00			
Adjustment Total	\$0.00			
Misc Fees	\$0.00			
Location Adjustment	\$0.00			
Current Total Due	\$7,560.12			

Member Contributions

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
	1354299	01/2025	CNHZCB	Regular pay	\$4,492.00	\$224.60	\$44.92	\$885.37
	104183	01/2025	CNHZDC	Regular pay	\$7,267.38	\$363.37	\$0.00	\$1,432.40
	1405278	01/2025	CNHZCB	Regular pay	\$2,130.00	\$106.50	\$21.30	\$419.82
	711233	01/2025	CNHZHI	Regular pay	\$5,226.93	\$261.35	\$52.27	\$1,030.23
	1308915	01/2025	CNHZCB	Regular pay	\$4,159.25	\$207.96	\$41.59	\$819.79
	1517918	01/2025	CNHZCB	Regular pay	\$3,213.75	\$160.69	\$32.14	\$633.43
	1393202	01/2025	CNHZCB	Regular pay	\$2,900.00	\$145.00	\$29.00	\$571.59

	1367386	01/2025	CNHZCB	Regular pay	\$3,400.00	\$170.00	\$34.00	\$670.14
	1448082	01/2025	CNHZCB	Regular pay	\$3,916.75	\$195.84	\$39.17	\$771.99

Member Contributions

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
	104183	02/2025	CNHZDC	Regular pay	\$6,448.83	\$322.44	\$0.00	\$1,271.06
	1405278	02/2025	CNHZCB	Regular pay	\$2,771.25	\$138.56	\$27.71	\$546.21
	711233	02/2025	CNHZHI	Regular pay	\$4,800.00	\$240.00	\$48.00	\$946.08
	1308915	02/2025	CNHZCB	Regular pay	\$3,481.75	\$174.09	\$34.82	\$686.25
	1517918	02/2025	CNHZCB	Regular pay	\$2,445.00	\$122.25	\$24.45	\$481.91
	1393202	02/2025	CNHZCB	Regular pay	\$2,320.00	\$116.00	\$23.20	\$457.27
	1367386	02/2025	CNHZCB	Regular pay	\$2,720.00	\$136.00	\$27.20	\$536.11

	1448082	02/2025	CNHZCB	Regular pay	\$3,253.75	\$162.69	\$32.54	\$641.31
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Member Contributions

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
	104183	03/2025	CNHZDC	Regular pay	\$6,196.42	\$309.82	\$0.00	\$1,221.31
	1405278	03/2025	CNHZCB	Regular pay	\$2,658.75	\$132.94	\$26.59	\$524.04
	711233	03/2025	CNHZHI	Regular pay	\$4,800.00	\$240.00	\$48.00	\$946.08
	1308915	03/2025	CNHZCB	Regular pay	\$3,339.25	\$166.96	\$33.39	\$658.17
	1517918	03/2025	CNHZCB	Regular pay	\$2,400.00	\$120.00	\$24.00	\$473.04
	1393202	03/2025	CNHZCB	Regular pay	\$2,320.00	\$116.00	\$23.20	\$457.27
	1367386	03/2025	CNHZCB	Regular pay	\$2,720.00	\$136.00	\$27.20	\$536.11

	1448082	03/2025	CNHZCB	Regular pay	\$3,268.00	\$163.40	\$32.68	\$644.12
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Member Contributions

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
	104183	04/2025	CNHZDC	Regular pay	\$5,802.40	\$290.12	\$0.00	\$1,143.65
	1405278	04/2025	CNHZCB	Regular pay	\$2,763.75	\$138.19	\$27.64	\$544.74
	711233	04/2025	CNHZHI	Regular pay	\$4,800.00	\$240.00	\$48.00	\$946.08
	1308915	04/2025	CNHZCB	Regular pay	\$3,553.00	\$177.65	\$35.53	\$700.30
	1517918	04/2025	CNHZCB	Regular pay	\$3,365.00	\$168.25	\$33.65	\$663.24
	1393202	04/2025	CNHZCB	Regular pay	\$2,320.00	\$116.00	\$23.20	\$457.27
	1367386	04/2025	CNHZCB	Regular pay	\$2,720.00	\$136.00	\$27.20	\$536.11

