Request

For

Proposals

125 Cafeteria Plan Services
and Group Voluntary Supplemental Insurance Products

Proposal No. 2014-15-13

City of Weslaco
255 S. Kansas
Weslaco, Texas 78596

Proposal Submission Date: February 13, 2015 at 3:00 p.m. CST

Contact
Homer Rhodes, Buyer II
956-968-3181 ext.1205

Prepared by HR Staff:
Veronica Ramirez
Christine Suing
Laura Luera

CITY OF WESLACO

Request for Sealed Proposals

The City of Weslaco hereby requests sealed proposals for the following:

125 CAFETERIA PLAN SERVICES
AND GROUP VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS

Sealed proposals addressed to Homer Rhodes, Buyer II, will be accepted at the Weslaco City Hall Purchasing Department, 255 S. Kansas, Weslaco, Texas 78596, until 3:00 p.m. on February 13, 2015, at which time they will be opened and read aloud. Please mark envelope, **"Sealed Proposal – 125 Cafeteria Plan Services and Group Voluntary Supplemental Insurance Products."**

Potential Bidders/Respondents are advised that the proposal documents can be downloaded from the City of Weslaco web page address: www.weslacotx.gov, and may also be secured at the Weslaco City Hall Purchasing Department, 255 S. Kansas, Weslaco, Texas 78596, or by calling 956/447-2240. Be advised that if your company is contemplating on submitting a proposal for this project you must contact the Purchasing Department, so that any changes/additions via addendum form can be forwarded to your company. (Please include your company name, address, telephone and fax as well as contact person).

The City of Weslaco reserves the right to accept any and all proposals and to waive any formalities in the proposing or to accept the proposal to be the best and most advantageous to the City and to hold proposals for a period of thirty (30) days from the date of the proposal opening without taking action for the purpose of reviewing the proposals and investigation of respondents qualifications prior to proposal award. Proposals submitted past the aforementioned date and time will not be accepted.

City of Weslaco
/s/Homer Rhodes,
Buyer II

INSTRUCTIONS TO SUBMITTERS

1. Four (4) copies of the Proposal, typewritten or printed, one (1) original marked "ORIGINAL" and three (3) copies marked "COPY". **No electronic proposals will be accepted.** Proposal must be submitted by 3:00 o'clock P.M., February 13, 2015. Requests for proposal must be properly labeled on the OUTSIDE of the envelope as follows:

Sealed proposals must be marked clearly on the bottom left corner:

SEALED PROPOSAL:
RFP No. 2014-15-13 125 Cafeteria Plan Services and Group Voluntary Supplemental Insurance Products
Due Date & Time: Friday, February 13, 2015 @ 3:00PM

City of Weslaco
255 South Kansas
Weslaco, Texas 78596
ATTN: Homer Rhodes, Buyer II

Request for Proposal – RFP Number 2014-15-13
125 Cafeteria Plan Services and Group Voluntary Supplemental Insurance Products
Due: Three O'clock P.M., February 13, 2015.

2. Proposals received will be received and read aloud and evaluated to determine which company's services best fit the needs of the City. A vendor will be selected by the City Commission on February 17, 2015.

Time Frame

Solicitation released	January 14, 2015
Second publication	January 21, 2015
Deadline for questions **(No extensions)**	January 28, 2015
Responses for solicitation due by 3:00PM **(No extensions)**	February 13, 2015
Presentation to City Commission	February 17, 2015
Open Enrollment	February 23rd – 27th, 2015 or March 2nd – 6th, 2015 (City's discretion)
Effective Date	April 1, 2015

3. The company submitting the proposal must provide full firm name, address, telephone and facsimile number, contact name and e-mail address. Vendor must be rated A or better by A.M. Best Company. Failure to manually sign the proposal will disqualify the proposal. Person signing the offer shall indicate evidence of Title of Authority to Bind their firm to a contract.

4. Read and comply as applicable with the Terms and Conditions.

5. It is the Proposer's responsibility to correctly mail the proposal by the specified time and date utilizing a third party private company or the U.S. Postal Service.

6. A vendor (or designated representative) may withdraw a proposal by submitting a request in writing at any time prior to the specified due time and date.

7. The person authorized to sign the proposal must initial erasures, interlineations or other modifications in the proposals.

8. All proposals will be available for public review subsequent to publication of award notification in accordance with the Texas Public Information Act.

9. Vendor payments shall be subject to the provisions of the City of Weslaco and within any applicable laws.

10. Periods of time, stated as a number of days, shall be calendar days.

11. It is the responsibility of all vendors to examine the entire proposal package, seek clarification of any item or requirement that may not be clear to them, and to check all responses for accuracy before submitting a response.

12. The City reserves the right to reject any or all responses, or delete any portion of the response, or to accept any response deemed most advantageous, or to waive any irregularities or informalities in the response received that best serves the interest and at the sole discretion of the City.

13. The City of Weslaco, not withstanding any other provision of this Request for Proposal (including any attached documents), expressly reserves the right to:

A. Waive any insignificant defect or informality in any proposal procedure.
B. Reject any or all proposals.
C. Reissue a Request for Proposals.

14. A proposal in response to a Request for Proposals is an offer by a bidder to contract with the City of Weslaco based upon the terms, conditions and specifications contained in the City of Weslaco's Request for Proposals. A Proposal does not become a contract unless and until the City Manager of City of Weslaco accepts it and executes a written agreement.

15. Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly stated and summarized. Exceptions to or deviations from the specifications must be explicitly identified.

16. Multiple proposals from the same carrier/insurance company will not be accepted. Carriers/insurance companies may submit their best proposal and attached list of agent/agencies requesting consideration.

17. Each carrier/insurance company submitting a proposal is asked to screen their designated proposals for correctness and compliance with the specifications. They shall include an inventory list of products submitted attached to each proposal.

18. Proposal is to be based on exact duplication of the existing Plan of Benefits. Any deviations providing more benefits must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.

19. The amount of agent's commission and service work to be provided by the agent is to be included as part of the submitted proposal.

21. The contents of the proposals shall be kept confidential during the process of negotiations. After the insurance contract is awarded and executed, all proposals will be available for public inspection.

22. No oral interpretations will be made to any interested proposers. Each request for an interpretation shall be made in writing to the Purchasing Department no later than January 28, 2015 at 5:00 p.m. local time. Questions must be submitted in written form via e-mail to hrhodes@weslacotx.gov. Each interpretation made will be in the form of an addendum to the contract documents and can be accessed via http://www.weslacotx.gov/. It is, however, the proposer's responsibility to make inquiry as to any addenda issued. All such addenda shall become part of the contract documents and all proposers shall be bound by such addenda, whether or not received by the proposer.

23. Any form of contact by an offeror or potential offeror regarding this RFP, at any time during the solicitation process from initial advertisement through award, with the Elective Commission of the City of Weslaco, Texas or any person employed by The City of Weslaco, other than through the communication channels stipulated in the Request for Proposal, or as subsequently instructed by the City through the solicitation process, will constitute grounds for rejection of their Proposal.

24. Public sector employers are not allowed, under current state law, to execute a document containing a Hold Harmless/Indemnification Clause causing the employer to be responsible for other parties' liability. Therefore, your documents should not contain any such clauses.

TERMS AND CONDITIONS

1. City reserves the right to accept or reject any or all proposals or offers or any part thereof, and to waive any or all formalities. The Employer reserves the right to award the contract to the offeror providing the best value. The competency and responsibility of all Proposers shall be taken into consideration in the awarding of the contract for this proposal.

2. The city reserves the right to enter into an agreement with a single award, split awards, non-award, or use any combination that best serves the interest and at the sole discretion of the City. Award announcement will be made upon City Council approval and executed agreement.

3. City reserves the right to revise and amend the specifications prior to the set due date. Such revisions or amendments, if any, will be announced by addendum or amendments to these specifications. Copies of these addendums so issued will be furnished to all prospective offerors or proposers.

4. Offer sheets, specifications and necessary information are attached or may be obtained from Homer Rhodes, Buyer II, 255 South Kansas, Weslaco, TX 78596, Telephone 956-968-3181, E-mail hrhodes@weslacotx.gov.

5. All contract obligations shall prevail for at least 90 days after the initial April 1, 2015 through March 31, 2017 plan year. After such period, for the protection of both parties, either party giving 90 days prior notice in writing to the other party may cancel this contract in whole or in part. Such notice by the contractor shall in no way be construed as taking away the right of the Employer to cancel any contract obligations for unsatisfactory performance or other due cause.

Inclusive dates shall be:

Year 1 0000:01 hours April 1, 2015 through 2400 hours March 31, 2016.
Year 2 Beginning at the end of the first period and ending 2400 hours March 31, 2017.

6. Offerors are to furnish all information requested in the Request for Proposal Form. Further, as may be specified elsewhere, each offeror must submit descriptive material and complete specifications covering the services requested. Offers not in compliance with these requirements will be rejected.

7. Neither the contract nor payments may be assigned except by the written approval of the City Commission of the City of Weslaco.

8. The Proposer agrees to indemnify and protect the City of Weslaco from claims involving infringement of patents or copyrights.

9. The City shall not pay for any costs incurred by the Respondent associated with the preparation or submission of their response to this solicitation.

SPECIFICATIONS

I. SCOPE AND INTENT

The City of Weslaco requests proposals from professional vendors to provide 125 Cafeteria Plan Services and Group Voluntary Supplemental Insurance Products. The purpose of this Request for Proposals is to evaluate the Proposers' services competency and voluntary insurance products to meet the needs stated in the RFP. Strict adherence to this RFP is necessary.

II. FACTS AND STATISTICS

The City of Weslaco, Texas, is located in the center of the Rio Grande Valley in the County of Hidalgo. The City provides benefits to approximately 280 full-time employees.

Valley Risk Consulting, Inc. has been engaged by the City to assist in preparing this Request for Proposal and evaluating the responses received.

The City of Weslaco processes payroll through an in-house payroll system maintained and controlled by the City of Weslaco's Finance Department.

Enrollment for employee benefits is accomplished through individualized employee counseling and educational presentations.

The City of Weslaco 125 Cafeteria Plan has the following features:

- Voluntary salary withholding pays health plan dependent benefit premiums.
- All full-time employees are eligible to participate in the City's 125 Plan.
- This enrollment period will be for the plan year of 04-01-2015 to 03-31-17.

125 Plan Enrollment dates:

- Enrollment period for current employees will be specified dates during the month of February or March.

- 125 Enrollment: New employees are immediately eligible for enrollment.

The City's Cafeteria Plan POP is currently administered by Worksite Benefit Plans, INC. The products currently available to the City's employees are as follows:

Benefit Type	Carrier/Vendor	Product Line
Heart/Stroke	Allstate	Heartcare Plus and HeartCare Direct
Group Supplemental Health (SHOP)	Allstate	Supplemental Health Options
Term Life	Allstate	Term Life Insurance
Critical Illness	Allstate	Supplemental Critical Illness Insurance
Group Accident	Allstate	Supplemental Accident Insurance
Cancer	Allstate	Group Voluntary Cancer Plan
Short & Long Term Disability	Lincoln Financial	Supplemental Disability Insurance
Universal Life*	ING/VOYA Financial	Universal Life Insurance
Dental/Vision	Humana	Dental & Vision Insurance

III. TERMS OF SERVICES

The initial term of the contract will be from April 1, 2015 through March 31, 2017. Either party may terminate the agreement thereto at the end of the initial period outlined in the sentence above by written notice to this effect sent to the other party at least ninety-days (90) prior to the end of the initial one-year period. Automatic periods of renewal and extension shall continue until either party thereto gives the other written notice of termination of the agreement, and in such event the agreement shall terminate ninety-days (90) after such notice has been sent to the other party.

IV. SCOPE OF SERVICES AND VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS

1. Provide Section 125 Cafeteria Plan Service and description of the Group Voluntary Supplemental Insurance Products offered on either a fee only basis, or on the basis of revenue generated from product vendors, selected by the City. These revenues may be earned as compensation resulting from providing communication, education, enrollment and service functions to the employees of City of Weslaco and the City itself.

2. Group Voluntary Supplemental Insurance Products should include the following products: Hospital Indemnity Insurance (Medical bridge/gap coverage); Heart/Stroke Insurance; Cancer Insurance; Life Insurance; Disability Insurance; Accident Insurance; Vision Insurance; Critical Illness; Universal Life Insurance; and Dental Insurance; Emergency Air-Care; Prepaid Legal Insurance.

3. Fees should be quoted as to the cost of the services outlined within this RFP only. Additional services not requested as part of this RFP should not be included and will not be considered.

4. Assist City of Weslaco Human Resources staff and its Finance Department in the design and maintenance of the Cafeteria Plan.

5. Assist City of Weslaco Human Resources staff and its legal counsel with information and support to meet legal requirements of IRC Section 125.

6. Provide and communicate an uncomplicated process for employees to obtain Plan forms and information.

7. Provide prompt and accurate information upon request of employees.

8. Educate, enroll and service new employees and support existing plan participants and other employees as directed by the city.

9. Maintain and provide City of Weslaco Finance Director with written monthly and year end reports summarizing the previous period's account activities, with sufficient detail to provide for audit and control of funds used.

10. Assist City of Weslaco Human Resources Department with resolution of employee problems as they arise and with Plan operation, as needed.

11. Provide City of Weslaco plan participants with user friendly and easily accessible customer service representatives. A toll free number must be available to plan participants and to City of Weslaco personnel for information.

12. Provide the City of Weslaco Human Resources Department and participating employees with all needed forms and documents relating to the 125 Cafeteria Plan.

13. Provide a consolidated billing for lines of coverage being proposed (common remitter) service to include reporting and identifying all participating employees and their current monthly contribution amounts as well as cumulative, year-to-date total. This report should include aggregate deductions and reduction totals by employee, and segregate the totals by product or election type.

14. Assist City of Weslaco Finance Department to implement a procedure to monitor employee election changes for appropriateness, as provided by the plan.

15. Assist the City of Weslaco in maintaining compliance with all applicable state and federal statutes and regulations.

16. Provide contract wording indemnifying the City against liability for any federal or state compliance violations that occur directly as a result of any administrative services, advice, actions, agreements or other activity provided under Section IV of this agreement.

V. CITY OF WESLACO FINANCE DEPARTMENT WILL BE RESPONSIBLE FOR:

1. Informing the Company of any changes in the Plans or any other of City's benefit plans or programs, which may affect the Plans.

2. Providing the Company with a data file of payroll information in good order for performing the Plan services. The data file will contain all data available on the payroll system that is requested by the Company in order to properly service the Plan.

3. Utilizing forms provided by the Company, follow the Plans procedures set up by the Company and notify the Company any time there are deviations from the forms and procedures mutually agreed upon by City of Weslaco and the Company.

VI. EVALUATION AND SELECTION

Each proposal will be reviewed and evaluated on the basis of the following criteria:

1. Assessment of the vendor's expertise in 125 Cafeteria Plan Administration and Voluntary Insurance Products offered.

2. Technology used by the company and compatibility with City of Weslaco's system environment.

3. Availability of the vendor's key personnel to meet with City of Weslaco personnel and respond promptly to requests for information and analyses, frequently on short notice.

4. Proven ability to keep current with legal and regulatory developments and changes that may affect the Plan. Ability to assist City to apply changes to the practical needs of the City of Weslaco and to make these items understandable to City personnel.

5. Ability of the Company's staff to communicate information clearly and concisely, both orally and in writing.

6. Competitive pricing on plan design, services and terms.

7. Effectiveness in communicating with and educating participants concerning plan options and guidelines.

8. Specialization of the Company in 125 plans in public entities and proven understanding.

9. Timely, efficient and cost-effective services to the City and efficient service to employees. Ability of the Company to respond to claims filed by members to include history of average turnaround time of claims.

10. Quality of networks and quality of providers.

11. Reputation of Respondent and of Respondent's goods and services.

12. Quality of the Respondent's goods and services.

13. Legal and regulatory compliance.

14. Respondent's past relationship with City.

15. Any relevant criteria specifically listed in the solicitation.

QUESTIONNAIRE*

The following questionnaire is provided to determine the qualifications of each firm. Please complete the questionnaire and include with your proposal. Questionnaire in word format can be found in a separate link.

All respondents must reply to questionnaire under each category for which they are providing a proposal. (Please reproduce these questions when supplying your answers.)

A. GENERAL

1. Name, address, city, state, zip code and telephone number of home office of firm. Branch office location(s), if any.

2. List all companies that have an ownership interest in your company. Provide a complete organization chart of all companies owned, either wholly or in part by your company.

3. Is the stock held by an individual(s) subject to a stock restriction agreement if an individual or individuals own your company? If yes, identify by name, the individual(s) or company to whom the benefits associated with the restriction agreement accrue. Does the individual(s) or company exercise management or ownership authority over any company from which your company, or an affiliated company, receives revenue? Identify that organization if yes.

4. List staff experience for employees handling our account.

B. ERRORS AND OMISSION

Please disclose the amount of bonding and liability insurance currently in force. Company selected must provide confirmation of coverage in a minimum amount of $1,000,000.

C. HISTORY

Briefly explain the development of your organization and your corporate business objectives.

D. UNIQUE CHARACTERISTICS

Please comment on any characteristics of your organization that are considered unique in the industry.

E. REFERENCES

1. The names, addresses, telephone numbers and contact names are requested for five references.

2. Please include a resume of the contact person who will be responsible for the City of Weslaco account.

RESPONSE TO 125 CAFETERIA PLAN AND GROUP VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS RFP SPECIFICATIONS

All respondents must reply to specifications under each category for which they are providing a proposal. (Please reproduce these questions when supplying your answers.)

1. Please describe the services that will be provided to the employees of City of Weslaco as well as the Group Voluntary Supplemental Insurance Products that will be made available.

2. Please list the Group Voluntary Supplemental Insurance Products that will be offered to the City of Weslaco employees.

3. Assist the City of Weslaco Finance Department and Human Resources Department to design and maintain the Cafeteria Plan.

   Agree ____ List any and all exceptions to specification.

4. Assist City of Weslaco Finance Department and legal counsel in meeting legal requirements of IRC Section 125.

   Agree ____ List any and all exceptions to specification/question:

5. Provide educational material to City of Weslaco employees on concept of Cafeteria Plan.

   Agree ____ List any and all exceptions to specification/question:

6. Provide a website for employees to obtain Plan forms, information on the Plan, if they wish to do so.

   Agree ____ List any and all exceptions to specification/question:

7. Provide up-to-date information upon request of employees.

   Agree ____ List any and all exceptions to specification/question:

8. Assist the City of Weslaco Finance Department to file tax information relevant to the Plan with the Internal Revenue Service.

   Agree ____ List any and all exceptions to specification/question.

9. Educate, enroll and service new employees and support existing plan participants and other employees as needed.

   Agree ____ List any and all exceptions to specification/question.

10. Maintain appropriate accounting records.

Agree ____ List any and all exceptions to specification/question.

11. Assist Administration with resolution of employee problems as they arise.

Agree ____ List any and all exceptions to specification/question.

12. Provide City of Weslaco with easily accessible customer service representatives. A toll free number must be available to plan participants and to City personnel for information.

Agree ____ List any and all exceptions to specification/question.

13. Consult with the City of Weslaco on Plan operation.

Agree ____ List any and all exceptions to specification/question.

14. Assist Administration in determining that City policy is adhered to in product distribution.

Agree ____ List any and all exceptions to specification/question.

15. Provide the City and employees with all needed forms and documents relating to the 125 Cafeteria Plan and voluntary insurance products.

Agree ____ List any and all exceptions to specification/question.

16. Provide consolidated billing (common remitter) service to include reporting identifying all participating employees and their current period/monthly contribution amounts as well as cumulative, year-to-date total. This report will aggregate deduction and reduction totals by employee, and segregate the totals by product or election type. This information should be available to the City, on demand, via the Internet or other immediate reporting mechanism.

Agree ____ List any and all exceptions to specification/question.

17. Assist the City to implement a procedure to monitor employee election changes for appropriateness, as provided by the plan.

Agree ____ List any and all exceptions to specification/question.

18. Assist the Employer in maintaining compliance with all applicable state and federal statutes and regulations.

Agree ____ List any and all exceptions to specification/question.

19. Provide contract wording indemnifying the City against liability for any federal compliance violations that occur directly as a result of any administrative services, advice, actions, agreements or other activity provided under Section IV of this agreement.

Agree ____ List any and all exceptions to specification/question.

20. Please identify the name of the proposing company's external audit firm.

21. Describe the computerized system used to collect, assimilate and integrate the data of the plan.

22. List institutions, businesses, providers, insurance/mutual fund companies and other entities that have input and access to the data collected.

ATTACHMENTS

Attachment A:	Intent to Propose Form
Attachment B:	Request for Information
Attachment C:	Reference Form
Attachment D:	Anti-Collusion Certification
Attachment E:	Conflict of Interest Questionnaire
Attachment F:	Identification Number and Certification (W-9)
Attachment G:	Employee Census*
Attachment H:	Allstate Supplements
Attachment I:	Humana Supplements
Attachment J:	ING (Voya Financial) Supplements
Attachment K:	Lincoln Financial Supplements
Attachment L:	New York Life Supplements

*Employee Census can be found in excel format on separate link

ATTACHMENT A

VENDOR'S NOTICE OF INTENT TO SUBMIT A PROPOSAL

If you intend to submit a proposal for insurance contracts with the City of Weslaco as outlined in the specifications for 125 Cafeteria Plan Services and Group Voluntary Supplemental Insurance Products, please indicate your intention by signing, dating, and returning this form to the address below prior to February 6, 2015, so that you may receive any addendums to the specifications should the need arise:

Homer Rhodes, Buyer II
City of Weslaco
Purchasing Department
255 S. Kansas
Weslaco, Texas 78596
Phone: (956) 447-2240
Fax: (956) 969-8452

Name:_____ Signature:_____
(Print)

Title: _____ Company/Agency:_____

Mailing
Address: _____ City: _____ State: ____ Zip:_____

Phone: _____ Fax:_____

ATTACHMENT B

RFP NO. 2014-15-13

125 Cafeteria Plan Services and Group Voluntary Supplemental

Proposal Opening: February 13, 2015 @ 3:00 p.m.

VENDOR'S NOTICE OF REQUEST FOR INFORMATION

Any and all questions concerning this proposal should be addressed on this form.

