Kentucky Local Government Health Trust (KLGHT)
Administered by Kentucky League of Cities
PO Box 34021 - Lexington, KY 40588
Phone: (859) 977-3700 Fax: ( ) - E-Mail:

Billing # 1508
Page: 1
09/15/2026

205
Account # 833

Employer's Monthly Billing Report for: October, 2026

Prior Month Amount Billed 2,898.03

Prior Period Coverage Adjustments:

Subscriber Name	Soc.Sec.No.	Elections	Period	Medical	Dental	Vision								Subscriber Total
	XXX-XX-		08/2026	-407.40										-407.40
	XXX-XX-		08/2026		-23.79									-23.79
	XXX-XX-		08/2026			-10.85								-10.85

Total Prior Period Coverage Adjustments . . . . . -442.04

Payments:

Date	Payment Description	Amount
09/15/2026	Payment Applied - Thank You Online BillPay Auto Distribution; CustomerRef:Pending; TransRef: Pending	-2,898.03

Prior Month Credit Amount . . . . . -442.04

000000833

EAST LOGAN WATER DISTRICT INC
333 SOUTH FRANKLIN
RUSSELLVILLE, KY 42276

Kentucky Local Government Health Trust (KLGHT)

Administered by Kentucky League of Cities
PO Box 34021 - Lexington, KY 40588
Phone: (859) 977-3700 Fax: ( ) - E-Mail:

Billing # 1508
Page: 2
09/15/2026

205
Account # 833

Employer's Monthly Billing Report for: October, 2026

Billing Detail: ***To add a new employee, you must submit an enrollment form. Incomplete information will delay eligibility. Please check your applications!***

Subscriber Name	Soc.Sec.No.	Elections *	Period	Medical	Dental	Vision								Subscriber Total	Employment Status *
	XXX-XX-	M4		733.32										733.32	
	XXX-XX-	M1;D1;V1		407.40	23.79	10.85								442.04	
	XXX-XX-	M1;D1;V1		407.40	23.79	10.85								442.04	
	XXX-XX-	M1;D1		407.40	23.79									431.19	
	XXX-XX-	M1		407.40										407.40	
															/ /
															/ /
															/ /
															/ /
															/ /
															/ /
															/ /
															/ /
															/ /
															/ /
															/ /
															/ /
															/ /

Billing Totals: 5 Total Subscribers | 2,362.92 | 71.37 | 21.70 | | | | | | | | | 2,455.99

Employer: 000000833 EAST LOGAN WATER DISTRICT INC

* PLEASE NOTE: You MUST provide the effective date of termination for cancelled employees. No adjustments are allowed after 60 days.

*** Elections Legend. . .**

M = Medical
D = Dental
V = Vision
1 = Employee Only
2 = Employee & Spouse
3 = Employee, Spouse & Children
4 = Employee & Children

Adjustments:

Pay this amount: **2,013.95**

Your Renewal Month is July

Total Employer Adjustments:

Total Remittance:

Please Note: *Payment is due by the 1st of the Billing Month.*
Please make check payable to: Kentucky Local Government Health Trust and return with a copy of this bill.

09/15/2026