	1448082	04/2025	CNHZCB	Regular pay	\$3,282.25	\$164.11	\$32.82	\$646.93
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Member Contributions

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
	104183	05/2025	CNHZDC	Regular pay	\$7,432.10	\$371.61	\$0.00	\$1,464.87
	1405278	05/2025	CNHZCB	Regular pay	\$3,045.00	\$152.25	\$30.45	\$600.17
	711233	05/2025	CNHZHI	Regular pay	\$6,000.00	\$300.00	\$60.00	\$1,182.60
	1536369	05/2025	CNHZCB	Regular pay	\$1,800.00	\$90.00	\$18.00	\$354.78
	1308915	05/2025	CNHZCB	Regular pay	\$4,004.25	\$200.21	\$40.04	\$789.24
	1393202	05/2025	CNHZCB	Regular pay	\$3,440.00	\$172.00	\$34.40	\$678.02
	1367386	05/2025	CNHZCB	Regular pay	\$3,400.00	\$170.00	\$34.00	\$670.14

	1448082	05/2025	CNHZCB	Regular pay	\$3,985.25	\$199.26	\$39.85	\$785.49
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Member Contributions

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
	104183	06/2025	CNHZDC	Regular pay	\$5,766.58	\$288.33	\$0.00	\$1,136.59
	1405278	06/2025	CNHZCB	Regular pay	\$2,512.50	\$125.63	\$25.13	\$495.21
	711233	06/2025	CNHZHI	Regular pay	\$4,800.00	\$240.00	\$48.00	\$946.08
	1536369	06/2025	CNHZCB	Regular pay	\$2,422.50	\$121.13	\$24.23	\$477.47
	1308915	06/2025	CNHZCB	Regular pay	\$3,068.50	\$153.43	\$30.69	\$604.80
	1393202	06/2025	CNHZCB	Regular pay	\$3,000.00	\$150.00	\$30.00	\$591.30
	1367386	06/2025	CNHZCB	Regular pay	\$2,820.00	\$141.00	\$28.20	\$555.82

	1448082	06/2025	CNHZCB	Regular pay	\$3,068.50	\$153.43	\$30.69	\$604.80
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Member Contributions

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
	104183	07/2025	CNHZDC	Regular pay	\$6,124.78	\$306.24	\$0.00	\$1,140.43
	1405278	07/2025	CNHZCB	Regular pay	\$2,616.50	\$130.83	\$26.17	\$487.19
	711233	07/2025	CNHZHI	Regular pay	\$4,800.00	\$240.00	\$48.00	\$893.76
	1536369	07/2025	CNHZCB	Regular pay	\$2,478.75	\$123.94	\$24.79	\$461.54
	1308915	07/2025	CNHZCB	Regular pay	\$3,082.75	\$154.14	\$30.83	\$574.01
	1393202	07/2025	CNHZCB	Regular pay	\$2,560.00	\$128.00	\$25.60	\$476.67
	1367386	07/2025	CNHZCB	Regular pay	\$2,800.00	\$140.00	\$28.00	\$521.36

	1448082	07/2025	CNHZCB	Regular pay	\$3,405.75	\$170.29	\$34.06	\$634.15
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Member Contributions

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
	104183	08/2025	CNHZDC	Regular pay	\$7,754.48	\$387.72	\$0.00	\$1,443.88
	1405278	08/2025	CNHZCB	Regular pay	\$3,728.00	\$186.40	\$37.28	\$694.15
	711233	08/2025	CNHZHI	Regular pay	\$6,000.00	\$300.00	\$60.00	\$1,117.20
	1536369	08/2025	CNHZCB	Regular pay	\$3,168.75	\$158.44	\$31.69	\$590.02
	1308915	08/2025	CNHZCB	Regular pay	\$4,127.75	\$206.39	\$41.28	\$768.59
	1393202	08/2025	CNHZCB	Regular pay	\$3,200.00	\$160.00	\$32.00	\$595.84
	1367386	08/2025	CNHZCB	Regular pay	\$3,500.00	\$175.00	\$35.00	\$651.70