Proposal Name: _____

Proposal Number: _____

Page#: _____ **Section:** _____ **Paragraph:** _____

Question: _____

_____

_____

_____

_____

Company: _____

Signature: _____

Date: _____

Phone: _____

Fax: _____

ATTACHMENT C

RFP NO. 2014-15-13

125 Cafeteria Plan Services and Group Voluntary Supplemental

REFERENCE FORM

The following information shall be required to accompany all submittals.

1. **Your company's complete business address and phone number.**

   Company name: _____

   Address: _____

   _____

   Phone: _____

   Fax: _____

2. **A minimum of 3 references (local preferred).**

   1. _____
   2. _____
   3. _____

3. **Are you listed in the local phone book? YES / NO**

4. **List of local municipalities that you have worked for and contact information.**

   1. **City of** _____ **Contact:** _____ **Phone#:** _____

      Type of Project(s): _____

   2. **City of** _____ **Contact:** _____ **Phone#:** _____

      Type of Project(s): _____

   3. **City of** _____ **Contact:** _____ **Phone#:** _____

      Type of Project(s): _____

   4. **City of** _____ **Contact:** _____ **Phone#:** _____

Type of Project(s): _____

ATTACHMENT D

RFP NO. 2014-15-13

125 Cafeteria Plan Services and Group Voluntary Supplemental

ANTI-COLLUSION CERTIFICATION

By submission of this proposal, the Proposer certifies that:

1. **This proposal has been independently arrived at without collusion with any other Proposer or with any competitor;**
2. **This proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of proposals for this project, to any other proposer competitor or potential competitor;**
3. **No attempt has been or will be made to induce any other person, partnership or corporation to submit or not to submit a proposal;**
4. **The person signing this proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the proposer as well as to the person signing in its behalf.**

Date Submitted: _____

Company Name: _____

Authorized Signature: _____

Type Signatory's Name: _____

Signatory's Title: _____

Company Address: _____

City/State/Zip Code: _____

Agent Name: _____

Agent Address: _____

Phone Number: _____

Fax Number: _____

ATTACHMENT E

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

OFFICE USE ONLY

Date Received

This questionnaire is being filed in accordance with Chapter 176 Local Government Code by a person who has a business relationship as defined by section 176.001 (1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, local Government Code. An offensive under this section is a Class C misdemeanor.

1 **Name of person who has a business relationship with local governmental entity.**

2 ☐ **Check this box if you are filling an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 **Name of local government officer with whom filer has employment or business relationship.**

_____
Name of Officer

This section, (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001 (1-a), Local Government Code. Attach additional pages to this form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4

_____ _____
Signature of person doing business with the governmental entity Date

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

OFFICE USE ONLY

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A person commits an offense if the person knowingly violates Section 176.006, local Government Code. An offensive under this section is a Class C misdemeanor.

1 **Name of person who has a business relationship with local governmental entity.**

NONE

2 ☐ **Check this box if you are filling an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 **Name of local government officer with whom filer has employment or business relationship.**

NONE

Name of Officer

This section, (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001 (1-a), Local Government Code. Attach additional pages to this form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ NA ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ NA ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ NA ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4 **COMPANY NAME, SIGNATURE OF BIDDER OR PROPOSER** **DATE**

Signature of person doing business with the governmental entity — Date

*THIS SAMPLE FORM IS ONLY TO BE USED IF THERE IS NO BUSINESS RELATIONSHIP WITH A CITY OR WITH A CITY OFFICIAL.

Sample

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

Employer identification number
☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/ disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/ disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over $600 required to be reported and direct sales over $5,000 [1]	Generally, exempt payees 1 through 7 [2]

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity [4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

ATTACHMENT G

EMPLOYEE CENSUS

By

Zip Code
Date of Birth
Gender

EMPLOYEE CENSUS
ZIP CODE*DOB*GENDER

ZIP CODE		DOB	GENDER
MCALLEN	TX 78501	4/20/1973	M
MERCEDES	TX 78570	3/21/1978	F
WESLACO	TX 78596	2/13/1995	F
EDINBURG	TX 78539	9/30/1989	F
WESLACO	TX 78596	12/6/1992	F
WESLACO	TX 78596	1/3/1976	F
WESLACO	TX 78596	5/22/1958	F
WESLACO	TX 78596	7/9/1974	F
MERCEDES	TX 78570	11/10/1977	F
WESLACO	TX 78596	1/28/1969	F
WESLACO	TX 78596	2/14/1977	F
WESLACO	TX 78596	7/1/1987	F
MERCEDES	TX 78570	2/3/1975	F
WESLACO	TX 78596	3/28/1958	F
MERCEDES	TX 78570	2/3/1969	M
WESLACO	TX 78596	2/2/1991	M
WESLACO	TX 78596	1/18/1971	M
WESLACO	TX 78596	3/30/1982	F
WESLACO	TX 78596	3/29/1985	M
MERCEDES	TX 78570	6/29/1976	M
WESLACO	TX 78596	1/22/1985	M
EDCOUCH	TX 78538	1/8/1987	M
WESLACO	TX 78596	12/1/1959	M
WESLACO	TX 78596	2/15/1980	F
EDCOUCH	TX 78538	1/10/1973	M
HARLINGEN	TX 78552	6/19/1994	M
MCALLEN	TX 78501	11/25/1981	M
WESLACO	TX 78596	10/26/1979	F
WESLACO	TX 78596	9/23/1991	M
LA FERIA	TX 78559	10/6/1981	F
WESLACO	TX 78596	11/4/1977	M
LA FERIA	TX 78559	7/28/1972	F
WESLACO	TX 78596	8/26/1986	M
DONNA	TX 78537	10/2/1966	M
WESLACO	TX 78596	2/1/1968	M
MERCEDES	TX 78570	5/4/1963	M
DONNA	TX 78537	11/5/1970	M
WESLACO	TX 78599	12/31/1977	M
ELSA	TX 78543	4/16/1960	F
WESLACO	TX 78596	8/21/1961	M
WESLACO	TX 78599	9/27/1971	M
PHARR	TX 78577	7/28/1966	M
WESLACO	TX 78596	10/26/1970	M
WESLACO	TX 78596	7/18/1986	M
MERCEDES	TX 78570	11/22/1989	F
MERCEDES	TX 78570	3/8/1991	F
DONNA	TX 78537	9/14/1980	F
WESLACO	TX 78596	8/8/1957	M
SAN JUAN	TX 78577	2/25/1961	M
ELSA	TX 78543	5/14/1971	F
MCALLEN	TX 78501	8/31/1964	M
WESLACO	TX 78596	8/31/1970	M
MERCEDES	TX 78570	11/13/1982	M
HARLINGEN	TX 78550	8/14/1983	M
HARLINGEN	TX 78550	2/11/1989	M
WESLACO	TX 78596	4/7/1963	M
WESLACO	TX 78596	3/22/1961	M
WESLACO	TX 78596	9/7/1971	M
DONNA	TX 78537	3/12/1971	M
DONNA	TX 78537	11/29/1973	M
WESLACO	TX 78596	3/17/1974	M
MERCEDES	TX 78570	2/5/1971	F
MERCEDES	TX 78570	3/12/1979	M
WESLACO	TX 78599	8/28/1979	M
MCALLEN	TX 78504	6/23/1970	M
WESLACO	TX 78596	2/27/1989	M
PORT ISABEL	TX 78578	5/28/1985	M
WESLACO	TX 78596	11/11/1971	M
MERCEDES	TX 78570	3/14/1984	M
WESLACO	TX 78596	8/30/1965	M
EDCOUCH	TX 78538	10/20/1981	M
MISSION	TX 78573	12/3/1981	M
DONNA	TX 78537	8/21/1985	M
WESLACO	TX 78596	5/7/1976	M
WESLACO	TX 78596	2/17/1961	M
WESLACO	TX 78596	11/3/1979	M
WESLACO	TX 78596	5/31/1985	M
WESLACO	TX 78596	11/12/1983	F
WESLACO	TX 78596	8/2/1971	F
WESLACO	TX 78596	12/14/1976	M
WESLACO	TX 78596	1/25/1979	M
WESLACO	TX 78596	10/12/1986	M
WESLACO	TX 78599	6/25/1964	F
ELSA	TX 78543	8/5/1989	M
MERCEDES	TX 78570	9/10/1979	M
WESLACO	TX 78596	5/10/1977	M
WESLACO	TX 78596	1/27/1976	M
HARLINGEN	TX 78550	6/11/1972	M
PHARR	TX 78577	1/7/1973	M
WESLACO	TX 78596	7/21/1979	F
WESLACO	TX 78596	8/30/1978	M
WESLACO	TX 78596	6/8/1981	F
WESLACO	TX 78596	5/12/1979	M
WESLACO	TX 78599	3/1/1985	M
DONNA	TX 78537	6/27/1973	M
MERCEDES	TX 78570	10/7/1983	M
WESLACO	TX 78596	12/30/1979	M
WESLACO	TX 78596	5/29/1990	M
WESLACO	TX 78596	3/6/1977	M
WESLACO	TX 78596	10/23/1966	M
WESLACO	TX 78596	7/8/1981	M
MERCEDES	TX 78570	4/6/1987	M
MERCEDES	TX 78570	6/17/1986	M
MERCEDES	TX 78570	7/1/1983	F
SAN JUAN	TX 78589	4/18/1992	M
WESLACO	TX 78599	1/18/1985	M
HARLINGEN	TX 78552	6/26/1994	M
EDINBURG	TX 78539	5/6/1994	M
PHARR	TX 78577	9/21/1987	M
WESLACO	TX 78599	5/19/1979	F
MERCEDES	TX 78570	1/16/1991	M
WESLACO	TX 78596	4/26/1983	M
WESLACO	TX 78596	6/24/1986	M
DONNA	TX 78537	4/10/1982	M
MERCEDES	TX 78570	2/2/1978	M
HARLINGEN	TX 78552	5/4/1983	M
LA FERIA	TX 78559	5/24/1986	M
WESLACO	TX 78596	3/9/1971	F
WESLACO	TX 78596	8/12/1981	M
DONNA	TX 78537	7/21/1983	M
MERCEDES	TX 78570	5/24/1984	M
MERCEDES	TX 78570	11/3/1958	M
MERCEDES	TX 78570	3/30/1988	M
DONNA	TX 78537	10/14/1981	M
WESLACO	TX 78596	5/6/1963	M
WESLACO	TX 78596	8/19/1961	M
WESLACO	TX 78596	10/31/1979	M
DONNA	TX 78537	12/30/1980	M
SAN BENITO	TX 78586	6/3/1982	M
MISSION	TX 78572	4/12/1974	M
DONNA	TX 78537	3/4/1986	M
WESLACO	TX 78596	9/16/1969	M
EDINBURG	TX 78539	6/20/1985	M
MERCEDES	TX 78570	5/13/1962	M
EDCOUCH	TX 78538	12/28/1977	F
LA FERIA	TX 78559	3/7/1966	M
MCALLEN	TX 78501	7/1/1972	F

EMPLOYEE CENSUS
ZIP CODE*DOB*GENDER

WESLACO	TX 78596	10/25/1965	M
WESLACO	TX 78596	9/27/1985	M
ELSA	TX 78543	7/4/1981	M
WESLACO	TX 78596	11/28/1980	M
WESLACO	TX 78596	10/21/1977	M
MERCEDES	TX 78570	10/16/1977	M
WESLACO	TX 78596	5/25/1965	M
WESLACO	TX 78596	2/15/1979	M
WESLACO	TX 78596	7/28/1966	M
WESLACO	TX 78596	5/22/1965	M
WESLACO	TX 78596	4/24/1976	M
MERCEDES	TX 78570	12/28/1984	M
SAN BENITO	TX 78586	11/11/1967	M
EDCOUCH	TX 78538	9/14/1976	M
MCALLEN	TX 78503	4/29/1980	M
MERCEDES	TX 78570	8/20/1982	M
MISSION	TX 78572	12/22/1975	M
MERCEDES	TX 78570	6/4/1981	M
ELSA	TX 78543	10/4/1985	M
MERCEDES	TX 78570	2/21/1987	M
SAN JUAN	TX 78589	9/14/1975	M
LA FERIA	TX 78559	2/14/1979	M
SAN JUAN	TX 78589	10/7/1974	M
WESLACO	TX 78596	1/23/1976	M
EDCOUCH	TX 78538	11/7/1982	M
DONNA	TX 78537	8/10/1965	M
WESLACO	TX 78596	11/17/1966	F
DONNA	TX 78537	7/8/1977	M
WESLACO	TX 78596	9/6/1979	M
WESLACO	TX 78596	9/19/1977	F
MERCEDES	TX 78570	1/27/1967	M
WESLACO	TX 78596	6/6/1972	M
LA FERIA	TX 78559	4/11/1982	M
MERCEDES	TX 78570	9/9/1981	F
WESLACO	TX 78599	11/25/1953	M
WESLACO	TX 78596	8/20/1959	M
WESLACO	TX 78596	7/26/1963	M
PROGRESO	TX 78579	1/4/1982	F
WESLACO	TX 78596	6/9/1978	M
WESLACO	TX 78596	7/6/1991	F
WESLACO	TX 78596	6/27/1976	M
WESLACO	TX 78596	2/9/1981	M
WESLACO	TX 78596	6/3/1988	F
WESLACO	TX 78596	2/11/1961	M
EDCOUCH	TX 78538	7/1/1960	M
WESLACO	TX 78596	11/28/1988	F
HARLINGEN	TX 78550	7/20/1971	M
PROGRESO	TX 78579	1/26/1957	M
WESLACO	TX 78596	9/18/1993	M
WESLACO	TX 78596	2/23/1952	M
WESLACO	TX 78596	2/2/1948	M
WESLACO	TX 78596	4/5/1964	M
WESLACO	TX 78596	12/10/1963	M
WESLACO	TX 78596	11/20/1963	M
WESLACO	TX 78596	5/25/1956	M
DONNA	TX 78537	7/16/1963	M
WESLACO	TX 78596	9/23/1978	M
LA FERIA	TX 78559	5/5/1964	M
WESLACO	TX 78596	12/12/1956	M
WESLACO	TX 78596	8/1/1972	M
WESLACO	TX 78599	10/7/1976	M
DONNA	TX 78537	4/16/1969	M
HARLINGEN	TX 78550	7/25/1976	M
WESLACO	TX 78596	1/11/1962	M
WESLACO	TX 78596	10/16/1973	M
WESLACO	TX 78596	12/1/1963	M
MCALLEN	TX 78504	3/2/1981	M
WESLACO	TX 78596	9/18/1993	F
WESLACO	TX 78596	10/24/1974	F
WESLACO	TX 78596	6/29/1994	F
WESLACO	TX 78596	8/7/1963	M
WESLACO	TX 78599	5/20/1970	F
MERCEDES	TX 78570	3/28/1957	F
WESLACO	TX 78596	6/26/1973	F
MERCEDES	TX 78570	4/22/1969	F
WESLACO	TX 78596	11/14/1991	F
WESLACO	TX 78596	11/13/1964	M
WESLACO	TX 78596	1/8/1977	F
MERCEDES	TX 78570	3/27/1976	M
WESLACO	TX 78596	10/14/1957	F
MERCEDES	TX 78570	2/13/1970	F
WESLACO	TX 78596	4/9/1957	M
WESLACO	TX 78596	9/15/1966	M
MERCEDES	TX 78570	12/20/1981	M
PHARR	TX 78577	3/6/1975	M
WESLACO	TX 78596	3/11/1985	M
EDINBURG	TX 78542	2/5/1974	M
BROWNSVILLE	TX 78526	3/26/1969	M
WESLACO	TX 78596	8/29/1971	M
WESLACO	TX 78596	6/8/1955	M
WESLACO	TX 78596	7/10/1969	M
WESLACO	TX 78596	4/9/1971	M
WESLACO	TX 78596	1/31/1989	M
WESLACO	TX 78596	4/11/1987	M
WESLACO	TX 78596	10/25/1973	M
ALAMO	TX 78516	4/3/1992	M
MERCEDES	TX 78570	8/25/1992	M
MERCEDES	TX 78570	1/10/1977	M
WESLACO	TX 78599	11/22/1948	M
WESLACO	TX 78599	9/1/1965	M
WESLACO	TX 78596	4/14/1982	M
SANTA ROSA	TX 78593	6/4/1962	M
WESLACO	TX 78596	9/20/1990	M
ALAMO	TX 78516	1/13/1976	M
WESLACO	TX 78596	1/15/1963	M
WESLACO	TX 78596	12/23/1991	M
SANTA MARIA	TX 78592	12/21/1979	M
MISSION	TX 78574	2/26/1978	M
PROGRESO	TX 78579	8/1/1966	M
WESLACO	TX 78596	11/2/1965	M
WESLACO	TX 78596	4/29/1960	M
WESLACO	TX 78596	3/2/1970	M
MCALLEN	TX 78504	12/19/1975	M
EDCOUCH	TX 78538	3/25/1967	F
HARLINGEN	TX 78550	11/12/1991	F
PHARR	TX 78577	4/27/1981	F
MERCEDES	TX 78570	5/25/1970	M
WESLACO	TX 78596	9/10/1968	M
LA BLANCA	TX 78558	5/18/1982	M
WESLACO	TX 78596	5/17/1977	M
LA VILLA	TX 78543	4/16/1986	M
WESLACO	TX 78599	8/1/1990	M
WESLACO	TX 78596	11/18/1984	M
WESLACO	TX 78596	4/1/1964	M
WESLACO	TX 78596	10/16/1944	M
WESLACO	TX 78596	8/27/1965	M
WESLACO	TX 78596	5/30/1958	M

ATTACHMENT H

ALLSTATE

- Statements
  - 11-26-14
  - 12-26-14
- Loss Runs
  - 2012
  - 2013
  - 2014

ALLSTATE

STATEMENT

BILLING

Allstate.
Benefits

American Heritage Life Insurance Company
1776 American Heritage Life Drive
Jacksonville, Florida 32224-6687

CITY OF WESLACO
ATTN: GLORIA OLIVA
255 SOUTH KANSAS AVENUE
WESLACO, TX 78596-6158

FINANCE
JAN 5 2014
PAYROLL

For online billing, EasyBill Online is now available at www.allstatebenefits.com/easybillonline.

- Reconcile and pay invoices online.
- View & update your account information including employee status.
- Communicate with Allstate Benefits via e-mail regarding questions about your invoice.
- Receive e-mail notification when your invoice is available online.

Take a Site Tour and see how easy it is to manage your Allstate Benefits business. Please contact us at 1-866-828-8074, option 3 to obtain registration information.

If you are interested in attending a web cast for the EasyBill Online website, please email us at awd-billingsupport@allstate.com and we will notify you of the next available date.

Sincerely,

Premium Administration

Allstate Benefits

American Heritage Life Insurance Company
PO Box 650514
Dallas, Texas 75265-0514

CITY OF WESLACO
ATTN: GLORIA OLIVA
255 SOUTH KANSAS AVENUE
WESLACO, TX 78596-6158

FINANCE
JAN 5 2014
PAYROLL

BILL DATE:	12-26-14	**CASE NUMBER:**	AC687
BILLING FREQUENCY:	MONTHLY	**DUE DATE:**	01-10-15
LAST PAYMENT RECEIVED:	11-25-14	**TOTAL AMOUNT DUE:**	$11,348.47
TEAM:	T06	**REENTRY #:**	M01AC687360

*****IMPORTANT*****
A COPY OF THIS STATEMENT, SHOWING ANY ADJUSTMENTS, MUST BE SENT WITH YOUR PREMIUM. WRITE YOUR CASE NUMBER ON YOUR CHECK, AND RETAIN A COPY OF THIS STATEMENT FOR YOUR RECORDS.

