DELTA DENTAL

Delta Dental of Kentucky, Inc.
PO Box 950199
Louisville, KY 40295-0199

Bill To:
EAST CLARK COUNTY WATER DISTRICT
Anita Castle
P.O. Box 112
Winchester, KY 40392

Invoice Date	09/22/2026
Coverage Period	10/01/2026 - 10/31/2026
Invoice number	**20260922000635-035**
Due Date	Due upon receipt

Plan Group	EAST CLARK COUNTY WATER DISTRICT		Premium Group Number	M00043-0076
Plan	Period	Coverage Type	Count	Total
Dental	10/01/2026	Subscriber and Spouse	3	$141.57
Dental	10/01/2026	Subscriber Only	4	$98.08
Dental	10/01/2026	Subscriber, Spouse, Children	1	$73.84
			8	$313.49

APPROVED BY: WB - TBM HF
ACCT. LIST # 6080
FUND O+M
CK. NO. Auto Pay
REVIEWED BY: C. Smith

	Revenue Adjustments
Current Premiums	$313.49
Prior Period Adjustments	$.00
Manual Invoice Adjustments	$.00
Current Period Billing	$313.49
Balance last statement	$313.49
Payments Received	($313.49)
Misc Credits	$.00
Revenue Adjustments	$.00
Prior Period Balance	$.00
Total Amount Due *	$313.49

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

* Confirmed EFT groups will have payment auto deducted.

Current Billing Detail

Group	EAST CLARK COUNTY WATER DISTRICT	**Group Number**	M00043-0076
Plan	M00043-PDM3		

Name	**Subscriber**	**Period**	**Premium Type**	**Amount**
	941789187	10/01/2026	Subscriber and Spouse	$47.19
	937854068	10/01/2026	Subscriber and Spouse	$47.19
	937854080	10/01/2026	Subscriber Only	$24.52
	941789177	10/01/2026	Subscriber Only	$24.52
	941794607	10/01/2026	Subscriber and Spouse	$47.19
	937854286	10/01/2026	Subscriber, Spouse, Children	$73.84
	945161429	10/01/2026	Subscriber Only	$24.52
	941794528	10/01/2026	Subscriber Only	$24.52
				$313.49
			Total	**$313.49**

Prior Period Adjustment Detail

Total	

Invoice Manual Adjustment Detail

Adjustment Type	Amount
Total	