	1448082	08/2025	CNHZCB	Regular pay	\$3,971.00	\$198.55	\$39.71	\$739.40
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Member Contributions

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
	104183	09/2025	CNHZDC	Regular pay	\$6,590.44	\$329.52	\$0.00	\$1,227.14
	1405278	09/2025	CNHZCB	Regular pay	\$3,532.75	\$176.64	\$35.33	\$657.80
	711233	09/2025	CNHZHI	Regular pay	\$4,800.00	\$240.00	\$48.00	\$893.76
	1536369	09/2025	CNHZCB	Regular pay	\$2,040.00	\$102.00	\$20.40	\$379.85
	1308915	09/2025	CNHZCB	Regular pay	\$3,890.25	\$194.51	\$38.90	\$724.36
	1393202	09/2025	CNHZCB	Regular pay	\$2,560.00	\$128.00	\$25.60	\$476.67
	1367386	09/2025	CNHZCB	Regular pay	\$2,980.00	\$149.00	\$29.80	\$554.88

	1448082	09/2025	CNHZCB	Regular pay	\$3,781.00	\$189.05	\$37.81	\$704.02
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Member Contributions

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
	104183	10/2025	CNHZDC	Regular pay	\$8,255.80	\$412.79	\$0.00	\$1,537.23
	1405278	10/2025	CNHZCB	Regular pay	\$4,935.25	\$246.76	\$49.35	\$918.94
	711233	10/2025	CNHZHI	Regular pay	\$6,000.00	\$300.00	\$60.00	\$1,117.20
	1308915	10/2025	CNHZCB	Regular pay	\$4,469.75	\$223.49	\$44.70	\$832.27
	1393202	10/2025	CNHZCB	Regular pay	\$3,200.00	\$160.00	\$32.00	\$595.84
	1367386	10/2025	CNHZCB	Regular pay	\$3,800.00	\$190.00	\$38.00	\$707.56
	1448082	10/2025	CNHZCB	Regular pay	\$4,541.00	\$227.05	\$45.41	\$845.53

Member Contributions

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
	104183	11/2025	CNHZDC	Regular pay	\$6,048.07	\$302.40	\$0.00	\$1,126.15
	1405278	11/2025	CNHZCB	Regular pay	\$3,462.75	\$173.14	\$34.63	\$644.76
	711233	11/2025	CNHZHI	Regular pay	\$4,800.00	\$240.00	\$48.00	\$893.76
	1308915	11/2025	CNHZCB	Regular pay	\$3,182.50	\$159.13	\$31.83	\$592.58
	1393202	11/2025	CNHZCB	Regular pay	\$2,560.00	\$128.00	\$25.60	\$476.67
	1367386	11/2025	CNHZCB	Regular pay	\$3,040.00	\$152.00	\$30.40	\$566.05
	1448082	11/2025	CNHZCB	Regular pay	\$3,377.25	\$168.86	\$33.77	\$628.84

Member Contributions

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
	104183	12/2025	CNHZDC	Regular pay	\$6,295.11	\$314.76	\$0.00	\$1,172.15
	1405278	12/2025	CNHZCB	Regular pay	\$3,331.30	\$166.57	\$33.31	\$620.29
	711233	12/2025	CNHZHI	Regular pay	\$4,970.15	\$248.51	\$49.70	\$925.44
	1308915	12/2025	CNHZCB	Regular pay	\$3,225.75	\$161.29	\$32.26	\$600.63
	1393202	12/2025	CNHZCB	Regular pay	\$2,706.90	\$135.35	\$27.07	\$504.02
	1367386	12/2025	CNHZCB	Regular pay	\$3,186.86	\$159.34	\$31.87	\$593.39
	1448082	12/2025	CNHZCB	Regular pay	\$3,225.75	\$161.29	\$32.26	\$600.63

Attachment 1-12c

Recent 2026 Invoices for Employee Benefits



Delta Dental of Kentucky, Inc.