Claim Forms are now available online at www.allstatebenefits.com
IF YOU HAVE ANY QUESTIONS ABOUT YOUR STATEMENT, PLEASE CALL 1-800-521-3535

PLEASE MAIL A COPY OF YOUR STATEMENT WITH YOUR PAYMENT TO:
American Heritage Life Insurance Company
PO Box 650514, Dallas, Texas 75265-0514
(PLEASE WRITE YOUR CASE NUMBER ON THE CHECK)

Work Sheet	
Total Number of Payors:	
Total Number of Policies:	
Total Deletions:	
Total Additions:	
Total Changes:	
Amount Paid:	
Check Number:	
Check Date:	
Notes:	

LBCSEA

000000 093PRA0AC687010141227023021000207002013000023

Allstate Benefits

American Heritage Life Insurance Company
PO Box 650514
Dallas, Texas 75265-0514

Claim Forms are now available online at www.allstatebenefits.com
IF YOU HAVE ANY QUESTIONS ABOUT YOUR STATEMENT,

CITY OF WESLACO
Agent Name: KELLY SCOTT KOEPP
Agent Number: 3PRA0

CASE #:	AC687	**DUE DATE:**	01-10-15	**TEAM:**	T06
FREQUENCY:	MONTHLY	**INVOICE DATE:**	12-26-14	**REENTRY #:**	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
******[redacted]	[redacted]	AP	55AK334604	17.12	17.12				
******[redacted]	[redacted]	AP	55AE796604	20.46					
		HS	80AK318816	10.46					
			Total	30.92	30.92				
******[redacted]	[redacted]	AP	55AC905304	20.46	20.46				
******[redacted]	[redacted]	CA31	55AC905522	23.54					
		AP	55AC905524	50.49					
		HI03	55AK357835	62.74					
		HS	80AC905386	17.96					
			Total	154.73	154.73				
******[redacted]	[redacted]	HI03	55Z7800105	33.24	33.24				
******[redacted]	[redacted]	HI03	55M1778395	24.15					
		AP	55Z3945424	20.46					
		UL	90W970133U	32.54					
			Total	77.15	77.15				

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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N - No deduction (Employee will remain on bill)	**A** - New Employee (Include Name, SSN, & Prem. Amt.)
C - Cancel at request of employee (If certificate participates in cafeteria plan, please refer to plan document)	**AD** - Add Dependent **RD** - Remove Dependent
	AB - Add Benefit **RB** - Remove Benefit
F - Family Leave Act	(AD & AB Changes require new applications)

000000 093PRA0AC687010141227023021000207003013000024

CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
******[redacted]		AP	55AK318974	20.46	20.46				
******[redacted]		CA31	55AC905152	28.40					
		AP	55Z7868894	41.83					
		HI04	55Z7868895	34.77					
		HS	80AC905166	17.96					
		UL	90W691481U	62.58					
			Total	185.54	185.54				
******[redacted]		AP	55Z7799324	50.49	50.49				
******[redacted]		AP	55AC905084	50.49					
		CA31	55Z3933872	23.54					
		HS	80Z3934286	17.32					
			Total	91.35	91.35				
******[redacted]		AP	55Z7760654	20.46	20.46				
******[redacted]		AP	55Z7710274	20.46					
		TR	90AC905370	11.60					
			Total	32.06	32.06				
******[redacted]		AP	55Z3944884	20.46					
		CA31	55Z7693472	28.40					
		UL	90W687356U	25.00					
			Total	73.86	73.86				
*****[redacted]		AP	55Z7800064	50.49					
		UL	90W689705U	30.00					
			Total	80.49	80.49				

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
******[redacted]		HI03	55AC905535	27.66					
		AP	55Z3955694	41.83					
		CA31	5585451222	13.76					
		HS	80W7867096	8.98					
			Total	92.23	92.23				
******[redacted]		AP	55Z3935784	20.46	20.46				
******[redacted]		AP	55Z7710284	20.46	20.46				
******[redacted]		AP	55AK333084	17.12	17.12				
******[redacted]		AP	55Z3945624	41.83	41.83				
******[redacted]		AP	55AK347674	20.46	20.46				
******[redacted]		HI03	55M1775555	87.31					
		AP	55Z3934354	50.49					
		CI	80AK332957	31.46					
			Total	169.26	169.26				
[redacted]		AP	55Z3935404	20.46					
		UL	90Z780007U	39.85					
			Total	60.31	60.31				
******[redacted]		CA31	55AC905502	13.76					
		AP	55Z3945124	20.46					
		HI03	55Z7760925	27.66					
		UL	90W689702U	46.75					
			Total	108.63	108.63				
******[redacted]		HI03	55M1778195	55.84					

Type: **AN** Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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000000 093PRA0AC687010141227023021000207004013000025

CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		AP	55Z3945644	20.46					
		CA31	5585450872	13.76					
		HS	80W4732816	17.96					
			Total	108.02	108.02				
******	[redacted]	AP	55Z7868854	20.46					
		CI	80W1225977	12.78					
			Total	33.24	33.24				
******	[redacted]	CA31	55AC885652	23.54					
		AP	55AC885654	17.12					
			Total	40.66	40.66				
******	[redacted]	AP	55AK357794	50.49					
		HS	80AK357736	11.94					
			Total	62.43	62.43				
******	[redacted]	AP	55AK319014	17.12	17.12				
	[redacted]	AP	55AC905354	50.50					
		UL	90Z776097U	75.34					
			Total	125.84	125.84				
******	[redacted]	CA31	55AC905412	48.96					
		AP	55Z3934774	50.49					
		HS	80W4719676	17.32					
			Total	116.77	116.77				
*****	[redacted]	AP	55AC918804	50.49	50.49				
*****	[redacted]	CI	80AK332937	12.20					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		UL	90Z770684U	27.58					
			Total	39.78	39.78				
*****	[redacted]	AP	55Z7801104	50.49					
		UL	90W694352U	25.00					
			Total	75.49	75.49				
*****	[redacted]	AP	55AK335314	20.46	20.46				
*****	[redacted]	AP	55Z3944424	50.49					
		HI03	55Z7728115	45.39					
		CA31	5585451072	23.54					
		HS	80W9699416	17.32					
		TR	90W9717390	29.10					
			Total	165.84	165.84				
*****	[redacted]	AP	55Z3959044	50.49					
		HS	80W4747936	8.98					
			Total	59.47	59.47				
*****	[redacted]	HI03	55AK334445	71.32					
		CA31	55W9667122	23.54					
		AP	55Z3945474	50.49					
		HS	80Z3944776	34.64					
			Total	179.99	179.99				
*****	[redacted]	HI03	55M1778475	24.15					
		AP	55Z3933414	50.49					
			Total	74.64	74.64				

Type: **AN** Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
******[redacted]		AP	55Z3934034	50.49					
		CA31	55Z7802692	23.54					
		HS	80AK318946	17.32					
		UL	90W689700U	51.25					
			Total	142.60	142.60				
******[redacted]		HI03	55W9664965	24.15					
		AP	55Z3934984	20.46					
			Total	44.61	44.61				
******[redacted]		AP	55Z3933754	50.49					
		TR	90AC885340	16.46					
		TR	90W9699440	24.19					
			Total	91.14	91.14				
******[redacted]		AP	55Z7710634	20.46	20.46				
******[redacted]		AP	55AK334344	20.46	20.46				
[redacted]		AP	55Z3934734	41.83					
		HS	80AC905206	20.92					
		TR	90Z3933230	24.00					
			Total	86.75	86.75				
******[redacted]		AP	55AK347664	17.12	17.12				
******[redacted]		HI03	55AK357755	27.66					
		CA31	55W9670562	13.76					
			Total	41.42	41.42				
******[redacted]		AP	55Z7760744	20.46	20.46				

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
******	[redacted]	CA31	55AC885522	13.76					
		HI03	55AC885525	24.15					
		AP	55Z7760724	20.46					
		TR	90AC885450	30.64					
			Total	89.01	89.01				
*****	[redacted]	AP	55AK347694	50.49					
		TR	90AK347650	14.38					
			Total	64.87	64.87				
******	[redacted]	HI03	55AC905125	33.24					
		AP	55Z3935774	20.46					
		CA31	55Z7693542	13.76					
		HS	80Z7693306	8.98					
			Total	76.44	76.44				
******	[redacted]	CA31	55W4722792	13.76					
		AP	55Z3958934	20.46					
		HS	80W6888086	8.98					
			Total	43.20	43.20				
*****	[redacted]	CA31	55AK333382	28.40					
		AP	55AK333384	20.46					
		HS	80AK333346	20.92					
			Total	69.78	69.78				
******	[redacted]	HI03	55AC905275	24.15					
		AP	55Z7799874	20.46					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
			Total	44.61	44.61				
******	[redacted]	AP	55AK318454	50.49	50.49				
******	[redacted]	AP	55AK334794	50.49	50.49				
*****	[redacted]	CA31	55W6872802	13.76					
		AP	55Z3945604	20.46					
		HS	80W6872476	8.98					
			Total	43.20	43.20				
******	[redacted]	AP	55Z3934634	20.46					
		UL	90AK31849U	30.48					
			Total	50.94	50.94				
*****	[redacted]	HS	80AD000856	20.92	20.92				
*****	[redacted]	AP	55Z3935604	50.49	50.49				
*****	[redacted]	AP	55Z3944964	50.49	50.49				
*****	[redacted]	AP	55AK334684	50.49	50.49				
*	[redacted]	CA31	55AC918792	13.76					
		TR	90Z7708330	43.69					
			Total	57.45	57.45				
*****	[redacted]	HI03	55M1777135	45.39					
		AP	55Z3934144	41.83					
		CA31	5585450882	23.54					
		HS	80AC905186	19.44					
			Total	130.20	130.20				
******	[redacted]	AP	55Z3944444	20.46					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		TR	90W9676470	36.50					
			Total	56.96	56.96				
******	[redacted]	AP	55AK318884	38.85	38.85				
******	[redacted]	CA31	55AC885632	48.96					
		HI03	55AC885635	45.08					
		AP	55Z3935394	38.85					
		UL	90W967646U	30.00					
			Total	162.89	162.89				
******	[redacted]	CA31	55W4717122	13.76					
		AP	55Z3958454	50.49					
		HS	80W4717146	17.96					
		UL	90W688635U	13.00					
		UL	90W688640U	13.00					
			Total	108.21	108.21				
[redacted]		CA31	55W3168382	13.76					
		HS	80W3167886	8.98					
			Total	22.74	22.74				
******	[redacted]	AP	55Z7760674	20.46	20.46				
******	[redacted]	AP	55Z3934934	20.46					
		HI03	55Z7761005	51.92					
		HS	80AK335216	10.46					
		TR	90W9701280	27.19					
			Total	110.03	110.03				

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
******[redacted]		HI03	55AC905145	24.15					
		TR	90AK347610	29.46					
			Total	53.61	53.61				
******[redacted]		CA31	55AK347702	23.54					
		HS	80AK347516	17.32					
			Total	40.86	40.86				
******[redacted]		AP	55AC905474	20.46	20.46				
******[redacted]		AP	55Z3933074	20.46	20.46				
******[redacted]		CA31	55AC905332	28.40					
		AP	55Z7760774	20.46					
		HI03	55Z7760775	34.77					
		HS	80Z7760716	17.96					
			Total	101.59	101.59				
******[redacted]		AP	55Z3935294	20.46					
		CA31	55Z7693452	13.76					
		UL	90Z393489U	21.67					
			Total	55.89	55.89				
******[redacted]		AP	55AE630264	50.49					
		HI03	55AK357765	27.66					
			Total	78.15	78.15				
******[redacted]		AP	55Z7710584	20.46	20.46				
******[redacted]		AP	55AC918884	50.49					
		CA31	55W6897182	13.76					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
			Total	64.25	64.25				
******	[redacted]	CI	80AK318617	15.10					
		UL	90Z393510U	26.22					
			Total	41.32	41.32				
******	[redacted]	HI03	55M1777045	34.77					
		AP	55Z3945114	50.49					
		UL	90W691484U	40.00					
			Total	125.26	125.26				
******	[redacted]	CA	80AK334572	16.74	16.74				
******	[redacted]	AP	55AC905554	32.17					
		CA31	55W4711702	13.76					
			Total	45.93	45.93				
******	[redacted]	AP	55Z7760964	20.46					
		CI	80AK318687	19.02					
		TR	90AC880560	29.87					
			Total	69.35	69.35				
******	[redacted]	TR	90W9664540	24.28	24.28				
******	[redacted]	HI03	55M1774345	40.26					
		AP	55Z3934844	20.46					
			Total	60.72	60.72				
******	[redacted]	HI03	55M1775905	24.15					
		AP	55Z3945414	20.46					
		UL	90Z769333U	13.00					

Type: **AN** Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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000000 093PRA0AC687010141227023021000207008013000029

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		UL	90Z769350U	13.00					
			Total	70.61	70.61				
******	[redacted]	HI03	55M1775855	100.39					
		AP	55Z7800004	20.46					
		CA31	5585451152	13.76					
		HS	80W4732786	17.96					
		TR	90W9701200	45.08					
			Total	197.65	197.65				
******	[redacted]	HI03	55M1774175	27.66					
		AP	55Z3945144	50.49					
		CA31	5585451052	23.54					
		HS	80W6873556	17.32					
		HS	80W9667686	17.32					
			Total	136.33	136.33				
	[redacted]	HI03	55AK334805	40.09					
		AP	55Z3945394	20.46					
		CA31	55Z7710952	28.40					
		HS	80AC905136	17.96					
		UL	90Z770735U	39.29					
			Total	146.20	146.20				
******	[redacted]	HI03	55M1776575	27.66					
		AP	55Z3944984	20.46					
		CA31	5585451132	28.40					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
			Total	76.52	76.52				
******[redacted]		CA32	55AK334332	23.54					
		AP	55AK334334	34.40					
		HI03	55Z7802785	40.09					
		UL	90W689633U	67.08					
			Total	165.11	165.11				
******[redacted]		CA31	55AK309472	28.40					
		AP	55Z7710974	20.46					
			Total	48.86	48.86				
******[redacted]		AP	55AK318444	20.46	20.46				
******[redacted]		AP	55Z7710594	20.46	20.46				
******[redacted]		HI03	55M1778465	34.77					
		CA31	55W4733212	13.76					
		AP	55Z3945274	20.46					
		HS	80W4733106	8.98					
			Total	77.97	77.97				
******[redacted]		HI03	55M1776535	100.39					
		CA31	55W4732752	48.96					
		AP	55Z3945404	50.49					
		HS	80W3167906	17.96					
		UL	90Z394569U	67.04					
			Total	284.84	284.84				
******[redacted]		CA31	55AC905072	23.54					

Type: **AN** Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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000000 093PRA0AC687010141227023021000207009013000030

CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		HI03	55AK333065	45.39					
		AP	55Z3934404	41.21					
			Total	110.14	110.14				
******[redacted]		CA31	55AC905342	28.40					
		HI03	55AC905345	27.66					
			Total	56.06	56.06				
******[redacted]		AP	55Z7760804	41.83					
		HS	80AC905016	20.92					
			Total	62.75	62.75				
******[redacted]		CA31	55AC918772	13.76					
		HI03	55AK334375	24.15					
		AP	55Z3958944	20.46					
			Total	58.37	58.37				
******[redacted]		AP	55Z7799884	20.46	20.46				
[redacted]		CA31	55W4722882	28.40					
		AP	55Z3932274	34.40					
		HI03	55Z7710505	40.09					
		TR	90W9670670	27.37					
			Total	130.26	130.26				
******[redacted]		CA31	55Z7693522	13.76					
		AP	55Z7693524	17.12					
		HI03	55Z7693525	45.08					
		HS	80AC905036	10.46					

Type: **AN** Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
			Total	86.42	86.42				
******	[redacted]	AP	55AK333524	20.46	20.46				
******	[redacted]	HI03	55M1777095	27.66					
		AP	55Z3958464	41.83					
		CA31	5585451212	13.76					
		HS	80W4733186	17.96					
			Total	101.21	101.21				
******	[redacted]	HI03	55M1778495	71.32					
		CA31	55W1956352	23.54					
		AP	55Z3958424	50.49					
		HS	80Z7800626	37.04					
		TR	90W9732810	22.18					
			Total	204.57	204.57				
******	[redacted]	AP	55Z7760904	20.46	20.46				
*[redacted]		AP	55AC880684	17.12					
		CA31	5585450992	13.76					
			Total	30.88	30.88				
******	[redacted]	CA31	55Z7760842	48.96					
		AP	55Z7760844	41.83					
		HS	80Z7760766	17.96					
			Total	108.75	108.75				
******	[redacted]	AP	55Z7728144	50.49	50.49				
******	[redacted]	HI03	55AK319025	24.15	24.15				

Type: **AN** Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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000000 093PRA0AC687010141227023021000207010013000031

CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
******	[redacted]	AP	55Z3945784	38.85	38.85				
******	[redacted]	AP	55AK347594	17.12	17.12				
******	[redacted]	AP	55AK309334	20.46	20.46				
******	[redacted]	CA31	55AK333022	13.76					
		AP	55Z3945454	20.46					
			Total	34.22	34.22				
******	[redacted]	AP	55Z3945804	50.49					
		CI	80AK318627	14.88					
		TR	90W9701270	43.33					
			Total	108.70	108.70				
******	[redacted]	AP	55Z7799964	20.46	20.46				
******	[redacted]	AP	55AK318844	20.46	20.46				
******	[redacted]	AP	55AK334614	20.46	20.46				
******	[redacted]	HI03	55M1775845	27.66					
		AP	55Z7801094	32.17					
			Total	59.83	59.83				
******	[redacted]	CA31	55AK358772	28.40					
		AP	55Z3935794	20.46					
		HS	80AK357776	17.96					
		TR	90W9717400	21.91					
			Total	88.73	88.73				
******	[redacted]	AP	55Z3945154	50.49	50.49				
******	[redacted]	AP	55AK335034	38.85	38.85				

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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F - Family Leave Act	(AD & AB Changes require new applications)

CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
******[redacted]		HI03	55AC905425	24.15					
		AP	55Z7801754	20.46					
			Total	44.61	44.61				
******[redacted]		HS	80W1959606	8.98	8.98				
******[redacted]		AP	55Z3935274	41.83					
		CA31	55Z7760912	28.40					
		HI03	55Z7760915	45.39					
		HS	80AC905116	17.96					
		UL	90W966706U	34.56					
			Total	168.14	168.14				
******[redacted]		HI03	55M1776965	62.74					
		CA31	55W6907772	48.96					
		AP	55Z7760894	20.46					
		UL	90W690775U	30.00					
			Total	162.16	162.16				
******[redacted]		AP	55Z3934504	50.49					
		TR	90Z3933600	18.64					
		TR	90Z7693360	20.52					
			Total	89.65	89.65				
******[redacted]		TR	90AC905450	28.37					
		TR	90AK318320	16.65					
			Total	45.02	45.02				
******[redacted]		CA31	55Z3935382	23.54					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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000000 093PRA0AC687010141227023021000207011013000032

CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		AP	55Z3935384	41.21					
		HI03	55Z3935385	100.39					
		HS	80Z3934876	34.64					
			Total	199.78	199.78				
******[redacted]		AP	55Z7800054	38.85					
		UL	90W695518U	24.86					
			Total	63.71	63.71				
******[redacted]		HI03	55M1776635	40.26					
		AP	55Z3955874	50.49					
		UL	90W690472U	47.80					
			Total	138.55	138.55				
******[redacted]		AP	55AK318254	20.46	20.46				
******[redacted]		AP	55AK333434	50.49	50.49				
******[redacted]		CA31	55W4717172	28.40					
		AP	55Z3944454	50.49					
		HS	80W9699406	8.98					
		UL	90Z769328U	20.00					
		UL	90Z769339U	20.00					
		UL	90Z769340U	20.00					
			Total	147.87	147.87				
******[redacted]		CA31	55W6886972	13.76					
		AP	55Z3945634	20.46					
		CI	80W1225947	18.20					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
			Total	52.42	52.42				
******[redacted]		HI03	55M1776255	71.32					
		CA31	55W3169232	48.96					
		AP	55Z3945444	50.49					
		HS	80W3168736	34.64					
		TR	90AK347680	66.92					
			Total	272.33	272.33				
******[redacted]		CA31	55Z7693532	13.76					
		AP	55Z7693534	20.46					
		TR	90AC906190	36.37					
			Total	70.59	70.59				
******[redacted]		AP	55AC905094	20.46					
		HI03	55M1776435	34.77					
		TR	90AC905440	19.74					
			Total	74.97	74.97				
******[redacted]		CA31	55W3168192	48.96					
		AP	55Z3934944	50.49					
		HS	80W3169246	17.96					
		TR	90AK309380	28.74					
		UL	90W695532U	68.00					
			Total	214.15	214.15				
******[redacted]		AP	55AC905284	50.49	50.49				
******[redacted]		AP	55Z3944474	38.85					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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000000 093PRA0AC687010141227023021000207012013000033

CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		HI03	55Z7710405	27.66					
		HS	80AK335156	39.44					
			Total	105.95	105.95				
******[redacted]		AP	55AK358764	20.46					
		TR	90AK357740	15.96					
			Total	36.42	36.42				
******[redacted]		AP	55AK318764	20.46	20.46				
*****[redacted]		AP	55Z3944894	50.49					
		HI03	55Z3944895	87.31					
		CA31	55Z7801682	48.96					
			Total	186.76	186.76				
******[redacted]		AP	55AK357784	20.46	20.46				
*****[redacted]		HI03	55M1776485	27.66					
		AP	55Z3932634	50.49					
		CA31	55Z7801692	28.40					
		CA	80AK335202	26.47					
			Total	133.02	133.02				
******[redacted]		AP	55AK335334	20.46	20.46				
******[redacted]		AP	55AK334534	20.46	20.46				
******[redacted]		AP	55AK309524	20.46	20.46				
******[redacted]		AP	55AK335024	50.49	50.49				
******[redacted]		AP	55Z3932284	20.46					
		CA31	55Z7693482	48.96					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	01-10-15	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	12-26-14	REENTRY #:	M01AC687360

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		TR	90Z7693410	26.00					
			Total	95.42	95.42				
******[redacted]		HI03	55M1774715	45.08					
		CA31	55W6888642	23.54					
		AP	55Z3945294	50.49					
		HS	80W6888056	17.32					
			Total	136.43	136.43				
******[redacted]		CA31	55AC880642	23.54					
		HI03	55AC880645	62.74					
		AP	55Z3935034	50.49					
		UL	90W966704U	89.21					
			Total	225.98	225.98				
******[redacted]		AP	55AK335244	20.46	20.46				
******[redacted]		AP	55Z3958404	50.49					
		CA31	5585451032	13.46					
			Total	63.95	63.95				
******[redacted]		AP	55AK318294	50.50	50.50				
******[redacted]		AP	55AK357814	20.46	20.46				

Type: **AN** Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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TOTAL DUE: 11,348.47

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Allstate Benefits

American Heritage Life Insurance Company
1776 American Heritage Life Drive
Jacksonville, Florida 32224-6687

CITY OF WESLACO
ATTN: GLORIA OLIVA
255 SOUTH KANSAS AVENUE
WESLACO, TX 78596-6158

For online billing, EasyBill Online is now available at www.allstatebenefits.com/easybillonline.

- Reconcile and pay invoices online.
- View & update your account information including employee status.
- Communicate with Allstate Benefits via e-mail regarding questions about your invoice.
- Receive e-mail notification when your invoice is available online.

Take a Site Tour and see how easy it is to manage your Allstate Benefits business. Please contact us at 1-866-828-8074, option 3 to obtain registration information.

If you are interested in attending a web cast for the EasyBill Online website, please email us at awd-billingsupport@allstate.com and we will notify you of the next available date.

Sincerely,

Premium Administration

FINANCE
DEC - 9 2014
PAYROLL

Allstate Benefits

American Heritage Life Insurance Company
PO Box 650514
Dallas, Texas 75265-0514

CITY OF WESLACO
ATTN: GLORIA OLIVA
255 SOUTH KANSAS AVENUE
WESLACO, TX 78596-6158

FINANCE
DEC - 9 2014
PAYROLL

BILL DATE:	11-26-14	**CASE NUMBER:**	AC687
BILLING FREQUENCY:	MONTHLY	**DUE DATE:**	12-11-14
LAST PAYMENT RECEIVED:	11-25-14	**TOTAL AMOUNT DUE:**	$11,348.47
TEAM:	T06	**REENTRY #:**	M01AC687330

*****IMPORTANT*****
A COPY OF THIS STATEMENT, SHOWING ANY ADJUSTMENTS, MUST BE SENT WITH YOUR PREMIUM. WRITE YOUR CASE NUMBER ON YOUR CHECK, AND RETAIN A COPY OF THIS STATEMENT FOR YOUR RECORDS.

