NEIKIRK INSURANCE

Invoice

Date	Invoice #
10/15/2026	900-2026-11

Bill To
SE Water Association 6615 Hwy 914 Somerset, Ky. 42501

Coverage Period	Due Date
NOV 2026	10/26/2026

Description	Coverage	Type	Amount
Medical -	Emp		708.13
Basic Life	Emp		10.50
STD	Emp		23.87
LTD	Emp		27.95
Total			770.45
Medical -	Fam		2,053.57
	Emp		10.50
Basic Life	Emp		34.36
STD	Emp		40.59
LTD			2,139.02
Total			
	Emp		708.13
Medical-	Emp		24.40
	Emp		7.96
Dental			740.49
Vision			
Total	Emp/Sp		47.72
	Emp/Sp		14.92
Dental - Vision			62.64
Total			
	Emp/Sp		1,487.06
Medical -	EMP/SP		47.72
	Emp/Sp		14.92
Dental	Emp		10.50
Vision	Emp		22.82
Basic Life	Emp		26.67
STD			1,609.69
LTD			
Total	Emp		708.13
	Emp		7.96
Medical - Vision	Emp		10.50
Basic Life	Emp		20.93
STD	Emp		24.40
LTD			771.92
Total			

Total

NEIKIRK INSURANCE

Invoice

Date	Invoice #
10/15/2026	900-2026-11

Bill To
SE Water Association 6615 Hwy 914 Somerset, Ky. 42501

Coverage Period	Due Date
NOV 2026	10/26/2026

Description	Coverage	Type	Amount
Medical -	Emp/Ch		1,274.63
Dental	Fam		82.22
Vision	Fam		24.29
Basic Life	Emp		10.50
Medical - Medicare - Rx -	Ind		355.83
STD	Ind		29.70
LTD	Emp		22.70
Total	Emp		26.53
			1,826.40
Medical-			
Dental	Emp		708.13
Vision	Emp		24.40
Basic Life	Emp		7.96
STD	Emp		10.50
LTD	Emp		13.95
Total	Emp		15.99
			780.93
Medical -			
Medical	Fam		2,053.57
	Fam- DIFFERENCE		2,690.88
Dental	FOR SEPT OCT		
Dental	Fam		82.22
	Fam- DIFFERENCE		115.64
Vision	FOR SEPT OCT		
Vision	Fam		24.29
	Fam- DIFFERENCE		32.66
Basic Life	FOR SEPT OCT		
STD	Emp		10.50
LTD	Emp		31.64
Total	Emp		37.30
			5,078.70
Medical- Dental			
	Emp		708.13
	Emp		24.40

Total

NEIKIRK INSURANCE

Invoice

Date	Invoice #
10/15/2026	900-2026-11

Bill To
SE Water Association 6615 Hwy 914 Somerset, Ky. 42501

Coverage Period	Due Date
NOV 2026	10/26/2026

Description	Coverage	Type	Amount
Vision	Emp		7.96
Basic Life	Emp		10.50
STD	Emp		13.95
LTD	Emp		15.99
Total			780.93
Medical-	Emp- CREDIT FOR OCT		-708.13
Dental	Emp- CREDIT FOR OCT		-24.40
Vision	Emp- CREDIT FOR OCT		-7.96
Basic Life	Emp- CREDIT FOR OCT		-10.50
STD	Emp- CREDIT FOR OCT		-13.95
LTD	Emp- CREDIT FOR OCT		-15.99
Total			-780.93
Medical -	Emp		708.13
	Emp/Sp		14.92
Vision	Emp		10.50
Basic Life	Emp		15.29
STD	Emp		17.60
LTD			766.44
Total			
	Emp		708.13
Medical-	Emp		24.40
Dental	Emp		7.96
Vision	Emp		10.50
Basic Life	Emp		13.95
STD	Emp		15.99
LTD			780.93
Total			

Total

NEIKIRK INSURANCE

Invoice

Date	Invoice #
10/15/2026	900-2026-11

Bill To

SE Water Association
6615 Hwy 914
Somerset, Ky. 42501

Coverage Period	Due Date
NOV 2026	10/26/2026

Description	Coverage	Type	Amount
Basic Life -	Emp		5.75
Medical - AARP	Emp		362.56
RX	Emp		9.90
STD	Emp		42.43
LTD	Emp		50.31
Total			470.95
Medical - Medicare Sup-	Emp	Plan G	188.79
	Emp		9.90
			198.69
RX			
Total			
Monthly Membership Dues	$5 EACH MEDICAL COVERAGE 11		55.00

Total $16,052.25