PO Box 950199

Louisville, KY 40295-0199

Bill To:

SOUTH HOPKINS WATER DISTRICT

Kayla Goodaker

P.O. Box 487

Dawson Springs, KY 42408

Invoice Date

09/22/2026

Coverage Period

10/01/2026 - 10/31/2026

Invoice number

20260922000635-026

Due Date

Due upon receipt

Plan

Group SOUTH HOPKINS WATER DISTRICT

Plan	Period	Coverage Type
Dental	10/01/2026	Subscriber and 1 Child
Dental	10/01/2026	Subscriber and Spouse
Dental	10/01/2026	Subscriber Only

Premium Group Number

M00043-0057

Count

Total

1

\$47.19

1

\$47.19

5

\$122.60

7

\$216.98

Revenue Adjustments

Current Premiums

\$216.98

Prior Period Adjustments

\$.00

Manual Invoice Adjustments

\$.00

Current Period Billing

\$216.98

Balance last statement

\$216.98

Payments Received

(\$216.98)

Misc Credits

\$.00

Revenue Adjustments

\$.00

Prior Period Balance

\$.00

Total Amount Due *

\$216.98

* If total amount due is negative, then no payment required at this time.

* Confirmed EFT groups will have payment auto deducted.



SOUTH HOPKINS WATER DISTRICT
EMPLOYEE BENEFITS DEPARTMENT
PO BOX 487
DAWSON SPRINGS KY 42408-0487

Coverage Period	September 2026
Statement Date:	08/18/2026
Client ID:	30015803
Statement Number:	825785705

Payment Activity

Previous Statement Balance:	\$	107.38
Payments Received:	\$	(107.38)
Remaining Balance:	\$	0.00

Current Statement Activity

Remaining Balance:	\$	0.00
Current Charges:	\$	107.38
Adjustments:	\$	0.00
Amount Due:	\$	107.38
Payment Due Date:	Due Upon Receipt	

PAID
8/24/26

Paying your bill has never been easier. Access our online tools at www.vsp.com by clicking the Employers tab, then going to "Manage Your Plan". You'll have tools at your fingertips that will make paying bills and managing eligibility a snap.

Questions? Please call 800.216.6248 if you have questions regarding your statement.



Payment Activity

Payments Received

Date	Description	Amount
08/01/2026	Customer ACH Pymt	\$ (107.38)
Total Payments Received:		\$ (107.38)

Current Statement Activity

Current Charges

Coverage Period September 2026

Division 0001 SOUTH HOPKINS WATER DISTRICT

Coverage	Members Billed			Rate	Amount Due
Member Only	6	@	\$	11.67 \$	70.02
Member + One	2	@	\$	18.68 \$	37.36
Member + Children	0	@	\$	19.07 \$	0.00
Member + Family	0	@	\$	30.74 \$	0.00
Total Membership:	8			\$	107.38

SOUTH HOPKINS WATER DISTRICT

46621

VSP

Date	Type	Reference	Original Amt.	Balance Due	8/6/2026 Discount	Payment
8/18/2026	Bill	825785705	107.38	107.38		107.38
					Check Amount	107.38

General Fund

PRODUCT SSLT104 USE WITH 91663 ENVELOPE

Deluxe Corporation 1-800-328-0304 or www.deluxe.com/shop

107.38

Location Premium Detail for South Hopkins Water

	Location		Prepared	Billing Period		
	Kayla Goodaker South Hopkins Water 129 South Main Street Dawson Springs, KY 42408		06/15/2026	July 2026 Trial Invoice		
Remit Payment to:	Payment Due Date			Current Total Premiums Due		
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	07/01/2026			\$7,078.49		
CURRENT						
Employee/Plan		Tier	Coverage	Employee Premium	Company Premium	Total Premium