Claim Forms are now available online at www.allstatebenefits.com
IF YOU HAVE ANY QUESTIONS ABOUT YOUR STATEMENT, PLEASE CALL 1-800-521-3535

PLEASE MAIL A COPY OF YOUR STATEMENT WITH YOUR PAYMENT TO:
American Heritage Life Insurance Company
PO Box 650514, Dallas, Texas 75265-0514
(PLEASE WRITE YOUR CASE NUMBER ON THE CHECK)

Work Sheet	
Total Number of Payors:	
Total Number of Policies:	
Total Deletions:	2
Total Additions:	
Total Changes:	3
Amount Paid:	11,264.78
Check Number:	
Check Date:	
Notes:	

LBCSEA

000000 933PRA0AC687010141127023023000192002013000002

Allstate Benefits

American Heritage Life Insurance Company
PO Box 650514
Dallas, Texas 75265-0514

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CITY OF WESLACO
Agent Name: KELLY SCOTT KOEPP
Agent Number: 3PRA0

CASE #:	AC687	**DUE DATE:**	12-11-14	**TEAM:**	T06
FREQUENCY:	MONTHLY	**INVOICE DATE:**	11-26-14	**REENTRY #:**	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
*****0818	[redacted]	AP	55AK334604	17.12	17.12				
*****9956	[redacted]	AP	55AE796604	20.46					
		HS	80AK318816	10.46					
			Total	30.92	30.92				
*****9873	[redacted]	AP	55AC905304	20.46	20.46				
*****1697	[redacted]	CA31	55AC905522	23.54					
		AP	55AC905524	50.49					
		HI03	55AK357835	62.74					
		HS	80AC905386	17.96					
			Total	154.73	154.73				
*****1802	[redacted]	HI03	55Z7800105	33.24	33.24				
*****2464	[redacted]	HI03	55M1778395	24.15					
		AP	55Z3945424	20.46					
		UL	90W970133U	32.54					
			Total	77.15	77.15				

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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000000 933PRA0AC687010141127023023000192003013000003

CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
******9164	[redacted]	AP	55AK318974	20.46	20.46				
******2503	[redacted]	CA31	55AC905152	28.40					
		AP	55Z7868894	41.83					
		HI04	55Z7868895	34.77					
		HS	80AC905166	17.96					
		UL	90W691481U	62.58					
			Total	185.54	185.54				
******6826	[redacted]	AP	55Z7799324	50.49	50.49				
******8205	[redacted]	AP	55AC905084	50.49					
		CA31	55Z3933872	23.54					
		HS	80Z3934286	17.32					
			Total	91.35	91.35				
******6164	[redacted]	AP	55Z7760654	20.46	20.46				
******1042	[redacted]	AP	55Z7710274	20.46					
		TR	90AC905370	11.60					
			Total	32.06	32.06				
******9058	[redacted]	AP	55Z3944884	20.46					
		CA31	55Z7693472	28.40					
		UL	90W687356U	25.00					
			Total	73.86	73.86				
******8438	[redacted]	AP	55Z7800064	50.49					
		UL	90W689705U	30.00					
			Total	80.49	80.49				

Type: **AN** Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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F - Family Leave Act	(AD & AB Changes require new applications)

CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
*****8999	[redacted]	HI03	55AC905535	27.66					
		AP	55Z3955694	41.83					
		CA31	5585451222	13.76					
		HS	80W7867096	8.98					
			Total	92.23	92.23				
*****6139	[redacted]	AP	55Z3935784	20.46	20.46				
*****5474	[redacted]	AP	55Z7710284	20.46	20.46				
*****3739	[redacted]	AP	55AK333084	17.12	17.12				
*****6387	[redacted]	AP	55Z3945624	41.83	41.83				
*****7454	[redacted]	AP	55AK347674	20.46	20.46				
*****5993	[redacted]	HI03	55M1775555	87.31					
		AP	55Z3934354	50.49					
		CI	80AK332957	31.46					
			Total	169.26	169.26				
*[illegible]2920	[redacted]	AP	55Z3935404	20.46					
		UL	90Z780007U	39.85					
			Total	60.31	60.31				
*****1011	[redacted]	CA31	55AC905502	13.76					
		AP	55Z3945124	20.46					
		HI03	55Z7760925	27.66					
		UL	90W689702U	46.75					
			Total	108.63	108.63				
*****3061	[redacted]	HI03	55M1778195	55.84					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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000000 933PRA0AC687010141127023023000192004013000004

CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		AP	55Z3945644	20.46					
		CA31	5585450872	13.76					
		HS	80W4732816	17.96					
			Total	108.02	108.02				
******2859	[redacted]	AP	55Z7868854	20.46					
		CI	80W1225977	12.78					
			Total	33.24	33.24				
******1203	[redacted]	CA31	55AC885652	23.54					
		AP	55AC885654	17.12					
			Total	40.66	40.66				
******4563	[redacted]	AP	55AK357794	50.49					
		HS	80AK357736	11.94					
			Total	62.43	62.43				
******2177	[redacted]	AP	55AK319014	17.12	17.12				
*4672	[redacted]	AP	55AC905354	50.50					
		UL	90Z776097U	75.34					
			Total	125.84	125.84				
******5872	[redacted]	CA31	55AC905412	48.96					
		AP	55Z3934774	50.49					
		HS	80W4719676	17.32					
			Total	116.77	116.77				
******0247	[redacted]	AP	55AC918804	50.49	50.49				
******6771	[redacted]	CI	80AK332937	12.20					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		UL	90Z770684U	27.58					
			Total	39.78	39.78				
*****9286	[redacted]	AP	55Z7801104	50.49					
		UL	90W694352U	25.00					
			Total	75.49	75.49				
*****1362	[redacted]	AP	55AK335314	20.46	20.46				
*****0716	[redacted]	AP	55Z3944424	50.49					
		HI03	55Z7728115	45.39					
		CA31	5585451072	23.54					
		HS	80W9699416	17.32					
		TR	90W9717390	29.10					
			Total	165.84	165.84				
*****3977	[redacted]	AP	55Z3959044	50.49					
		HS	80W4747936	8.98					
			Total	59.47	59.47				
*****6441	[redacted]	HI03	55AK334445	71.32					
		CA31	55W9667122	23.54					
		AP	55Z3945474	50.49					
		HS	80Z3944776	34.64					
			Total	179.99	179.99				
*****0909	[redacted]	HI03	55M1778475	24.15					
		AP	55Z3933414	50.49					
			Total	74.64	74.64				

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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000000 933PRA0AC687010141127023023000192005013000005

CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
******3019	[redacted]	AP	55Z3934034	50.49					
		CA31	55Z7802692	23.54					
		HS	80AK318946	17.32					
		UL	90W689700U	51.25					
			Total	142.60	142.60				
******6088	[redacted]	HI03	55W9664965	24.15					
		AP	55Z3934984	20.46					
			Total	44.61	44.61				
******5908	[redacted]	AP	55Z3933754	50.49					
		TR	90AC885340	16.46					
		TR	90W9699440	24.19					
			Total	91.14	91.14				
******5533	[redacted]	AP	55Z7710634	20.46	20.46				
******3868	[redacted]	AP	55AK334344	20.46	20.46				
*4895	[redacted]	AP	55Z3934734	41.83					
		HS	80AC905206	20.92					
		TR	90Z3933230	24.00					
			Total	86.75	86.75				
******0475	[redacted]	AP	55AK347664	17.12	17.12				
******0476	[redacted]	HI03	55AK357755	27.66			Term		
		CA31	55W9670562	13.76					
			Total	41.42	41.42				
******0681	[redacted]	AP	55Z7760744	20.46	20.46				

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CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
*****6147	[redacted]	~~CA31~~	~~55AC885522~~	~~13.76~~	0			0	T
		~~HI03~~	55AC885525	24.15	0			0	T
		~~AP~~	~~55Z7760724~~	~~20.46~~	0			0	T
		~~TR~~	90AC885450	~~30.64~~	0			0	T
			Total	~~89.01~~	89.01			0	T
*****2730	[redacted]	AP	55AK347694	50.49					
		TR	90AK347650	14.38					
			Total	64.87	64.87				
*****7355	[redacted]	HI03	55AC905125	33.24					
		AP	55Z3935774	20.46					
		CA31	55Z7693542	13.76					
		HS	80Z7693306	8.98					
			Total	76.44	76.44				
*****6756	[redacted]	CA31	55W4722792	13.76					
		AP	55Z3958934	20.46					
		HS	80W6888086	8.98					
			Total	43.20	43.20				
*****6895	[redacted]	CA31	55AK333382	28.40					
		AP	55AK333384	20.46					
		HS	80AK333346	20.92					
			Total	69.78	69.78				
*****6974	[redacted]	HI03	55AC905275	24.15					
		AP	55Z7799874	20.46					

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CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
			Total	44.61	44.61				
******0463	[redacted]	AP	55AK318454	50.49	50.49				
******1277	[redacted]	AP	55AK334794	50.49	50.49				
******5785	[redacted]	CA31	55W6872802	13.76					
		AP	55Z3945604	20.46					
		HS	80W6872476	8.98					
			Total	43.20	43.20				
******7853	[redacted]	AP	55Z3934634	20.46					
		UL	90AK31849U	30.48					
			Total	50.94	50.94				
******8917	[redacted]	HS	80AD000856	20.92	20.92				
******0802	[redacted]	AP	55Z3935604	50.49	50.49				
******7789	[redacted]	AP	55Z3944964	50.49	50.49				
******8332	[redacted]	AP	55AK334684	50.49	50.49				
*****5020	[redacted]	CA31	55AC918792	13.76					
		TR	90Z7708330	43.69					
			Total	57.45	57.45				
******9639	[redacted]	HI03	55M1777135	45.39					
		AP	55Z3934144	41.83					
		CA31	5585450882	23.54					
		HS	80AC905186	19.44					
			Total	130.20	130.20				
******4704	[redacted]	AP	55Z3944444	20.46					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		TR	90W9676470	36.50					
			Total	56.96	56.96				
*****2659	[redacted]	AP	55AK318884	38.85	38.85				
*****5601	[redacted]	CA31	55AC885632	48.96					
		HI03	55AC885635	45.08					
		AP	55Z3935394	38.85					
		UL	90W967646U	30.00					
			Total	162.89	162.89				
*****9248	[redacted]	CA31	55W4717122	13.76					
		AP	55Z3958454	50.49					
		HS	80W4717146	17.96					
		UL	90W688635U	13.00					
		UL	90W688640U	13.00					
			Total	108.21	108.21				
** 157	[redacted]	CA31	55W3168382	13.76					
		HS	80W3167886	8.98					
			Total	22.74	22.74				
*****4610	[redacted]	AP	55Z7760674	20.46	20.46				
*****6410	[redacted]	AP	55Z3934934	20.46					
		HI03	55Z7761005	51.92					
		HS	80AK335216	10.46					
		TR	90W9701280	27.19					
			Total	110.03	110.03				

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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000000 933PRA0AC687010141127023023000192007013000007

CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
******0320	[redacted]	HI03	55AC905145	24.15					
		TR	90AK347610	29.46					
			Total	53.61	53.61				
******6399	[redacted]	CA31	55AK347702	23.54					
		HS	80AK347516	17.32					
			Total	40.86	40.86				
******8492	[redacted]	AP	55AC905474	20.46	20.46				
******1024	[redacted]	AP	55Z3933074	20.46	20.46				
******5521	[redacted]	CA31	55AC905332	28.40					
		AP	55Z7760774	20.46					
		HI03	55Z7760775	34.77					
		HS	80Z7760716	17.96					
			Total	101.59	101.59				
******4499	[redacted]	AP	55Z3935294	20.46					
		CA31	55Z7693452	13.76					
		UL	90Z393489U	21.67					
			Total	55.89	55.89				
******5412	[redacted]	AP	55AE630264	50.49					
		HI03	55AK357765	27.66					
			Total	78.15	78.15				
******8249	[redacted]	AP	55Z7710584	20.46	20.46				
******1949	[redacted]	AP	55AC918884	50.49					
		CA31	55W6897182	13.76					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
			Total	64.25	64.25				
*****8934	[redacted]	CI	80AK318617	15.10					
		UL	90Z393510U	26.22					
			Total	41.32	41.32				
*****7133	[redacted]	HI03	55M1777045	34.77					
		AP	55Z3945114	50.49					
		UL	90W691484U	40.00					
			Total	125.26	125.26				
*****1223	[redacted]	CA	80AK334572	16.74	16.74				
*****2848	[redacted]	AP	55AC905554	32.17					
		CA31	55W4711702	13.76					
			Total	45.93	45.93				
*****9754	[redacted]	AP	55Z7760964	20.46					
		CI	80AK318687	19.02					
		TR	90AC880560	29.87					
			Total	69.35	69.35				
*****0335	[redacted]	TR	90W9664540	24.28	24.28				
*****8192	[redacted]	HI03	55M1774345	40.26					
		AP	55Z3934844	20.46					
			Total	60.72	60.72				
*****5326	[redacted]	HI03	55M1775905	24.15					
		AP	55Z3945414	20.46					
		UL	90Z769333U	13.00					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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000000 933PRA0AC687010141127023023000192008013000008

CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		UL	90Z769350U	13.00					
			Total	70.61	70.61				
******1619	[redacted]	HI03	55M1775855	100.39					
		AP	55Z7800004	20.46					
		CA31	5585451152	13.76					
		HS	80W4732786	17.96					
		TR	90W9701200	45.08					
			Total	197.65	197.65				
******0411	[redacted]	HI03	55M1774175	27.66					
		AP	55Z3945144	50.49					
		CA31	5585451052	23.54					
		HS	80W6873556	17.32					
		HS	80W9667686	17.32					
			Total	136.33	136.33				
*5606	[redacted]	HI03	55AK334805	40.09					
		AP	55Z3945394	20.46					
		CA31	55Z7710952	28.40					
		HS	80AC905136	17.96					
		UL	90Z770735U	39.29					
			Total	146.20	146.20				
******2655	[redacted]	HI03	55M1776575	27.66					
		AP	55Z3944984	20.46					
		CA31	5585451132	28.40					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
			Total	76.52	76.52				
*****0664	[redacted]	CA32	55AK334332	23.54					
		AP	55AK334334	34.40					
		HI03	55Z7802785	40.09					
		UL	90W689633U	67.08					
			Total	165.11	165.11				
*****2318	[redacted]	CA31	55AK309472	28.40					
		AP	55Z7710974	20.46					
			Total	48.86	48.86				
*****6924	[redacted]	AP	55AK318444	20.46	20.46				
*****2497	[redacted]	AP	55Z7710594	20.46	20.46				
*****9892	[redacted]	HI03	55M1778465	34.77					
		CA31	55W4733212	13.76					
		AP	55Z3945274	20.46					
		HS	80W4733106	8.98					
			Total	77.97	77.97				
*****2279	[redacted]	HI03	55M1776535	100.39					
		CA31	55W4732752	48.96					
		AP	55Z3945404	50.49					
		HS	80W3167906	17.96					
		UL	90Z394569U	67.04					
			Total	284.84	284.84				
*****9515	[redacted]	CA31	55AC905072	23.54					

Type: **AN** Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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000000 933PRA0AC687010141127023023000192009013000009

CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		HI03	55AK333065	45.39					
		AP	55Z3934404	41.21					
			Total	110.14	110.14				
******1241	[redacted]	~~CA31~~	~~55AC905342~~	~~28.40~~				~~0~~	~~T~~
		~~HI03~~	~~55AC905345~~	~~27.66~~				~~0~~	~~T~~
			~~Total~~	~~56.06~~	~~56.06~~			~~0~~	~~T~~
******7240	[redacted]	AP	55Z7760804	41.83					
		HS	80AC905016	20.92					
			Total	62.75	62.75				
******3505	[redacted]	CA31	55AC918772	13.76					
		HI03	55AK334375	24.15					
		AP	55Z3958944	20.46					
			Total	58.37	58.37				
******8340	[redacted]	AP	55Z7799884	20.46	20.46				
*8479	[redacted]	CA31	55W4722882	28.40					
		AP	55Z3932274	34.40					
		HI03	55Z7710505	40.09					
		TR	90W9670670	27.37					
			Total	130.26	130.26				
******2955	[redacted]	CA31	55Z7693522	13.76					
		AP	55Z7693524	17.12					
		HI03	55Z7693525	45.08					
		HS	80AC905036	10.46					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
			Total	86.42	86.42				
*****5885	[redacted]	AP	55AK333524	20.46	20.46				
*****2538	[redacted]	HI03	55M1777095	27.66					
		AP	55Z3958464	41.83					
		CA31	5585451212	13.76					
		HS	80W4733186	17.96					
			Total	101.21	101.21				
*****5985	[redacted]	HI03	55M1778495	71.32					
		CA31	55W1956352	23.54					
		AP	55Z3958424	50.49					
		HS	80Z7800626	37.04					
		TR	90W9732810	22.18					
			Total	204.57	204.57				
*****5226	[redacted]	AP	55Z7760904	20.46	20.46				
*[illegible]087	[redacted]	AP	55AC880684	17.12					
		CA31	5585450992	13.76					
			Total	30.88	30.88				
*****1302	[redacted]	CA31	55Z7760842	48.96					
		AP	55Z7760844	41.83					
		HS	80Z7760766	17.96					
			Total	108.75	108.75				
*****8958	[redacted]	AP	55Z7728144	50.49	50.49				
*****8633	[redacted]	HI03	55AK319025	24.15	24.15				

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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000000 933PRA0AC687010141127023023000192010013000010

CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
******3580	[redacted]	AP	55Z3945784	38.85	38.85				
******2948	[redacted]	AP	55AK347594	17.12	17.12				
******4045	[redacted]	AP	55AK309334	20.46	20.46				
******1967	[redacted]	CA31	55AK333022	13.76					
		AP	55Z3945454	20.46					
			Total	34.22	34.22				
******5059	[redacted]	AP	55Z3945804	50.49					
		CI	80AK318627	14.88					
		TR	90W9701270	43.33					
			Total	108.70	108.70				
******1937	[redacted]	AP	55Z7799964	20.46	20.46				
******2334	[redacted]	AP	55AK318844	20.46	20.46				
******9738	[redacted]	AP	55AK334614	20.46	20.46				
******2027	[redacted]	HI03	55M1775845	27.66					
		AP	55Z7801094	32.17					
			Total	59.83	59.83				
******2801	[redacted]	CA31	55AK358772	28.40					
		AP	55Z3935794	20.46					
		HS	80AK357776	17.96					
		TR	90W9717400	21.91					
			Total	88.73	88.73				
******3069	[redacted]	AP	55Z3945154	50.49	50.49				
******1156	[redacted]	AP	55AK335034	38.85	38.85				

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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N - No deduction (Employee will remain on bill)	**A** - New Employee (Include Name, SSN, & Prem. Amt.)
C - Cancel at request of employee (If certificate participates in cafeteria plan, please refer to plan document)	**AD** - Add Dependent **RD** - Remove Dependent
	AB - Add Benefit **RB** - Remove Benefit
F - Family Leave Act	(AD & AB Changes require new applications)

CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
*****4099	[redacted]	HI03	55AC905425	24.15					
		AP	55Z7801754	20.46					
			Total	44.61	44.61				
*****4870	[redacted]	HS	80W1959606	8.98	8.98				
*****6619	[redacted]	AP	55Z3935274	41.83					
		CA31	55Z7760912	28.40					
		HI03	55Z7760915	45.39					
		HS	80AC905116	17.96					
		UL	90W966706U	34.56					
			Total	168.14	168.14				
*****6929	[redacted]	HI03	55M1776965	62.74					
		CA31	55W6907772	48.96					
		AP	55Z7760894	20.46					
		UL	90W690775U	30.00					
			Total	162.16	162.16				
*****5249	[redacted]	AP	55Z3934504	50.49					
		TR	90Z3933600	18.64					
		TR	90Z7693360	20.52					
			Total	89.65	89.65				
*****8588	[redacted]	TR	90AC905450	28.37					
		TR	90AK318320	16.65					
			Total	45.02	45.02				
*****1821	[redacted]	CA31	55Z3935382	23.54					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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C - Cancel at request of employee (If certificate participates in cafeteria plan, please refer to plan document)	**AD** - Add Dependent **RD** - Remove Dependent **AB** - Add Benefit **RB** - Remove Benefit (AD & AB Changes require new applications)
F - Family Leave Act	

000000 933PRA0AC687010141127023023000192011013000011

CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		AP	55Z3935384	41.21					
		HI03	55Z3935385	100.39					
		HS	80Z3934876	34.64					
			Total	199.78	199.78				
******3965	[redacted]	AP	55Z7800054	38.85					
		UL	90W695518U	24.86					
			Total	63.71	63.71				
******9830	[redacted]	HI03	55M1776635	40.26					
		AP	55Z3955874	50.49					
		UL	90W690472U	47.80					
			Total	138.55	138.55				
******7137	[redacted]	AP	55AK318254	20.46	20.46				
******9998	[redacted]	AP	55AK333434	50.49	50.49				
******4914	[redacted]	CA31	55W4717172	28.40					
		AP	55Z3944454	50.49					
		HS	80W9699406	8.98					
		UL	90Z769328U	20.00					
		UL	90Z769339U	20.00					
		UL	90Z769340U	20.00					
			Total	147.87	147.87				
******2526	[redacted]	CA31	55W6886972	13.76					
		AP	55Z3945634	20.46					
		CI	80W1225947	18.20					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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CASE #:	AC687	**DUE DATE:**	12-11-14	**TEAM:**	T06
FREQUENCY:	MONTHLY	**INVOICE DATE:**	11-26-14	**REENTRY #:**	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
			Total	52.42	52.42				
*****2816	[redacted]	HI03	55M1776255	71.32					
		CA31	55W3169232	48.96					
		AP	55Z3945444	50.49					
		HS	80W3168736	34.64					
		TR	90AK347680	66.92					
			Total	272.33	272.33				
*****3664	[redacted]	CA31	55Z7693532	13.76					
		AP	55Z7693534	20.46					
		TR	90AC906190	36.37					
			Total	70.59	70.59				
*****7022	[redacted]	AP	55AC905094	20.46					
		HI03	55M1776435	34.77					
		TR	90AC905440	19.74					
			Total	74.97	74.97				
*****1677	[redacted]	CA31	55W3168192	48.96					
		AP	55Z3934944	50.49					
		HS	80W3169246	17.96					
		TR	90AK309380	28.74					
		UL	90W695532U	68.00					
			Total	214.15	214.15				
*****9500	[redacted]	AP	55AC905284	50.49	50.49				
*****7281	[redacted]	AP	55Z3944474	38.85					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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000000 933PRA0AC687010141127023023000192012013000012

CASE #:	AC687	DUE DATE:	12-11-14	TEAM:	T06
FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		HI03	55Z7710405	27.66					
		HS	80AK335156	39.44					
			Total	105.95	105.95				
******0491	[redacted]	AP	55AK358764	20.46					
		TR	90AK357740	15.96					
			Total	36.42	36.42				
******0576	[redacted]	AP	55AK318764	20.46	20.46				
******6646	[redacted]	AP	55Z3944894	50.49					
		HI03	55Z3944895	87.31					
		CA31	55Z7801682	48.96					
			Total	186.76	186.76				
******0659	[redacted]	AP	55AK357784	20.46	20.46				
******4999	[redacted]	HI03	55M1776485	27.66					
		AP	55Z3932634	50.49					
		CA31	55Z7801692	28.40					
		CA	80AK335202	26.47					
			Total	133.02	133.02				
******9512	[redacted]	AP	55AK335334	20.46	20.46				
******5351	[redacted]	AP	55AK334534	20.46	20.46				
******1945	[redacted]	AP	55AK309524	20.46	20.46				
******0897	[redacted]	AP	55AK335024	50.49	50.49				
******5753	[redacted]	AP	55Z3932284	20.46					
		CA31	55Z7693482	48.96					

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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FREQUENCY:	MONTHLY	INVOICE DATE:	11-26-14	REENTRY #:	M01AC687330

CONTROL NUMBER	PAYOR NAME	TYPE	POLICY NUMBER	DEDUCT. AMT	TOTAL DUE	IND. CASE	KEY	AMOUNT REMITTED*	REMARKS
		TR	90Z7693410	26.00					
			Total	95.42	95.42				
*****0384	[redacted]	HI03	55M1774715	45.08					
		CA31	55W6888642	23.54					
		AP	55Z3945294	50.49					
		HS	80W6888056	17.32					
			Total	136.43	136.43				
*****8751	[redacted]	CA31	55AC880642	23.54					
		HI03	55AC880645	62.74					
		AP	55Z3935034	50.49					
		UL	90W966704U	89.21					
			Total	225.98	225.98				
*****2541	[redacted]	AP	55AK335244	20.46	20.46				
*****4104	[redacted]	AP	55Z3958404	50.49					
		CA31	5585451032	13.46					
			Total	63.95	63.95				
*****8482	[redacted]	AP	55AK318294	50.50	50.50				
*****6929	[redacted]	AP	55AK357814	20.46	20.46				
7584	[redacted] Next A	AP	55AK35 7724	20.46			F	61.38	Reinstate Sept, Oct, Nov

Type: AN Annuity **AP** Accident **CA31/CA32** Group Vol Cancer **CA** Cancer **CI** Critical Illness **DI** Disability **DN** Group Dental **EI** Excess Interest Whole Life **GTRM** Group Term Life **GV01** Group Vol Term Life **GV02** Group Vol Short Term DI **GV03** Group Vol Long Term DI **GV04** Group Vol Accident **GVCI** Group Critical Illness **GVS** Group Vol SHOP **HI01** Hospital Indemnity **HI02** SHOP **HS** Heart/Stroke **LT** Indiv. Long Term Care **MM** Mini-Medical **MP01** Indiv. Life **MP02** Group Life **MP03** Group ADB **MP04** Other **MS** MSPs **SP** Single Prem. Whole Life **TR** Traditional Life **UL** Universal Life **GUL** Group Universal Life **KEY:** *New Issue - Premium not included in amount due. If deductions have been made, please adjust the billing and the total remitted. ** Application Pending - Insurance coverage is subject to underwriting approval and billed premium is subject to change. If the application is not approved, deductions remitted will be refunded.

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TOTAL DUE: 11,348.47

000000 933PRA0AC687010141127023023000192013013000013

ALLSTATE

2012

2013

2014

LOSS RUNS

ALLSTATE LOSS RUNS
WITH TOTALS

Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount	Plan Code	Product Id	Claim Status
0000030000	AC687	1305775531	2011/04/25	2011/04/25	2014/04/07	55Z3935382	.00	.00	.00	EGFC	GVCOIC	I
0000030000	AC687	1305775531	2011/04/25	2011/04/25	2014/04/07	55Z3935382	632.50	.00	632.50	EGFC	GVCOIC	I
0000030000	AC687	1331871601	2013/03/11	2013/03/11	2014/01/16	55Z3935385	.00	.00	.00	C304	GVSMSG	I
0000030000	AC687	133256919	2013/05/21	2013/05/21	2014/01/10	55Z3933074	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	133257325V	2013/05/22	2013/05/22	2014/07/14	55AC880645	25.00	.00	25.00	C204	GVSMMS	I
0000030000	AC687	1333970381	2013/10/13	2013/10/13	2014/01/03	80W9677384	.00	.00	.00	CA2F	AP2	I
0000030000	AC687	133607575	2010/12/29	2010/12/29	2014/01/06	55Z3945284	.00	.00	.00	CBGF	GVAPBER	I
0000030000	AC687	133607575	2013/03/13	2013/11/11	2014/01/06	55Z3945284	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	140027574	2013/10/02	2013/12/20	2014/01/09	80W4770336	.00	.00	.00	EHIP	HSP2	I
0000030000	AC687	140027595	2013/10/02	2013/11/25	2014/01/09	80W4770336	.00	.00	.00	EHIP	HSP2	I
0000030000	AC687	140038323	2013/12/19	2013/12/19	2014/01/13	55Z3935744	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	140038326L	2013/12/19	2013/12/19	2014/01/03	55AC905125	25.00	.00	25.00	C201	GVSMMS	I
0000030000	AC687	140078252	2013/08/27	2013/09/18	2014/01/14	55Z3932624	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	140078252	2013/08/27	2013/12/30	2014/01/14	55Z3932624	.00	.00	.00	CBGI	GVAPBER	I
0000030000	AC687	140078252	2013/11/15	2013/11/15	2014/01/14	55Z3932624	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	140218768	2013/12/19	2013/12/19	2014/02/17	55Z7760804	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	140218781	2013/05/22	2013/06/05	2014/01/28	55Z3933074	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	140298164L	2014/01/28	2014/01/28	2014/01/29	55Z3935094	50.00	.00	50.00	CAGS	GVAP1	I
0000030000	AC687	140398724	2014/01/20	2014/01/20	2014/02/12	55Z3944454	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	140418859L	2014/01/26	2014/01/26	2014/02/10	55Z3958424	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	140418862L	2014/01/26	2014/01/26	2014/02/10	55M1778495	.00	.00	.00	C204	GVSMMS	I
0000030000	AC687	140428751L	2014/02/06	2014/02/06	2014/02/11	55Z7710274	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	140438336L	2014/01/26	2014/01/26	2014/02/12	55Z3958424	.00	.00	.00	CAGF	GVAP1	I
0000030000	AC687	140438339L	2014/01/26	2014/01/26	2014/02/12	55M1778495	.00	.00	.00	C204	GVSMMS	I
0000030000	AC687	140456835L	2014/01/02	2014/01/02	2014/02/18	55W3161372	.00	.00	.00	EGWF	GVCOCS	I
0000030000	AC687	140456836L	2013/12/23	2013/12/23	2014/02/18	55W3161372	50.00	.00	50.00	EGWF	GVCOCS	I
0000030000	AC687	140456926L	2014/01/02	2014/01/02	2014/02/18	55Z3934594	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	140456927L	2013/07/11	2013/07/11	2014/02/18	55Z3934594	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	140458915L	2014/01/20	2014/01/20	2014/02/14	55Z3935094	50.00	.00	50.00	CAGS	GVAP1	I
0000030000	AC687	140507685L	2014/02/19	2014/02/19	2014/02/19	80AC905236	100.00	.00	100.00	EH3F	WBR3	I
0000030000	AC687	140517824L	2014/02/19	2014/02/19	2014/02/20	55Z3935094	50.00	.00	50.00	CAGS	GVAP1	I
0000030000	AC687	140576888L	2014/02/26	2014/02/26	2014/02/27	80AC905036	.00	.00	.00	EH3I	WBR3	I
0000030000	AC687	140576889L	2014/02/26	2014/02/26	2014/02/27	55Z7693522	.00	.00	.00	EGWI	GVCOCS	I
0000030000	AC687	140588256L	2014/02/26	2014/02/26	2014/02/27	55Z7693525	26.25	.00	26.25	C202	GVSMMS	I
0000030000	AC687	140588258L	2014/02/26	2014/02/26	2014/02/27	55Z7693524	37.50	.00	37.50	CAGI	GVAP1	I

ALLSTATE LOSS RUNS
WITH TOTALS

Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount	Plan Code	Product Id	Claim Status
0000030000	AC687	140628014L	2014/02/11	2014/02/11	2014/03/03	55Z7728144	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	140628016L	2013/10/29	2013/11/05	2014/03/03	55Z7728144	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	140636420L	2013/08/17	2013/08/17	2014/03/06	5585451222	50.00	.00	50.00	EGWI	GVCOCS	I
0000030000	AC687	140658896L	2013/08/17	2013/08/17	2014/03/06	55Z3955694	50.00	.00	50.00	CAGC	GVAP1	I
0000030000	AC687	140658899L	2013/08/17	2013/08/17	2014/03/06	55AC905535	25.00	.00	25.00	C201	GVSMMS	I
0000030000	AC687	140666940L	2013/11/06	2013/11/14	2014/03/10	55AE630264	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	140667099	2013/12/17	2013/12/17	2014/03/08	55AE630264	.00	.00	.00	CAGF	GVAP1	I
0000030000	AC687	140697447	2011/11/02	2011/11/02	2014/03/28	55Z3945454	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	140697447	2011/11/02	2011/11/02	2014/03/28	55Z3945454	129.00	.00	129.00	CAGI	GVAP1	I
0000030000	AC687	140698042L	2013/11/19	2013/11/19	2014/03/10	55Z7728144	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	140708800L	2014/02/12	2014/02/19	2014/03/11	55AC905294	75.00	.00	75.00	CAGS	GVAP1	I
0000030000	AC687	140718351	2013/12/09	2013/12/09	2014/03/20	55Z3945454	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	140718351	2014/03/10	2014/03/10	2014/03/20	55Z3945454	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	140777966L	2014/03/12	2014/03/12	2014/03/18	55AE796605	25.00	.00	25.00	C201	GVSMMS	I
0000030000	AC687	140777976L	2014/03/12	2014/03/12	2014/03/18	55AE796604	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	140788978L	2014/03/11	2014/03/11	2014/03/19	55AC905284	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	140797286	2014/01/23	2014/01/23	2014/05/13	55AC880645	.00	.00	.00	C204	GVSMMS	I
0000030000	AC687	140797288	2014/01/23	2014/01/23	2014/03/27	55Z3935034	10.00	.00	10.00	CBGF	GVAPBER	I
0000030000	AC687	140797288	2014/01/23	2014/01/23	2014/03/27	55Z3935034	500.00	.00	500.00	CAGF	GVAP1	I
0000030000	AC687	140807628L	2014/03/20	2014/03/20	2014/03/21	55AC905304	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	140836058L	2014/01/02	2014/02/17	2014/03/27	55AC905434	75.00	.00	75.00	CFGR	GVAP1	I
0000030000	AC687	140836059L	2013/07/11	2013/07/11	2014/03/27	55AC905434	.00	.00	.00	CFGR	GVAP1	I
0000030000	AC687	140837474L	2013/12/11	2013/12/11	2014/03/24	55Z3945154	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	140837475L	2011/08/30	2011/08/30	2014/03/24	55Z3945154	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	140837488L	2012/05/08	2012/05/08	2014/03/24	55Z3945154	.00	.00	.00	CAGF	GVAP1	I
0000030000	AC687	140837490L	2011/05/06	2011/05/11	2014/03/24	55Z3945154	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	140837501L	2013/03/18	2013/03/18	2014/03/24	55Z3945154	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	140837508L	2013/08/22	2013/12/11	2014/03/24	55Z3945154	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	140837519L	2012/10/17	2012/12/13	2014/03/24	55Z3945154	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	140837540L	2011/09/08	2011/09/08	2014/03/24	55Z3945154	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	140838213	2014/03/24	2014/03/24	2014/05/13	55Z3945454	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	140838213	2014/03/24	2014/03/24	2014/05/13	55Z3945454	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	140870694L	2014/03/11	2014/03/11	2014/04/01	5585451222	.00	.00	.00	EGWI	GVCOCS	I
0000030000	AC687	140906344	2013/07/26	2013/07/26	2014/04/07	55Z3944884	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	140906346	2014/01/07	2014/01/07	2014/04/07	55Z3944884	50.00	.00	50.00	CAGI	GVAP1	I

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0000030000	AC687	140907391	2014/04/10	2014/04/10	2014/04/10	80Z3945736	.00	.00	.00	EHIP	HSP2	I
0000030000	AC687	140908112L	2014/03/20	2014/03/20	2014/04/16	55Z7693472	100.00	.00	100.00	EGWI	GVCOCS	I
0000030000	AC687	140908518L	2013/01/30	2013/02/13	2014/03/31	55Z3955694	100.00	.00	100.00	CAGC	GVAP1	I
0000030000	AC687	140908521L	2014/02/05	2014/02/05	2014/03/31	55Z3955694	50.00	.00	50.00	CAGC	GVAP1	I
0000030000	AC687	140908524L	2013/07/22	2013/07/22	2014/03/31	55Z3955694	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	140908533L	2014/03/11	2014/03/11	2014/03/31	5585451222	50.00	.00	50.00	EGWI	GVCOCS	I
0000030000	AC687	140908539L	2013/10/14	2013/11/01	2014/03/31	5585451222	.00	.00	.00	EGV5	GVCMMS	I
0000030000	AC687	140908540L	2013/10/24	2013/11/01	2014/03/31	55AC905535	50.00	.00	50.00	C201	GVSMMS	I
0000030000	AC687	140927608L	2013/10/14	2013/10/14	2014/04/02	55Z3955694	50.00	.00	50.00	CAGC	GVAP1	I
0000030000	AC687	140927635L	2013/10/14	2013/10/14	2014/04/02	55Z3955694	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	140928173	2014/03/06	2014/03/19	2014/04/10	55Z3945154	.00	.00	.00	CAGF	GVAP1	I
0000030000	AC687	140928181L	2012/01/10	2012/01/10	2014/04/02	55Z3945154	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	140928193L	2012/03/22	2012/03/22	2014/04/02	55Z3945154	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	140937870L	2013/10/14	2013/10/14	2014/04/03	55Z3955694	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	140946669	2013/04/05	2013/04/05	2014/04/11	55Z3944454	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	140946670	2012/01/26	2012/01/26	2014/04/11	55Z3944454	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	140946671	2012/01/26	2012/01/26	2014/04/11	55Z3944454	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	141006899L	2014/03/21	2014/03/21	2014/04/11	55AC880642	50.00	.00	50.00	EGWF	GVCOCS	I
0000030000	AC687	141008014L	2014/03/21	2014/03/21	2014/04/10	80AC905206	100.00	.00	100.00	EH3I	WBR3	I
0000030000	AC687	141067474L	2014/03/24	2014/03/24	2014/04/18	55W9670562	50.00	.00	50.00	EGWI	GVCOCS	I
0000030000	AC687	141067643L	2014/03/21	2014/04/08	2014/04/16	55AC905284	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	141116957	2014/03/20	2014/03/20	2014/04/24	55Z7693525	26.25	.00	26.25	C202	GVSMMS	I
0000030000	AC687	141116961L	2014/03/20	2014/03/20	2014/04/22	80AC905036	50.00	.00	50.00	EH3I	WBR3	I
0000030000	AC687	141116962L	2014/03/20	2014/03/20	2014/04/22	55Z7693522	50.00	.00	50.00	EGWI	GVCOCS	I
0000030000	AC687	141147429	2014/04/02	2014/04/02	2014/06/06	55Z3958464	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	141147429	2014/04/02	2014/05/02	2014/06/06	55Z3958464	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	141147430	2014/04/04	2014/04/04	2014/04/30	55M1777095	31.25	.00	3.59	C201	GVSMMS	I
0000030000	AC687	141147430	2014/04/07	2014/04/07	2014/04/30	55M1777095	.00	.00	.00	C201	GVSMMS	I
0000030000	AC687	141187698	2013/07/18	2013/07/29	2014/05/12	55Z3932624	360.00	.00	360.00	CBGI	GVAPBER	I
0000030000	AC687	141188519	2014/04/10	2014/04/10	2014/05/02	55Z3932624	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	141188519	2014/04/15	2014/04/15	2014/05/02	55Z3932624	.00	.00	.00	CBGI	GVAPBER	I
0000030000	AC687	141207658L	2014/02/06	2014/02/06	2014/04/30	55Z3935274	50.00	.00	50.00	CAGC	GVAP1	I
0000030000	AC687	141207661L	2014/02/06	2014/02/06	2014/04/30	55Z7760915	26.25	.00	26.25	C201	GVSMMS	I
0000030000	AC687	141207662L	2014/02/13	2014/03/07	2014/04/30	55Z3935274	100.00	.00	100.00	CAGC	GVAP1	I
0000030000	AC687	141207663L	2014/02/13	2014/03/07	2014/04/30	55Z7760915	.00	.00	.00	C201	GVSMMS	I

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0000030000	AC687	141207677L	2014/04/28	2014/04/28	2014/04/30	55Z3935274	50.00	.00	50.00	CAGC	GVAP1	I
0000030000	AC687	141207678L	2014/04/28	2014/04/28	2014/04/30	55Z7760915	27.50	.00	27.50	C203	GVSMMS	I
0000030000	AC687	141207680L	2014/01/06	2014/01/06	2014/04/30	55Z3935274	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	141207690L	2014/01/06	2014/01/06	2014/04/30	55Z7760915	26.25	.00	26.25	C201	GVSMMS	I
0000030000	AC687	141207716L	2014/04/28	2014/04/28	2014/04/30	55Z3935274	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	141207731L	2014/04/28	2014/04/28	2014/04/30	55Z7760915	27.50	.00	27.50	C203	GVSMMS	I
0000030000	AC687	141207743L	2014/04/28	2014/04/28	2014/04/30	55Z3935274	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	141207747L	2014/04/28	2014/04/28	2014/04/30	55Z7760915	27.50	.00	27.50	C203	GVSMMS	I
0000030000	AC687	141227749L	2014/03/21	2014/03/21	2014/05/02	80W4720946	.00	.00	.00	EHIP	HSP2	I
0000030000	AC687	141227753L	2014/04/24	2014/04/24	2014/05/02	55Z3945154	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	141258540L	2014/04/22	2014/04/22	2014/05/05	55AE796605	25.00	.00	25.00	C201	GVSMMS	I
0000030000	AC687	141258541L	2014/04/22	2014/04/22	2014/05/05	55AE796604	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	141288868L	2014/03/19	2014/03/19	2014/05/08	55Z3935034	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	141288872L	2014/03/19	2014/04/03	2014/05/08	55Z3935034	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	141288874L	2014/03/21	2014/03/21	2014/05/08	55Z3935034	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	141327769	2014/03/08	2014/03/08	2014/05/19	55Z3945154	.00	.00	.00	CAGF	GVAP1	I
0000030000	AC687	141327769	2014/03/19	2014/03/19	2014/05/19	55Z3945154	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	141328116L	2014/03/20	2014/03/20	2014/05/12	55AC885632	50.00	.00	50.00	EGWF	GVCOCS	I
0000030000	AC687	141328129L	2014/03/20	2014/03/20	2014/05/12	55AC885632	.00	.00	.00	EGWF	GVCOCS	I
0000030000	AC687	141368855L	2014/03/20	2014/03/20	2014/05/16	55W4717172	100.00	.00	100.00	EGWI	GVCOCS	I
0000030000	AC687	141398414L	2014/05/12	2014/05/12	2014/05/19	55AK334375	25.00	.00	25.00	C201	GVSMMS	I
0000030000	AC687	141398418L	2014/05/12	2014/05/12	2014/05/19	55Z3958944	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	141407062	2014/04/02	2014/04/02	2014/05/29	55Z3958464	100.00	.00	100.00	CBGC	GVAPBER	I
0000030000	AC687	141407062	2014/04/02	2014/04/15	2014/05/29	55Z3958464	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	141407062	2014/04/02	2014/04/16	2014/05/29	55Z3958464	100.00	.00	100.00	CAGC	GVAP1	I
0000030000	AC687	141407062	2014/04/02	2014/05/02	2014/05/29	55Z3958464	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	141407062	2014/04/16	2014/04/30	2014/05/29	55Z3958464	200.00	.00	200.00	CBGC	GVAPBER	I
0000030000	AC687	141407063	2014/04/02	2014/04/30	2014/05/23	55M1777095	93.75	.00	93.75	C201	GVSMMS	I
0000030000	AC687	141437758L	2014/04/16	2014/04/16	2014/05/23	55Z3935094	50.00	.00	50.00	CAGS	GVAP1	I
0000030000	AC687	141477641L	2014/05/14	2014/05/14	2014/05/27	55AC905535	26.25	.00	26.25	C201	GVSMMS	I
0000030000	AC687	141477655L	2014/05/14	2014/05/14	2014/05/27	55Z3955694	50.00	.00	50.00	CAGC	GVAP1	I
0000030000	AC687	141478292L	2014/05/26	2014/05/26	2014/05/27	55Z7760915	27.50	.00	27.50	C203	GVSMMS	I
0000030000	AC687	141478294L	2014/05/26	2014/05/26	2014/05/27	55Z3935274	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	141487891L	2014/05/28	2014/05/28	2014/05/28	55Z3933074	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	141498565	2014/04/02	2014/05/13	2014/06/03	55M1777095	31.25	.00	31.25	C201	GVSMMS	I