Active

L04316M002 PPO 01E2	EMP	\$0.00	\$0.00	\$1,002.72	\$1,002.72
Standard 50K Group Life and ADD	55 - 59	\$50,000.00	\$0.00	\$26.20	\$26.20
Employee Totals		\$50,000.00	\$0.00	\$1,028.92	\$1,028.92
L04316M002 PPO 01E2	EMP	\$0.00	\$0.00	\$1,002.72	\$1,002.72
Standard 50K Group Life and ADD	< 20	\$50,000.00	\$0.00	\$5.00	\$5.00
Employee Totals		\$50,000.00	\$0.00	\$1,007.72	\$1,007.72
L04316M002 PPO 01E2	EMP	\$0.00	\$0.00	\$1,002.72	\$1,002.72
Standard 50K Group Life and ADD	35 - 39	\$50,000.00	\$0.00	\$5.60	\$5.60
Employee Totals		\$50,000.00	\$0.00	\$1,008.32	\$1,008.32
L04316M002 PPO 01E2	EMP	\$0.00	\$0.00	\$1,002.72	\$1,002.72
Standard 50K Group Life and ADD	40 - 44	\$50,000.00	\$0.00	\$7.65	\$7.65
Employee Totals		\$50,000.00	\$0.00	\$1,010.37	\$1,010.37
L04316M002 PPO 01E2	EMP	\$0.00	\$0.00	\$1,002.72	\$1,002.72
Standard 50K Group Life and ADD	20 - 24	\$50,000.00	\$0.00	\$5.00	\$5.00
Employee Totals		\$50,000.00	\$0.00	\$1,007.72	\$1,007.72
L04316M002 PPO 01E2	EMP	\$0.00	\$0.00	\$1,002.72	\$1,002.72
Standard 50K Group Life and ADD	25 - 29	\$50,000.00	\$0.00	\$5.00	\$5.00
Employee Totals		\$50,000.00	\$0.00	\$1,007.72	\$1,007.72
L04316M002 PPO 01E2	EMP	\$0.00	\$0.00	\$1,002.72	\$1,002.72
Standard 50K Group Life and ADD	25 - 29	\$50,000.00	\$0.00	\$5.00	\$5.00
Employee Totals		\$50,000.00	\$0.00	\$1,007.72	\$1,007.72
Active Current Total		\$350,000.00	\$0.00	\$7,078.49	\$7,078.49
Location Current Totals		\$350,000.00	\$0.00	\$7,078.49	\$7,078.49
July 2026 Trial Invoice		1	06/15/2026		

ADJUSTMENTS					
ADJUSTED TOTALS					
Location Adjusted Totals		\$350,000.00	\$0.00	\$7,078.49	\$7,078.49
Previous Total Due				\$7,078.49	

Total Payment Received	\$7,078.49
Unpaid Balance	\$0.00
Current Total Premium	\$7,078.49
Billing Fees	\$0.00
Adjustment Total	\$0.00
Misc Fees	\$0.00
Location Adjustment	\$0.00
Current Total Due	\$7,078.49

July 2026 Trial Invoice

2026 Pension Contribution Example

Member Contributions

Name	Member ID	Posting Month	Contribution Group	Payment Reason	Salary	EECON	HICON	ERCON
	104183	06/2026	CNHZDC	Regular pay	\$6,230.76	\$311.54	\$0.00	\$1,160.17
	1561120	06/2026	CNHZCB	Regular pay	\$2,490.00	\$124.50	\$24.90	\$463.64
	711233	06/2026	CNHZHI	Regular pay	\$4,800.00	\$240.00	\$48.00	\$893.76
	1572472	06/2026	CNHZCB	Regular pay	\$1,080.00	\$54.00	\$10.80	\$201.10
	1308915	06/2026	CNHZCB	Regular pay	\$3,335.00	\$166.75	\$33.35	\$620.98
	1393202	06/2026	CNHZCB	Regular pay	\$2,640.00	\$132.00	\$26.40	\$491.57
	1367386	06/2026	CNHZCB	Regular pay	\$3,040.00	\$152.00	\$30.40	\$566.05

	1448082	06/2026	CNHZCB	Regular pay	\$3,200.00	\$160.00	\$32.00	\$595.84
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