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0000030000	AC687	141508566L	2014/05/29	2014/05/29	2014/05/30	55AK318764	.00	.00	.00	CAGS	GVAP1	I
0000030000	AC687	141547156L	2014/05/20	2014/05/20	2014/06/03	55AC918772	50.00	.00	50.00	EGWI	GVCOCS	I
0000030000	AC687	141557045L	2014/06/04	2014/06/04	2014/06/04	80AC905236	100.00	.00	100.00	EH3F	WBR3	I
0000030000	AC687	141558007L	2014/05/20	2014/05/20	2014/06/04	55Z3958944	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	141558010L	2014/05/20	2014/05/20	2014/06/04	55AK334375	25.00	.00	25.00	C201	GVSMMS	I
0000030000	AC687	141558299L	2014/03/04	2014/05/15	2014/06/04	55Z3933074	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	141617707L	2014/05/22	2014/06/04	2014/06/10	55AK334604	75.00	.00	75.00	CAGI	GVAP1	I
0000030000	AC687	141627455L	2014/06/05	2014/06/11	2014/06/11	55Z7710405	55.00	.00	27.34	C201	GVSMMS	I
0000030000	AC687	141627457L	2014/06/05	2014/06/11	2014/06/11	55Z3944474	100.00	.00	100.00	CAGS	GVAP1	I
0000030000	AC687	141628230L	2014/05/22	2014/06/04	2014/06/11	55AK334604	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	141687465L	2014/04/17	2014/04/17	2014/06/17	55AK334954	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	141687481L	2014/04/15	2014/04/17	2014/06/17	55AK334954	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	141687486L	2014/06/03	2014/06/03	2014/06/17	55Z3958944	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	141687691L	2014/06/04	2014/06/04	2014/06/17	55Z7728144	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	141696988	2013/11/04	2013/12/16	2014/06/19	55M1777095	90.00	.00	90.00	C201	GVSMMS	I
0000030000	AC687	1416969881	2014/01/10	2014/01/10	2014/06/19	55M1777095	30.00	.00	30.00	C201	GVSMMS	I
0000030000	AC687	141696993	2013/11/04	2013/11/04	2014/06/27	55Z3958464	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	141696993	2014/06/10	2014/06/10	2014/06/27	55Z3958464	.00	.00	.00	CBGC	GVAPBER	I
0000030000	AC687	141708887L	2014/06/03	2014/06/03	2014/06/19	55AK334375	25.00	.00	25.00	C201	GVSMMS	I
0000030000	AC687	141716452	2014/01/08	2014/04/30	2014/06/28	55Z3935604	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	1417164521	2014/04/04	2014/04/04	2014/06/28	55Z3935604	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	1417164522	2014/02/12	2014/02/12	2014/06/28	55Z3935604	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	141716453	2013/12/23	2013/12/23	2014/06/28	55Z3935604	.00	.00	.00	CAGF	GVAP1	I
0000030000	AC687	141717206	2014/06/10	2014/06/10	2014/06/23	55M1777095	.00	.00	.00	C201	GVSMMS	I
0000030000	AC687	141747847L	2014/05/30	2014/05/30	2014/06/23	55AC905354	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	141747853L	2014/01/06	2014/05/14	2014/06/23	55AC905354	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	141747863L	2014/04/10	2014/04/10	2014/06/23	55AC905354	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	141758086L	2014/06/05	2014/06/05	2014/06/24	55AK333524	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	141767929	2014/01/22	2014/01/22	2014/07/03	55Z7800064	100.00	.00	100.00	CBGF	GVAPBER	I
0000030000	AC687	141767929	2014/01/22	2014/01/22	2014/07/03	55Z7800064	500.00	.00	500.00	CAGF	GVAP1	I
0000030000	AC687	141778221	2014/05/16	2014/05/16	2014/08/06	55AK334734	250.00	.00	250.00	CBGI	GVAPBER	I
0000030000	AC687	141778221	2014/05/16	2014/05/16	2014/08/06	55AK334734	1,575.00	.00	1,575.00	CAGI	GVAP1	I
0000030000	AC687	141778221	2014/05/30	2014/06/23	2014/08/06	55AK334734	75.00	.00	75.00	CAGI	GVAP1	I
0000030000	AC687	141778221	2014/05/30	2014/06/23	2014/08/06	55AK334734	200.00	.00	200.00	CBGI	GVAPBER	I
0000030000	AC687	141788277L	2014/06/23	2014/06/23	2014/06/27	55AK334375	25.00	.00	25.00	C201	GVSMMS	I

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0000030000	AC687	141836820L	2014/05/02	2014/05/02	2014/07/03	5585451032	50.00	.00	50.00	EGWI	GVCOCS	I
0000030000	AC687	141838905	2014/05/09	2014/05/09	2014/07/11	55AK347664	37.50	.00	37.50	CAGI	GVAP1	I
0000030000	AC687	141848846L	2014/01/28	2014/01/28	2014/07/03	55Z3958404	.00	.00	.00	CAGF	GVAP1	I
0000030000	AC687	141848859L	2013/04/01	2013/05/06	2014/07/03	55Z3958404	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	141848870L	2014/06/10	2014/06/10	2014/07/03	55Z3958404	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	141848871L	2013/07/25	2013/07/25	2014/07/03	55Z3958404	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	141978766L	2014/07/09	2014/07/09	2014/07/16	55Z7760915	27.50	.00	27.50	C203	GVSMMS	I
0000030000	AC687	141978767L	2014/07/09	2014/07/09	2014/07/16	55Z3935274	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	142098688	2014/07/15	2014/07/15	2014/08/01	55Z3933754	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	142118161L	2014/03/31	2014/03/31	2014/07/31	55AK309472	.00	.00	.00	EGWI	GVCOCS	I
0000030000	AC687	142188488L	2014/07/23	2014/07/25	2014/08/06	55AK334375	50.00	.00	50.00	C201	GVSMMS	I
0000030000	AC687	142327307	2014/08/04	2014/08/04	2014/09/15	55Z3944454	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	142327307	2014/08/04	2014/08/04	2014/09/15	55Z3944454	100.00	.00	100.00	CBGF	GVAPBER	I
0000030000	AC687	142327307	2014/08/04	2014/08/04	2014/09/15	55Z3944454	173.00	.00	173.00	CAGF	GVAP1	I
0000030000	AC687	142377713L	2014/03/11	2014/07/07	2014/08/25	55Z3958444	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	142377798	2014/08/04	2014/08/04	2014/09/03	55Z3958444	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	142377798L	2014/07/14	2014/07/14	2014/08/25	55Z3958444	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	142388387	2014/08/06	2014/08/06	2014/10/08	55AK357724	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	142388387	2014/08/12	2014/08/21	2014/10/08	55AK357724	100.00	.00	100.00	CAGI	GVAP1	I
0000030000	AC687	142398486L	2014/08/18	2014/08/18	2014/08/27	55Z7760915	.00	.00	.00	C203	GVSMMS	I
0000030000	AC687	142398487L	2014/08/18	2014/08/18	2014/08/27	55Z3935274	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	142398494L	2014/07/28	2014/07/28	2014/08/27	55Z7760915	27.50	.00	27.50	C203	GVSMMS	I
0000030000	AC687	142398495L	2014/07/28	2014/07/28	2014/08/27	55Z3935274	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	142478652L	2014/05/08	2014/05/08	2014/09/04	55AC905494	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	142558894L	2014/06/24	2014/06/24	2014/09/12	55Z3945784	50.00	.00	50.00	CAGS	GVAP1	I
0000030000	AC687	142586685L	2014/06/30	2014/08/05	2014/09/16	55AK318444	100.00	.00	100.00	CAGI	GVAP1	I
0000030000	AC687	142596169L	2014/09/15	2014/09/15	2014/09/29	55Z3935774	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	142597361L	2014/09/16	2014/09/16	2014/09/16	55AC905125	.00	.00	.00	C201	GVSMMS	I
0000030000	AC687	142597363L	2014/09/16	2014/09/16	2014/09/16	55Z3935774	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	142598600L	2014/09/15	2014/09/15	2014/09/16	55AC905125	26.25	.00	26.25	C201	GVSMMS	I
0000030000	AC687	142628350L	2014/07/05	2014/07/12	2014/09/19	55Z7802785	.00	.00	.00	C203	GVSMMS	I
0000030000	AC687	142628354L	2014/07/10	2014/07/14	2014/09/19	55Z7802785	55.00	.00	14.91	C203	GVSMMS	I
0000030000	AC687	142628365L	2014/08/22	2014/08/22	2014/09/19	55Z7802785	27.50	.00	27.50	C203	GVSMMS	I
0000030000	AC687	142667131	2014/05/18	2014/05/18	2014/10/31	55AK335334	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	142676602	2014/07/12	2014/07/12	2014/10/10	55AK334334	375.00	.00	375.00	CCGR	GVAP1	I

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Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount	Plan Code	Product Id	Claim Status
0000030000	AC687	142676602	2014/07/12	2014/07/12	2014/10/10	55AK334334	600.00	.00	600.00	CCGR	GVAP1	I
0000030000	AC687	142726898	2014/09/26	2014/09/26	2014/10/06	55AK780044	95.02	.00	95.02	CAGF	GVAP1	I
0000030000	AC687	142808762L	2014/09/09	2014/10/06	2014/10/07	55Z7760744	100.00	.00	100.00	CAGI	GVAP1	I
0000030000	AC687	142936974L	2014/10/20	2014/10/20	2014/10/21	55Z7760912	100.00	.00	100.00	EGWI	GVCOCS	I
0000030000	AC687	142976501L	2014/10/24	2014/10/24	2014/10/27	55AC905125	.00	.00	.00	C201	GVSMMS	I
0000030000	AC687	142976506L	2014/10/24	2014/10/24	2014/10/27	55Z7693542	.00	.00	.00	EGWI	GVCOCS	I
0000030000	AC687	142977897L	2014/07/30	2014/09/11	2014/10/24	55Z7800064	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	142977900L	2014/05/26	2014/06/18	2014/10/24	55Z7800064	.00	.00	.00	CAGF	GVAP1	I
0000030000	AC687	142977905L	2014/05/26	2014/07/30	2014/10/24	55Z7800064	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	143007443L	2014/09/20	2014/10/27	2014/10/27	55AC905304	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	143008024L	2014/05/13	2014/05/13	2014/10/27	55AE630264	.00	.00	.00	CAGF	GVAP1	I
0000030000	AC687	143008044L	2014/05/13	2014/05/13	2014/10/27	55AE630264	.00	.00	.00	CAGF	GVAP1	I
0000030000	AC687	143008645L	2014/10/22	2014/10/22	2014/10/27	55AC905125	26.25	.00	26.25	C201	GVSMMS	I
0000030000	AC687	143008648L	2014/10/22	2014/10/22	2014/10/27	55Z3935774	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	143038555	2014/10/22	2014/10/22	2014/11/05	55M1778495	31.25	.00	31.25	C204	GVSMMS	I
0000030000	AC687	143048874L	2014/07/08	2014/08/25	2014/10/31	55Z3935784	100.00	.00	100.00	CAGI	GVAP1	I
0000030000	AC687	143077581L	2014/02/15	2014/02/15	2014/11/04	55Z7710952	100.00	.00	100.00	EGWI	GVCOCS	I
0000030000	AC687	143086710	2014/09/22	2014/09/22	2014/11/10	55AK780044	404.98	.00	404.98	CAGF	GVAP1	I
0000030000	AC687	143086710	2014/09/23	2014/09/23	2014/11/10	55AK780044	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	143086710	2014/09/29	2014/09/29	2014/11/10	55AK780044	.00	.00	.00	CBGF	GVAPBER	I
0000030000	AC687	143086710	2014/09/29	2014/10/03	2014/11/10	55AK780044	200.00	.00	200.00	CBGF	GVAPBER	I
0000030000	AC687	143087091	2014/10/15	2014/10/15	2014/11/25	55W1956352	281.25	.00	281.25	EGV4	GVCMSG	I
0000030000	AC687	143107407	2014/11/05	2014/11/05	2014/11/11	55M1778495	31.25	.00	31.25	C204	GVSMMS	I
0000030000	AC687	143150003	2014/11/05	2014/11/05	2014/11/11	55Z3958424	50.00	.00	50.00	CAGF	GVAP1	I
0000030000	AC687	143158949L	2013/05/06	2013/05/06	2014/11/11	55Z3945784	50.00	.00	50.00	CAGS	GVAP1	I
0000030000	AC687	143158957L	2014/09/11	2014/09/11	2014/11/11	55Z3945784	50.00	.00	50.00	CAGS	GVAP1	I
0000030000	AC687	143186883	2013/12/26	2013/12/26	2014/11/17	55M1778475	180.00	.00	180.00	C201	GVSMMS	I
0000030000	AC687	143186883	2013/12/26	2013/12/26	2014/11/17	55M1778475	300.00	.00	300.00	C201	GVSMMS	I
0000030000	AC687	143186884	2013/12/26	2013/12/26	2014/11/17	55Z3933414	10.00	.00	10.00	CBGF	GVAPBER	I
0000030000	AC687	143186884	2013/12/26	2013/12/26	2014/11/17	55Z3933414	200.00	.00	200.00	CAGF	GVAP1	I
0000030000	AC687	143186884	2013/12/26	2013/12/26	2014/11/17	55Z3933414	500.00	.00	500.00	CAGF	GVAP1	I
0000030000	AC687	143186884	2013/12/26	2013/12/26	2014/11/17	55Z3933414	2,200.00	.00	2,200.00	CAGF	GVAP1	I
0000030000	AC687	143186884	2013/12/27	2013/12/30	2014/11/17	55Z3933414	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	143186884	2013/12/27	2013/12/30	2014/11/17	55Z3933414	200.00	.00	200.00	CBGF	GVAPBER	I
0000030000	AC687	1431868841	2014/01/10	2014/01/28	2014/11/17	55Z3933414	100.00	.00	100.00	CAGF	GVAP1	I

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Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount	Plan Code	Product Id	Claim Status
0000030000	AC687	143287282	2014/10/15	2014/10/15	2014/11/25	55W1956352	2,000.00	.00	2,000.00	EGFL	GVCOID	I
0000030000	AC687	143287301	2014/10/15	2014/10/15	2014/11/25	55W1956352	250.00	.00	250.00	EGV4	GVCMSG	I
0000030000	AC687	143287303	2014/10/15	2014/10/15	2014/12/01	55M1778495	14.06	.00	14.06	C200	GVSMSG	I
0000030000	AC687	143287303	2014/10/15	2014/10/15	2014/12/01	55M1778495	56.25	.00	56.25	C200	GVSMSG	I
0000030000	AC687	143296455	2014/11/03	2014/11/17	2014/12/03	55AK333524	50.00	.00	50.00	CAGI	GVAP1	I
0000030000	AC687	143296455	2014/11/03	2014/11/19	2014/12/03	55AK333524	500.00	.00	500.00	CAGI	GVAP1	I
0000030000	AC687	143296455	2014/11/05	2014/11/17	2014/12/03	55AK333524	200.00	.00	200.00	CBGI	GVAPBER	I
0000030000	AC687	143296455	2014/11/07	2014/11/21	2014/12/03	55AK333524	360.00	.00	360.00	CBGI	GVAPBER	I
0000030000	AC687	143297555	2014/11/03	2014/11/03	2014/12/10	55W1956352	.00	.00	.00	EGVF	GVCP2	I
0000030000	AC687	143297555	2014/11/06	2014/11/06	2014/12/10	55W1956352	.00	.00	.00	EGV6	GVCMMS	I
0000030000	AC687	143297555	2014/11/06	2014/11/06	2014/12/10	55W1956352	50.00	.00	50.00	EGWF	GVCOCS	I
0000030000	AC687	143297571	2014/11/05	2014/11/10	2014/12/10	55W1956352	.00	.00	.00	EGV6	GVCMMS	I
0000030000	AC687	143297571	2014/11/07	2014/11/07	2014/12/10	55W1956352	.00	.00	.00	EGV4	GVCMSG	I
0000030000	AC687	143307681	2014/11/26	2014/12/02	2014/12/08	55Z3945454	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	143307681	2014/11/26	2014/12/02	2014/12/08	55Z3945454	110.00	.00	110.00	CAGI	GVAP1	I
0000030000	AC687	143307681	2014/12/02	2014/12/02	2014/12/08	55Z3945454	100.00	.00	100.00	CBGI	GVAPBER	I
0000030000	AC687	143308902L	2014/10/28	2014/10/28	2014/11/26	55AC905304	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	143358918L	2014/06/17	2014/06/17	2014/12/01	55Z3934404	.00	.00	.00	CAGF	GVAP1	I
0000030000	AC687	143358931L	2014/06/19	2014/06/19	2014/12/01	55AC905072	50.00	.00	50.00	EGWF	GVCOCS	I
0000030000	AC687	143425561L	2014/07/24	2014/07/24	2014/12/10	55AC880642	50.00	.00	50.00	EGWF	GVCOCS	I
0000030000	AC687	143425562L	2014/08/20	2014/08/20	2014/12/10	55AC880642	50.00	.00	50.00	EGWF	GVCOCS	I
0000030000	AC687	143425564	2014/08/20	2014/08/20	2014/12/17	55AC880642	50.00	.00	50.00	EGWF	GVCOCS	I
0000030000	AC687	143425565	2014/07/10	2014/07/10	2014/12/22	55AC880642	.00	.00	.00	EGWF	GVCOCS	I
0000030000	AC687	143426898L	2014/10/31	2014/10/31	2014/12/08	80W3167906	.00	.00	.00	EHIP	HSP2	I
0000030000	AC687	143426902L	2014/10/31	2014/11/10	2014/12/08	55Z3945404	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	143426912L	2014/10/31	2014/11/10	2014/12/08	55M1776535	62.50	.00	62.50	C333	GVSMMS	I
0000030000	AC687	143426916L	2014/11/14	2014/11/21	2014/12/08	55Z3945404	100.00	.00	100.00	CAGF	GVAP1	I
0000030000	AC687	143426917L	2014/11/14	2014/11/21	2014/12/08	55M1776535	62.50	.00	62.50	C333	GVSMMS	I
0000030000	AC687	143427173	2014/11/26	2014/11/26	2014/12/16	55Z3935034	500.00	.00	500.00	CAGF	GVAP1	I
0000030000	AC687	143427174	2014/11/26	2014/11/26	2014/12/10	55AC880645	262.50	.00	262.50	C204	GVSMMS	I
0000030000	AC687	143448740L	2014/05/08	2014/08/21	2014/12/10	55AC880645	52.50	.00	52.50	C204	GVSMMS	I
0000030000	AC687	143448741L	2014/07/10	2014/07/22	2014/12/10	55AC880645	52.50	.00	52.50	C204	GVSMMS	I
0000030000	AC687	143448742L	2014/08/21	2014/08/21	2014/12/10	55AC880645	26.25	.00	26.25	C204	GVSMMS	I
0000030000	AC687	143448749L	2014/08/15	2014/08/20	2014/12/10	55AC880645	52.50	.00	52.50	C204	GVSMMS	I
0000030000	AC687	143448750L	2014/07/10	2014/07/31	2014/12/10	55AC880645	52.50	.00	52.50	C204	GVSMMS	I

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Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount	Plan Code	Product Id	Claim Status
0000030000	AC687	143448754L	2014/08/20	2014/08/21	2014/12/10	55AC880645	52.50	.00	52.50	C204	GVSMMS	I
0000030000	AC687	143448762L	2014/09/16	2014/09/25	2014/12/10	55AC880645	52.50	.00	52.50	C204	GVSMMS	I
0000030000	AC687	143448763L	2014/07/22	2014/09/25	2014/12/10	55AC880645	52.50	.00	52.50	C204	GVSMMS	I
0000030000	AC687	143468599L	2014/03/17	2014/03/17	2014/12/12	55Z7760964	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	143468605L	2014/04/29	2014/04/30	2014/12/12	55Z7760964	100.00	.00	100.00	CAGI	GVAP1	I
0000030000	AC687	143468615L	2014/03/17	2014/04/01	2014/12/12	55Z7760964	.00	.00	.00	CAGI	GVAP1	I
0000030000	AC687	143496229	2014/12/02	2014/12/02	2014/12/17	55AC905535	5.25	.00	5.25	C197	GVSMSG	I
0000030000	AC687	143496229	2014/12/02	2014/12/02	2014/12/17	55AC905535	21.00	.00	21.00	C197	GVSMSG	I
0000030000	AC687	143496229	2014/12/02	2014/12/02	2014/12/17	55AC905535	262.50	.00	262.50	C201	GVSMMS	I
0000030000	AC687	143496231	2014/12/02	2014/12/02	2014/12/23	55Z3955694	10.00	.00	10.00	CBGC	GVAPBER	I
0000030000	AC687	143496231	2014/12/02	2014/12/02	2014/12/23	55Z3955694	100.00	.00	100.00	CBGC	GVAPBER	I
0000030000	AC687	143496231	2014/12/02	2014/12/02	2014/12/23	55Z3955694	500.00	.00	500.00	CAGC	GVAP1	I
0000030000	AC687	143506705L	2014/12/13	2014/12/13	2014/12/16	55Z3955694	50.00	.00	50.00	CAGC	GVAP1	I
0000030000	AC687	143548457L	2014/12/05	2014/12/05	2014/12/20	55Z3955694	.00	.00	.00	CAGC	GVAP1	I
0000030000	AC687	143578192L	2014/05/08	2014/05/08	2014/12/23	55Z3945784	50.00	.00	50.00	CAGS	GVAP1	I
0000030000	AC687	143578229L	2014/04/29	2014/04/29	2014/12/23	55Z3945784	50.00	.00	50.00	CAGS	GVAP1	I
0000030000	AC687	143578252L	2013/12/26	2013/12/26	2014/12/23	55Z3945784	50.00	.00	50.00	CAGS	GVAP1	I
							25,321.06		25,225.65			

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Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	1122179340	2010/08/11	2010/08/26	2012/11/22	80W9699434	.37	.00	.37
0000030000	AC687	1132872730	2009/06/25	2009/06/25	2012/11/24	80W6897854	5.62	.00	5.62
0000030000	AC687	1132872730	2009/06/25	2009/06/25	2012/11/24	80W6897854	14.05	.00	14.05
0000030000	AC687	1207282501	2010/12/29	2010/12/29	2012/03/20	80W6886444	.00	.00	.00
0000030000	AC687	1207282501	2010/12/29	2010/12/29	2012/03/20	80W6886444	250.00	.00	250.00
0000030000	AC687	120758080	2011/03/15	2011/03/15	2012/03/26	80W6886444	75.00	.00	75.00
0000030000	AC687	120758080	2011/03/15	2011/03/15	2012/03/26	80W6886444	100.00	.00	100.00
0000030000	AC687	120758080	2011/03/15	2011/03/15	2012/03/26	80W6886444	250.00	.00	250.00
0000030000	AC687	120838399	2011/04/06	2011/04/06	2012/03/23	80W6886444	.00	.00	.00
0000030000	AC687	121308503	2011/03/29	2011/03/29	2012/05/14	80W9667094	.00	.00	.00
0000030000	AC687	1122179340	2010/08/13	2010/08/20	2012/11/22	80W9699434	.15	.00	.15
0000030000	AC687	1132872730	2009/07/28	2009/08/01	2012/11/24	80W6897854	5.62	.00	5.62
0000030000	AC687	1207282501	2011/02/17	2011/02/17	2012/03/20	80W6886444	50.00	.00	50.00
0000030000	AC687	1207282501	2011/02/23	2011/03/08	2012/03/20	80W6886444	150.00	.00	150.00
0000030000	AC687	120758080	2011/03/15	2011/03/15	2012/03/26	80W6886444	50.00	.00	50.00
0000030000	AC687	120758080	2011/03/16	2011/03/23	2012/03/26	80W6886444	100.00	.00	100.00
0000030000	AC687	122857582	2012/07/25	2012/10/01	2012/10/17	80W4732675	.00	.00	.00
0000030000	AC687	122638184	2012/09/05	2012/09/05	2012/09/27	80W1226967	5,000.00	.00	5,000.00
0000030000	AC687	113498241	2011/10/31	2011/10/31	2012/01/06	55Z3958424	.00	.00	.00
0000030000	AC687	120067907	2011/11/09	2011/12/17	2012/01/19	55Z3934574	.00	.00	.00
0000030000	AC687	120257990	2011/12/13	2011/12/13	2012/02/03	55Z3934574	.00	.00	.00
0000030000	AC687	120728339	2012/01/11	2012/01/25	2012/03/14	55Z3935094	100.00	.00	100.00
0000030000	AC687	120728764	2011/08/12	2011/09/06	2012/03/13	55Z3935094	100.00	.00	100.00
0000030000	AC687	120728775	2012/01/13	2012/01/20	2012/03/13	55Z3935094	100.00	.00	100.00
0000030000	AC687	120738736	2012/03/09	2012/03/09	2012/03/14	55Z3935414	50.00	.00	50.00
0000030000	AC687	120747671	2011/04/06	2011/04/06	2012/03/16	55Z3945134	.00	.00	.00
0000030000	AC687	120747673	2012/01/10	2012/01/10	2012/03/16	55Z3945134	50.00	.00	50.00
0000030000	AC687	120748462	2011/08/21	2011/08/21	2012/03/29	55Z3945134	368.00	.00	368.00
0000030000	AC687	120748462	2011/09/21	2011/09/21	2012/03/29	55Z3945134	50.00	.00	50.00
0000030000	AC687	120827374	2012/03/08	2012/03/08	2012/03/26	55Z3945144	50.00	.00	50.00
0000030000	AC687	120827374	2012/03/08	2012/03/08	2012/04/27	55Z3945144	.00	.00	.00
0000030000	AC687	120827406	2011/10/19	2011/10/19	2012/03/26	55Z3944454	500.00	.00	500.00
0000030000	AC687	120827406	2011/10/21	2011/10/28	2012/03/26	55Z3944454	100.00	.00	100.00
0000030000	AC687	120828167	2012/02/21	2012/02/21	2012/03/23	55Z3945134	50.00	.00	50.00
0000030000	AC687	120867597	2011/03/09	2011/03/09	2012/03/30	55Z3934404	.00	.00	.00
0000030000	AC687	120877284	2011/09/08	2011/12/28	2012/04/05	55Z3935274	100.00	.00	100.00
0000030000	AC687	120877284	2011/09/08	2011/12/28	2012/05/22	55Z3935274	100.00-	.00	.00
0000030000	AC687	120877284V	2011/09/08	2011/12/28	2012/05/23	55Z3935274	100.00	.00	100.00
0000030000	AC687	120887402	2011/06/28	2011/07/11	2012/04/04	55Z3934594	75.00	.00	75.00
0000030000	AC687	120887402	2012/01/25	2012/01/25	2012/04/04	55Z3934594	.00	.00	.00
0000030000	AC687	120887403	2011/11/07	2011/11/07	2012/04/04	55Z3934594	375.00	.00	375.00
0000030000	AC687	120937597	2011/08/12	2011/08/12	2012/04/06	55Z3944424	.00	.00	.00
0000030000	AC687	120937597	2012/02/13	2012/02/13	2012/04/06	55Z3944424	50.00	.00	50.00
0000030000	AC687	120937598	2011/09/19	2011/09/19	2012/04/06	55Z3944424	50.00	.00	50.00
0000030000	AC687	120937598	2012/01/03	2012/02/29	2012/04/06	55Z3944424	100.00	.00	100.00
0000030000	AC687	120937599	2011/10/22	2011/11/01	2012/04/06	55Z3944424	100.00	.00	100.00
0000030000	AC687	120937599	2012/02/02	2012/02/02	2012/04/06	55Z3944424	50.00	.00	50.00
0000030000	AC687	1209376571	2012/03/04	2012/03/04	2012/04/06	55Z3944454	50.00	.00	50.00
0000030000	AC687	120947489	2011/10/21	2011/10/21	2012/04/06	55Z3945404	.00	.00	.00

ALLSTATE LOSS RUNS
2012

Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	120957424	2012/02/12	2012/02/12	2012/04/10	55Z3933224	200.00	.00	200.00
0000030000	AC687	120957424	2012/02/12	2012/02/12	2012/04/11	55Z3933224	1,100.00	.00	1,100.00
0000030000	AC687	120957424	2012/02/12	2012/02/28	2012/04/11	55Z3933224	2,400.00	.00	2,400.00
0000030000	AC687	120957424	2012/02/12	2012/02/28	2012/04/11	55Z3933224	4,000.00	.00	4,000.00
0000030000	AC687	120957424	2012/03/05	2012/03/06	2012/04/10	55Z3933224	100.00	.00	100.00
0000030000	AC687	121017755	2012/04/10	2012/04/10	2012/05/18	55Z3944424	.00	.00	.00
0000030000	AC687	121027900	2011/11/07	2011/11/07	2012/04/12	55Z3935604	.00	.00	.00
0000030000	AC687	121027902	2011/05/09	2011/05/09	2012/04/12	55Z3935604	.00	.00	.00
0000030000	AC687	121027902	2011/09/16	2011/09/16	2012/04/12	55Z3935604	.00	.00	.00
0000030000	AC687	121027903	2012/01/19	2012/01/19	2012/04/12	55Z3935604	50.00	.00	50.00
0000030000	AC687	121027904	2012/02/16	2012/02/16	2012/04/12	55Z3935604	.00	.00	.00
0000030000	AC687	121027905	2011/06/28	2011/06/28	2012/04/12	55Z3935604	50.00	.00	50.00
0000030000	AC687	121027906	2011/12/16	2011/12/16	2012/04/12	55Z3935604	50.00	.00	50.00
0000030000	AC687	121027907	2012/02/10	2012/02/10	2012/04/12	55Z3935604	50.00	.00	50.00
0000030000	AC687	121027909	2012/01/24	2012/02/18	2012/04/12	55Z3935604	100.00	.00	100.00
0000030000	AC687	121027911	2011/07/14	2011/12/08	2012/04/12	55Z3935604	100.00	.00	100.00
0000030000	AC687	121038567	2012/03/22	2012/03/22	2012/04/12	55Z3935604	.00	.00	.00
0000030000	AC687	121038569	2011/09/07	2011/09/07	2012/04/12	55Z3935604	.00	.00	.00
0000030000	AC687	121038572	2012/03/01	2012/03/01	2012/04/12	55Z3935604	.00	.00	.00
0000030000	AC687	121047786	2011/09/14	2011/09/14	2012/04/17	55Z3958464	50.00	.00	50.00
0000030000	AC687	121047786	2012/04/09	2012/04/09	2012/04/17	55Z3958464	50.00	.00	50.00
0000030000	AC687	121077232	2012/01/25	2012/02/08	2012/04/19	55Z3955694	100.00	.00	100.00
0000030000	AC687	121107454	2011/07/14	2011/07/14	2012/04/25	55Z3935604	.00	.00	.00
0000030000	AC687	121118488	2011/09/07	2011/09/07	2012/04/23	55Z3955694	50.00	.00	50.00
0000030000	AC687	121147364	2011/12/16	2011/12/16	2012/04/27	55Z3955694	50.00	.00	50.00
0000030000	AC687	121147364	2012/03/29	2012/03/29	2012/04/27	55Z3955694	50.00	.00	50.00
0000030000	AC687	121257602	2012/04/09	2012/04/09	2012/05/23	55Z3958464	280.00	.00	280.00
0000030000	AC687	121257602	2012/04/09	2012/04/09	2012/05/23	55Z3958464	346.50	.00	346.50
0000030000	AC687	121297324	2011/02/17	2011/02/17	2012/05/14	55Z3958424	.00	.00	.00
0000030000	AC687	121297324	2012/03/06	2012/03/06	2012/05/14	55Z3958424	50.00	.00	50.00
0000030000	AC687	121297325	2011/10/18	2011/10/31	2012/05/14	55Z3958424	100.00	.00	100.00
0000030000	AC687	121297325	2012/02/20	2012/02/20	2012/05/14	55Z3958424	50.00	.00	50.00
0000030000	AC687	121387551	2011/06/13	2011/06/13	2012/05/22	55Z3955694	50.00	.00	50.00
0000030000	AC687	121387571	2011/09/13	2011/09/27	2012/05/23	55Z3935274	100.00	.00	100.00
0000030000	AC687	121387571	2012/01/10	2012/02/15	2012/05/23	55Z3935274	100.00	.00	100.00
0000030000	AC687	121387573	2012/01/18	2012/03/05	2012/05/23	55Z3935274	100.00	.00	100.00
0000030000	AC687	121437243	2012/05/02	2012/05/02	2012/05/25	55Z3958404	50.00	.00	50.00
0000030000	AC687	121437244	2011/09/06	2011/09/06	2012/05/25	55Z3958404	50.00	.00	50.00
0000030000	AC687	121437245	2011/07/29	2011/07/29	2012/05/25	55Z3958404	50.00	.00	50.00
0000030000	AC687	121437251	2011/11/01	2011/11/01	2012/05/25	55Z3958404	.00	.00	.00
0000030000	AC687	121507612	2012/04/27	2012/04/27	2012/07/10	55Z7760874	.00	.00	.00
0000030000	AC687	121517447	2012/05/18	2012/05/18	2012/06/01	55Z7693494	.00	.00	.00
0000030000	AC687	121517447	2012/05/18	2012/05/18	2012/06/01	55Z7693494	50.00	.00	50.00
0000030000	AC687	121517447	2012/05/18	2012/05/18	2012/06/01	55Z7693494	500.00	.00	500.00
0000030000	AC687	121527850	2012/05/07	2012/05/21	2012/06/04	55Z3934854	100.00	.00	100.00
0000030000	AC687	121527853	2011/04/04	2011/12/09	2012/06/04	55Z3934854	100.00	.00	100.00
0000030000	AC687	121657046	2012/06/06	2012/06/06	2012/06/18	55Z3958424	50.00	.00	50.00
0000030000	AC687	121677801	2012/03/07	2012/06/13	2012/06/19	55Z3958444	100.00	.00	100.00
0000030000	AC687	121707128	2012/06/06	2012/06/06	2012/06/20	55Z3958424	.00	.00	.00

ALLSTATE LOSS RUNS
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Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	121747368	2012/06/15	2012/06/15	2012/06/25	55Z3934854	.00	.00	.00
0000030000	AC687	121777535	2012/06/18	2012/06/18	2012/06/27	55Z7710554	50.00	.00	50.00
0000030000	AC687	121777692	2012/06/06	2012/06/18	2012/06/26	55Z3935174	500.00	.00	500.00
0000030000	AC687	121777692	2012/06/19	2012/06/20	2012/06/26	55Z3935174	100.00	.00	100.00
0000030000	AC687	121787293I	2012/05/22	2012/05/22	2012/08/17	55Z7693494	1.36	.00	1.36
0000030000	AC687	121787295	2012/05/18	2012/05/18	2012/06/29	55Z7693494	.00	.00	.00
0000030000	AC687	121797262	2011/04/18	2011/05/10	2012/06/29	55Z3955584	100.00	.00	100.00
0000030000	AC687	121797416	2011/08/30	2011/08/30	2012/06/28	55Z3955874	242.00	.00	242.00
0000030000	AC687	121797416	2011/08/30	2011/09/19	2012/06/28	55Z3955874	100.00	.00	100.00
0000030000	AC687	121857173	2012/04/21	2012/04/21	2012/07/09	55Z3934834	50.00	.00	50.00
0000030000	AC687	121877833	2012/05/21	2012/05/21	2012/07/09	55Z7760844	50.00	.00	50.00
0000030000	AC687	121877871	2011/05/31	2011/05/31	2012/07/09	55Z3934034	50.00	.00	50.00
0000030000	AC687	121877872	2011/05/31	2011/05/31	2012/07/09	55Z3934034	50.00	.00	50.00
0000030000	AC687	121877873	2011/11/03	2011/11/03	2012/07/09	55Z3934034	50.00	.00	50.00
0000030000	AC687	121888026	2012/05/29	2012/05/29	2012/07/09	55Z3934034	50.00	.00	50.00
0000030000	AC687	121888027	2012/05/29	2012/05/29	2012/07/09	55Z3934034	50.00	.00	50.00
0000030000	AC687	121888031	2012/06/08	2012/06/08	2012/07/09	55Z3934034	50.00	.00	50.00
0000030000	AC687	121888032	2012/05/02	2012/05/02	2012/07/09	55Z3934034	50.00	.00	50.00
0000030000	AC687	121927395	2012/07/06	2012/07/06	2012/07/24	55Z3958464	50.00	.00	50.00
0000030000	AC687	121927395	2012/07/06	2012/07/06	2012/07/24	55Z3958464	136.18	.00	136.18
0000030000	AC687	121927395	2012/07/06	2012/07/06	2012/07/24	55Z3958464	280.00	.00	280.00
0000030000	AC687	121937402	2011/01/27	2011/01/27	2012/07/13	55Z3934034	.00	.00	.00
0000030000	AC687	122017974	2012/07/10	2012/07/10	2012/07/20	55Z3944454	50.00	.00	50.00
0000030000	AC687	122027720	2012/01/13	2012/01/31	2012/07/24	55Z3958944	100.00	.00	100.00
0000030000	AC687	122057427	2010/10/11	2010/11/08	2012/07/25	55Z3945114	.00	.00	.00
0000030000	AC687	122057427	2011/03/02	2011/03/15	2012/07/25	55Z3945114	.00	.00	.00
0000030000	AC687	122057427	2011/10/26	2011/10/26	2012/07/25	55Z3945114	.00	.00	.00
0000030000	AC687	122057427	2012/02/03	2012/04/25	2012/07/25	55Z3945114	.00	.00	.00
0000030000	AC687	122058167	2010/10/11	2010/11/08	2012/07/24	55Z3945114	.00	.00	.00
0000030000	AC687	122058167	2011/10/26	2011/10/26	2012/07/24	55Z3945114	50.00	.00	50.00
0000030000	AC687	122058167	2012/02/03	2012/03/05	2012/07/24	55Z3945114	100.00	.00	100.00
0000030000	AC687	122068284	2011/10/24	2011/10/24	2012/07/25	55Z3945114	50.00	.00	50.00
0000030000	AC687	122078248	2012/05/08	2012/05/08	2012/07/27	55Z3945784	50.00	.00	50.00
0000030000	AC687	122087940	2012/06/23	2012/06/23	2012/07/27	55Z3933754	50.00	.00	50.00
0000030000	AC687	122087946	2012/05/25	2012/06/15	2012/07/27	55Z3933754	100.00	.00	100.00
0000030000	AC687	122097699	2012/04/29	2012/04/29	2012/07/31	55Z3935034	500.00	.00	500.00
0000030000	AC687	122097699	2012/04/30	2012/07/01	2012/07/31	55Z3935034	.00	.00	.00
0000030000	AC687	122207531	2012/01/23	2012/01/23	2012/08/09	55Z3935034	50.00	.00	50.00
0000030000	AC687	1222075311	2012/02/27	2012/02/27	2012/08/09	55Z3935034	50.00	.00	50.00
0000030000	AC687	122207532	2012/05/23	2012/05/23	2012/08/09	55Z3935034	50.00	.00	50.00
0000030000	AC687	122207533	2012/01/14	2012/01/14	2012/08/09	55Z3935034	50.00	.00	50.00
0000030000	AC687	122207534	2012/02/09	2012/02/09	2012/08/09	55Z3935034	300.00	.00	300.00
0000030000	AC687	122207534	2012/02/09	2012/02/09	2012/08/09	55Z3935034	333.00	.00	333.00
0000030000	AC687	122207535	2011/10/18	2011/10/18	2012/08/09	55Z3935034	50.00	.00	50.00
0000030000	AC687	122207536	2011/10/18	2011/10/18	2012/08/09	55Z3935034	50.00	.00	50.00
0000030000	AC687	122217494	2012/07/14	2012/07/14	2012/08/10	55Z7693524	.00	.00	.00
0000030000	AC687	122217494	2012/07/14	2012/07/14	2012/08/10	55Z7693524	375.00	.00	375.00
0000030000	AC687	122217494	2012/07/18	2012/07/25	2012/08/10	55Z7693524	75.00	.00	75.00
0000030000	AC687	122228832	2012/07/27	2012/07/27	2012/08/09	55Z3935034	335.00	.00	335.00

ALLSTATE LOSS RUNS
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Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	122228839	2011/10/11	2011/10/11	2012/08/09	55Z3935034	50.00	.00	50.00
0000030000	AC687	122228844	2012/02/27	2012/02/27	2012/08/09	55Z3935034	.00	.00	.00
0000030000	AC687	122238402	2012/05/07	2012/08/14	2012/08/14	55Z3945424	.00	.00	.00
0000030000	AC687	122238402	2012/07/31	2012/07/31	2012/08/14	55Z3945424	50.00	.00	50.00
0000030000	AC687	122287646	2012/05/07	2012/05/07	2012/09/26	55Z3945424	50.00	.00	50.00
0000030000	AC687	122287646	2012/05/07	2012/08/03	2012/09/26	55Z3945424	500.00	.00	500.00
0000030000	AC687	122287646	2012/05/17	2012/05/17	2012/09/26	55Z3945424	.00	.00	.00
0000030000	AC687	122287902	2012/08/08	2012/08/08	2012/08/17	55Z7693524	.00	.00	.00
0000030000	AC687	122297604	2012/04/05	2012/07/11	2012/08/21	55Z3958444	100.00	.00	100.00
0000030000	AC687	122297702	2012/08/01	2012/08/01	2012/08/20	55Z7693444	50.00	.00	50.00
0000030000	AC687	122377993	2011/06/23	2011/06/23	2012/08/27	55Z3935034	.00	.00	.00
0000030000	AC687	122377993	2012/01/19	2012/07/30	2012/08/27	55Z3935034	.00	.00	.00
0000030000	AC687	122377996	2011/06/23	2011/08/18	2012/08/27	55Z3935034	50.00	.00	50.00
0000030000	AC687	122417561	2011/09/10	2011/09/10	2012/08/30	55Z3944424	.00	.00	.00
0000030000	AC687	122417561	2011/11/01	2011/11/01	2012/08/30	55Z3944424	.00	.00	.00
0000030000	AC687	1224175611	2012/01/08	2012/01/08	2012/08/30	55Z3944424	.00	.00	.00
0000030000	AC687	122447773	2012/05/29	2012/07/24	2012/09/06	55Z7760724	.00	.00	.00
0000030000	AC687	122447773	2012/05/29	2012/07/24	2012/09/06	55Z7760724	500.00	.00	500.00
0000030000	AC687	122447777	1999/03/24	1999/03/24	2012/09/06	55Z7760724	.00	.00	.00
0000030000	AC687	122447777	2007/09/20	2007/09/25	2012/09/06	55Z7760724	.00	.00	.00
0000030000	AC687	122447777	2008/01/14	2008/03/25	2012/09/06	55Z7760724	.00	.00	.00
0000030000	AC687	122447777	2009/07/14	2009/07/14	2012/09/06	55Z7760724	.00	.00	.00
0000030000	AC687	122447777	2012/05/11	2012/07/24	2012/09/06	55Z7760724	100.00	.00	100.00
0000030000	AC687	122487439	2011/04/22	2011/11/11	2012/09/10	55Z3958944	100.00	.00	100.00
0000030000	AC687	122547246	2012/07/10	2012/07/10	2012/09/17	55Z7760904	50.00	.00	50.00
0000030000	AC687	122657683	2012/03/12	2012/03/16	2012/09/26	55Z3935074	100.00	.00	100.00
0000030000	AC687	122657684	2011/03/17	2011/03/17	2012/09/26	55Z3935074	.00	.00	.00
0000030000	AC687	122657685	2011/06/27	2011/07/11	2012/09/26	55Z3935074	100.00	.00	100.00
0000030000	AC687	122658059	2012/08/21	2012/08/21	2012/09/26	55Z3935074	500.00	.00	500.00
0000030000	AC687	122658062	2012/08/20	2012/08/20	2012/09/26	55Z3935074	50.00	.00	50.00
0000030000	AC687	122717375	2012/06/15	2012/06/15	2012/10/04	55Z3945784	50.00	.00	50.00
0000030000	AC687	122787964	2011/10/17	2011/10/28	2012/10/08	55Z7800064	.00	.00	.00
0000030000	AC687	122787964	2012/04/29	2012/06/27	2012/10/08	55Z7800064	100.00	.00	100.00
0000030000	AC687	1227879641	2012/04/09	2012/06/27	2012/10/08	55Z7800064	100.00	.00	100.00
0000030000	AC687	122797134	2012/07/25	2012/09/27	2012/10/10	55Z3945414	100.00	.00	100.00
0000030000	AC687	1227971341	2012/07/24	2012/07/24	2012/10/17	55Z3945414	1,400.00	.00	1,400.00
0000030000	AC687	1227971341	2012/07/25	2012/09/27	2012/10/17	55Z3945414	500.00	.00	500.00
0000030000	AC687	122828556	2012/10/08	2012/10/08	2012/11/20	55Z3934974	.00	.00	.00
0000030000	AC687	122908044	2012/10/12	2012/10/12	2012/10/19	55Z7710554	.00	.00	.00
0000030000	AC687	123046725	2012/10/10	2012/10/10	2012/11/08	55Z7760744	50.00	.00	50.00
0000030000	AC687	123046725	2012/10/10	2012/10/10	2012/11/08	55Z7760744	186.00	.00	186.00
0000030000	AC687	123046725	2012/10/10	2012/10/10	2012/11/08	55Z7760744	600.00	.00	600.00
0000030000	AC687	123416847	2012/11/12	2012/11/12	2012/12/20	55Z3934814	25.00	.00	25.00
0000030000	AC687	123416847	2012/11/12	2012/11/12	2012/12/20	55Z3934814	50.00	.00	50.00
0000030000	AC687	120728250	2010/12/28	2010/12/28	2012/03/14	55Z3945134	.00	.00	.00
0000030000	AC687	120748462	2011/08/21	2011/08/21	2012/03/29	55Z3945134	10.00	.00	10.00
0000030000	AC687	120748462	2011/09/21	2011/09/21	2012/03/29	55Z3945134	100.00	.00	100.00
0000030000	AC687	120748488	2009/08/24	2009/08/24	2012/03/19	55Z3932624	.00	.00	.00
0000030000	AC687	120757674	2011/03/29	2011/03/29	2012/03/16	55Z3945134	.00	.00	.00

ALLSTATE LOSS RUNS
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Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	120768288	2011/03/15	2011/03/15	2012/03/16	55Z3945134	.00	.00	.00
0000030000	AC687	120827406	2011/10/28	2011/11/10	2012/03/26	55Z3944454	200.00	.00	200.00
0000030000	AC687	120887403	2011/11/21	2011/11/28	2012/04/04	55Z3934594	200.00	.00	200.00
0000030000	AC687	120957424	2012/02/12	2012/02/12	2012/04/10	55Z3933224	10.00	.00	10.00
0000030000	AC687	120957424	2012/02/12	2012/02/28	2012/04/10	55Z3933224	360.00	.00	360.00
0000030000	AC687	120957424	2012/02/14	2012/02/14	2012/04/10	55Z3933224	100.00	.00	100.00
0000030000	AC687	120957424	2012/02/24	2012/02/24	2012/04/10	55Z3933224	.00	.00	.00
0000030000	AC687	120957424	2012/03/05	2012/03/06	2012/04/10	55Z3933224	200.00	.00	200.00
0000030000	AC687	121777692	2012/06/06	2012/06/18	2012/06/26	55Z3935174	360.00	.00	360.00
0000030000	AC687	121777692	2012/06/19	2012/06/20	2012/06/26	55Z3935174	200.00	.00	200.00
0000030000	AC687	1217872931	2012/05/22	2012/06/04	2012/07/17	55Z7693494	360.00	.00	360.00
0000030000	AC687	1217872931	2012/06/18	2012/06/18	2012/07/17	55Z7693494	100.00	.00	100.00
0000030000	AC687	121797279	2011/03/16	2011/03/23	2012/06/29	55Z3955874	.00	.00	.00
0000030000	AC687	122217494	2012/07/14	2012/07/14	2012/08/10	55Z7693524	250.00	.00	250.00
0000030000	AC687	122217494	2012/07/18	2012/07/25	2012/08/10	55Z7693524	200.00	.00	200.00
0000030000	AC687	122227810	2012/04/29	2012/04/29	2012/08/10	55Z3935034	250.00	.00	250.00
0000030000	AC687	122287646	2012/05/17	2012/06/15	2012/09/26	55Z3945424	200.00	.00	200.00
0000030000	AC687	122287646	2012/05/24	2012/06/06	2012/09/26	55Z3945424	360.00	.00	360.00
0000030000	AC687	122447773	2012/06/05	2012/06/12	2012/09/06	55Z7760724	200.00	.00	200.00
0000030000	AC687	122447773	2012/06/15	2012/07/18	2012/09/06	55Z7760724	360.00	.00	360.00
0000030000	AC687	122658059	2012/08/23	2012/08/23	2012/09/26	55Z3935074	100.00	.00	100.00
0000030000	AC687	122658059	2012/08/27	2012/08/27	2012/09/26	55Z3935074	100.00	.00	100.00
0000030000	AC687	123416847	2012/11/12	2012/11/12	2012/12/20	55Z3934814	10.00	.00	10.00
0000030000	AC687	120957989	2012/02/12	2012/02/28	2012/04/17	55W4720992	.00	.00	.00
0000030000	AC687	121878723	2012/05/22	2012/05/23	2012/07/25	55Z7760842	75.00	.00	75.00
0000030000	AC687	123387025	2012/11/27	2012/11/27	2012/12/14	55Z7760822	.00	.00	.00
0000030000	AC687	121878723	2012/05/02	2012/05/02	2012/07/25	55Z7760842	112.50	.00	112.50
0000030000	AC687	121878723	2012/05/02	2012/05/02	2012/07/25	55Z7760842	750.00	.00	750.00
0000030000	AC687	121878723	2012/05/22	2012/05/22	2012/07/25	55Z7760842	.00	.00	.00
0000030000	AC687	120238160E	2011/10/20	2011/10/20	2012/01/23	55W4732752	100.00	.00	100.00
0000030000	AC687	120238483	2011/10/20	2011/10/20	2012/01/31	55W4732752	100.00	.00	100.00
0000030000	AC687	120888193	2011/04/27	2011/04/27	2012/04/09	5585451052	50.00	.00	50.00
0000030000	AC687	120888193	2012/01/11	2012/02/28	2012/04/09	5585451052	.00	.00	.00
0000030000	AC687	120888193	2012/03/19	2012/03/19	2012/04/09	5585451052	.00	.00	.00
0000030000	AC687	120888561E	2012/01/13	2012/01/13	2012/03/28	5585451052	50.00	.00	50.00
0000030000	AC687	120938530E	2012/01/14	2012/01/14	2012/04/02	55W4717172	100.00	.00	100.00
0000030000	AC687	120948728	2011/10/19	2011/10/19	2012/04/12	55W4732752	.00	.00	.00
0000030000	AC687	120948728	2012/02/22	2012/02/22	2012/04/12	55W4732752	100.00	.00	100.00
0000030000	AC687	121078388E	2012/03/15	2012/03/15	2012/04/16	5585451222	50.00	.00	50.00
0000030000	AC687	121308624E	2012/03/28	2012/03/28	2012/05/09	55W6907772	100.00	.00	100.00
0000030000	AC687	121308624E	2012/03/28	2012/03/28	2012/06/01	55W6907772	100.00-	.00	.00
0000030000	AC687	121308625E	2011/09/21	2011/09/21	2012/05/09	55W6907772	100.00	.00	100.00
0000030000	AC687	121308625E	2011/09/21	2011/09/21	2012/06/01	55W6907772	100.00-	.00	.00
0000030000	AC687	121528251E	2011/05/16	2011/05/16	2012/05/31	5585451042	50.00	.00	50.00
0000030000	AC687	121528253E	2011/05/16	2011/05/16	2012/06/13	5585451042	.00	.00	.00
0000030000	AC687	121788035E	2012/06/08	2012/06/08	2012/06/27	55W4732752	100.00	.00	100.00
0000030000	AC687	121798219	2011/06/29	2011/06/29	2012/06/28	55Z7760912	.00	.00	.00
0000030000	AC687	121798558	2011/07/26	2011/07/26	2012/06/28	55Z7760912	.00	.00	.00
0000030000	AC687	121798669E	2012/06/26	2012/06/26	2012/06/27	55W6897182	50.00	.00	50.00

ALLSTATE LOSS RUNS
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Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	121848966	2011/07/26	2011/07/26	2012/07/16	55W6907772	100.00	.00	100.00
0000030000	AC687	121848966	2011/07/26	2011/07/26	2012/08/02	55W6907772	100.00-	.00	.00
0000030000	AC687	121848966V	2011/07/26	2011/07/26	2012/08/09	55W6907772	100.00	.00	100.00
0000030000	AC687	121857865E	2012/06/29	2012/06/29	2012/07/05	55Z7760912	100.00	.00	100.00
0000030000	AC687	122278473E	2012/05/07	2012/05/07	2012/08/14	55W6907772	100.00	.00	100.00
0000030000	AC687	123008794E	2012/10/25	2012/10/25	2012/10/26	55W4732752	.00	.00	.00
0000030000	AC687	123388007E	2012/09/17	2012/09/17	2012/12/04	55Z7760822	100.00	.00	100.00
0000030000	AC687	120957988	2012/02/12	2012/02/12	2012/04/17	55W4720992	1,987.00	.00	1,987.00
0000030000	AC687	120957988	2012/02/12	2012/02/28	2012/04/17	55W4720992	3,600.00	.00	3,600.00
0000030000	AC687	123317167	2012/06/11	2012/06/11	2012/12/05	55Z7760822	.00	.00	.00
0000030000	AC687	121878723	2012/05/02	2012/05/02	2012/07/25	55Z7760842	4,000.00	.00	4,000.00
0000030000	AC687	121878723	2012/05/22	2012/05/23	2012/07/25	55Z7760842	300.00	.00	300.00
0000030000	AC687	120057797	2011/10/28	2011/10/31	2012/01/18	55M1776365	.00	.00	.00
0000030000	AC687	120948167	2011/10/21	2011/10/21	2012/06/12	55M1776535	.00	.00	.00
0000030000	AC687	121298367	2011/10/18	2011/10/31	2012/05/16	55M1778495	55.00	.00	55.00
0000030000	AC687	1212983671	2012/02/20	2012/02/20	2012/05/16	55M1778495	27.50	.00	27.50
0000030000	AC687	121298370	2011/02/17	2011/02/17	2012/05/16	55M1778495	26.25	.00	26.25
0000030000	AC687	1212983701	2012/03/16	2012/03/16	2012/05/16	55M1778495	27.50	.00	27.50
0000030000	AC687	121518668	2012/05/21	2012/05/21	2012/06/07	55M1776535	28.75	.00	28.75
0000030000	AC687	1215186681	2011/10/21	2011/10/21	2012/06/07	55M1776535	275.00	.00	275.00
0000030000	AC687	121658220	2012/06/06	2012/06/06	2012/06/18	55M1778495	28.75	.00	28.75
0000030000	AC687	121708402	2012/06/06	2012/06/06	2012/06/22	55M1778495	.00	.00	.00
0000030000	AC687	121788686	2012/05/21	2012/05/31	2012/07/03	55Z7693495	125.00	.00	125.00
0000030000	AC687	121798906	2011/03/29	2011/03/29	2012/07/10	55M1776635	.00	.00	.00
0000030000	AC687	121798913	2011/03/29	2011/03/29	2012/07/10	55M1776635	.00	.00	.00
0000030000	AC687	122228974	2012/06/12	2012/06/12	2012/08/15	55Z7693525	25.00	.00	25.00
0000030000	AC687	122287507	2012/07/14	2012/07/14	2012/08/21	55Z7693525	250.00	.00	250.00
0000030000	AC687	122338257	2012/07/14	2012/07/14	2012/08/24	55Z7693525	.00	.00	.00
0000030000	AC687	122338257	2012/07/18	2012/08/08	2012/08/24	55Z7693525	75.00	.00	75.00
0000030000	AC687	121358425	2012/04/12	2012/04/12	2012/06/02	55M1775815	28.75	.00	28.75
0000030000	AC687	121358425	2012/04/13	2012/04/13	2012/06/02	55M1775815	7.00	.00	7.00
0000030000	AC687	121428755	2012/04/01	2012/04/05	2012/06/12	55Z7761005	125.00	.00	125.00
0000030000	AC687	120888688	2011/06/19	2011/06/19	2012/04/05	55M1774175	.00	.00	.00
0000030000	AC687	120888688	2011/06/19	2011/06/22	2012/04/05	55M1774175	.00	.00	.00
0000030000	AC687	121428755	2012/04/01	2012/04/01	2012/06/12	55Z7761005	250.00	.00	250.00
0000030000	AC687	121428755	2012/04/01	2012/04/05	2012/06/12	55Z7761005	400.00	.00	400.00
0000030000	AC687	122168787	2011/07/14	2011/07/14	2012/08/09	80Z7760816	.00	.00	.00
0000030000	AC687	122168787	2012/05/05	2012/05/14	2012/08/09	80Z7760816	.00	.00	.00
0000030000	AC687	122168787	2012/05/09	2012/05/30	2012/08/09	80Z7760816	.00	.00	.00
0000030000	AC687	122168787	2012/05/17	2012/05/29	2012/08/09	80Z7760816	.00	.00	.00
0000030000	AC687	122168787	2012/05/26	2012/05/26	2012/08/09	80Z7760816	.00	.00	.00
0000030000	AC687	122168787	2012/05/29	2012/05/29	2012/08/09	80Z7760816	.00	.00	.00
0000030000	AC687	122168787	2012/06/12	2012/06/12	2012/08/09	80Z7760816	.00	.00	.00
0000030000	AC687	122227209	2012/05/09	2012/08/07	2012/08/15	80Z7760816	.00	.00	.00
0000030000	AC687	122227209	2012/05/30	2012/05/30	2012/08/15	80Z7760816	.00	.00	.00
0000030000	AC687	122227209	2012/05/30	2012/08/08	2012/08/15	80Z7760816	.00	.00	.00
0000030000	AC687	122227209	2012/06/13	2012/06/13	2012/08/15	80Z7760816	.00	.00	.00
0000030000	AC687	123316140	2012/05/10	2012/10/09	2012/12/05	80Z7760816	.00	.00	.00
0000030000	AC687	123316140	2012/05/26	2012/05/26	2012/12/05	80Z7760816	.00	.00	.00

ALLSTATE LOSS RUNS
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Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	123316140	2012/05/26	2012/05/27	2012/12/05	80Z7760816	.00	.00	.00
0000030000	AC687	123316140	2012/05/26	2012/06/11	2012/12/05	80Z7760816	.00	.00	.00
0000030000	AC687	123316140	2012/05/29	2012/05/30	2012/12/05	80Z7760816	.00	.00	.00
0000030000	AC687	123316140	2012/05/30	2012/09/14	2012/12/05	80Z7760816	.00	.00	.00
0000030000	AC687	123316140	2012/06/11	2012/06/13	2012/12/05	80Z7760816	.00	.00	.00
0000030000	AC687	123316140	2012/09/28	2012/09/28	2012/12/05	80Z7760816	.00	.00	.00
0000030000	AC687	123316140	2012/10/08	2012/10/08	2012/12/05	80Z7760816	.00	.00	.00
0000030000	AC687	123316140	2012/11/16	2012/11/16	2012/12/05	80Z7760816	.00	.00	.00
0000030000	AC687	1233161401	2012/09/27	2012/09/28	2012/12/05	80Z7760816	.00	.00	.00
0000030000	AC687	120728215	2011/03/07	2011/03/07	2012/03/16	80W9733317	75.00	.00	75.00
0000030000	AC687	1207282151	2012/02/21	2012/02/21	2012/03/21	80W9733317	.00	.00	.00

48,017.85

ALLSTATE LOSS RUNS
2013

Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	123486495	2012/11/16	2012/11/16	2013/01/07	80W9689504	.00	.00	.00
0000030000	AC687	130728832	2013/03/08	2013/03/08	2013/03/22	80W9667074	.00	.00	.00
0000030000	AC687	1234168471	2012/11/12	2012/11/12	2013/01/24	55Z3934814	.00	.00	.00
0000030000	AC687	1234864951	2012/11/16	2012/11/16	2013/01/07	55Z3934834	50.00	.00	50.00
0000030000	AC687	123555069	2012/12/15	2012/12/19	2013/01/05	55Z3935774	100.00	.00	100.00
0000030000	AC687	130037036	2013/01/03	2013/01/03	2013/01/17	55Z3935094	50.00	.00	50.00
0000030000	AC687	130156424	2012/10/17	2012/10/31	2013/01/30	55Z3945424	.00	.00	.00
0000030000	AC687	130257261	2011/11/11	2011/11/11	2013/03/11	55Z3944474	50.00	.00	50.00
0000030000	AC687	130257261	2012/03/03	2012/10/01	2013/03/11	55Z3944474	100.00	.00	100.00
0000030000	AC687	130316586	2012/11/12	2012/11/12	2013/02/14	55Z3934814	475.00	.00	475.00
0000030000	AC687	130316586	2012/11/12	2012/11/12	2013/03/19	55Z3934814	475.00-	.00	.00
0000030000	AC687	130316586	2012/11/12	2012/11/21	2013/02/14	55Z3934814	.00	.00	.00
0000030000	AC687	130316586V	2012/11/12	2012/11/12	2013/03/20	55Z3934814	475.00	.00	475.00
0000030000	AC687	130577549	2011/04/25	2011/04/25	2013/03/20	55Z3935384	150.00	.00	150.00
0000030000	AC687	130577549	2011/04/25	2011/04/25	2013/03/20	55Z3935384	300.00	.00	300.00
0000030000	AC687	130577549	2011/04/25	2011/04/25	2013/03/20	55Z3935384	375.00	.00	375.00
0000030000	AC687	130577549	2011/04/25	2011/04/25	2013/03/20	55Z3935384	750.00	.00	750.00
0000030000	AC687	130577549	2011/04/25	2011/05/01	2013/03/20	55Z3935384	900.00	.00	900.00
0000030000	AC687	130588451	2012/12/14	2012/12/14	2013/03/11	55Z7760904	50.00	.00	50.00
0000030000	AC687	130638691	2013/02/19	2013/02/19	2013/03/08	55Z3935094	50.00	.00	50.00
0000030000	AC687	130657933	2012/12/11	2012/12/11	2013/03/11	55Z7760904	500.00	.00	500.00
0000030000	AC687	130657933	2012/12/14	2013/01/14	2013/03/11	55Z7760904	.00	.00	.00
0000030000	AC687	130657933	2013/01/04	2013/01/24	2013/03/11	55Z7760904	100.00	.00	100.00
0000030000	AC687	130658328	2012/05/07	2012/05/07	2013/03/18	55Z7760954	.00	.00	.00
0000030000	AC687	130658328	2012/05/07	2012/05/09	2013/03/18	55Z7760954	100.00	.00	100.00
0000030000	AC687	130658416	2012/08/25	2012/08/25	2013/03/15	55Z3934404	375.00	.00	375.00
0000030000	AC687	130658611	2012/01/03	2012/02/13	2013/03/15	55Z3934404	75.00	.00	75.00
0000030000	AC687	130658868	2011/06/17	2011/07/18	2013/03/15	55Z3934404	75.00	.00	75.00
0000030000	AC687	130668057	2012/03/20	2012/04/20	2013/05/02	55Z3945314	100.00	.00	100.00
0000030000	AC687	130707901	2012/12/18	2012/12/18	2013/03/18	55Z3944884	50.00	.00	50.00
0000030000	AC687	130707901	2013/03/01	2013/03/01	2013/03/18	55Z3944884	50.00	.00	50.00
0000030000	AC687	130708742	2012/06/27	2012/07/09	2013/03/18	55Z7799964	100.00	.00	100.00
0000030000	AC687	130708742	2013/01/22	2013/01/22	2013/03/18	55Z7799964	50.00	.00	50.00
0000030000	AC687	130708791	2013/03/06	2013/03/06	2013/03/19	55Z7760744	50.00	.00	50.00
0000030000	AC687	130708792	2012/10/10	2012/10/10	2013/03/19	55Z7760744	.00	.00	.00
0000030000	AC687	130717203	2012/02/12	2012/02/12	2013/04/30	55Z3934404	.00	.00	.00
0000030000	AC687	130717216	2012/08/19	2012/08/19	2013/04/30	55Z3934404	.00	.00	.00
0000030000	AC687	130717298	2012/08/25	2012/08/25	2013/03/15	55Z3934404	150.00	.00	150.00
0000030000	AC687	130717298	2012/08/25	2012/08/25	2013/03/15	55Z3934404	375.00	.00	375.00
0000030000	AC687	130717318	2012/08/25	2012/08/25	2013/03/15	55Z3934404	375.00	.00	375.00
0000030000	AC687	130717406	2012/01/08	2012/01/08	2013/03/15	55Z3934404	.00	.00	.00
0000030000	AC687	130717686	2012/10/12	2012/10/12	2013/03/15	55Z3934404	.00	.00	.00
0000030000	AC687	130718258	2012/01/03	2012/09/11	2013/03/15	55Z3934404	75.00	.00	75.00
0000030000	AC687	130718436	2012/05/03	2012/12/30	2013/03/15	55Z3934404	.00	.00	.00
0000030000	AC687	130728829E	2013/03/08	2013/03/08	2013/03/21	55Z3935414	50.00	.00	50.00
0000030000	AC687	130737523	2012/09/14	2012/10/19	2013/03/15	55Z3934404	375.00	.00	375.00
0000030000	AC687	130738636	2012/08/25	2012/08/25	2013/03/15	55Z3934404	150.00	.00	150.00
0000030000	AC687	130738636	2012/09/14	2012/09/14	2013/03/15	55Z3934404	.00	.00	.00
0000030000	AC687	130747262	2011/05/23	2011/05/23	2013/03/22	55Z3934404	.00	.00	.00

ALLSTATE LOSS RUNS
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Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	130747411	2011/10/06	2011/10/21	2013/03/16	55Z3934404	75.00	.00	75.00
0000030000	AC687	130747598	2011/09/23	2011/09/23	2013/03/16	55Z3934404	.00	.00	.00
0000030000	AC687	130778439	2011/04/25	2011/04/25	2013/03/29	55Z3935384	.00	.00	.00
0000030000	AC687	130778748	2011/04/25	2011/04/25	2013/03/25	55Z3935384	.00	.00	.00
0000030000	AC687	130785979	2013/02/02	2013/02/19	2013/03/26	55Z3935604	100.00	.00	100.00
0000030000	AC687	1307859791	2013/01/24	2013/01/24	2013/03/26	55Z3935604	50.00	.00	50.00
0000030000	AC687	1307859792	2013/01/09	2013/01/09	2013/03/26	55Z3935604	50.00	.00	50.00
0000030000	AC687	130847403E	2013/02/08	2013/02/08	2013/03/25	55Z3934594	37.50	.00	37.50
0000030000	AC687	130847407E	2012/10/09	2012/10/09	2013/03/25	55Z3934594	37.50	.00	37.50
0000030000	AC687	130847411E	2012/07/20	2012/07/20	2013/03/25	55Z3934594	37.50	.00	37.50
0000030000	AC687	130857093E	2013/02/06	2013/02/06	2013/03/27	55Z3935034	50.00	.00	50.00
0000030000	AC687	130857097E	2013/02/18	2013/02/18	2013/03/27	55Z3935034	50.00	.00	50.00
0000030000	AC687	130857111E	2013/01/25	2013/01/25	2013/03/27	55Z3935034	50.00	.00	50.00
0000030000	AC687	130858574E	2012/12/13	2012/12/13	2013/03/27	55Z7760994	50.00	.00	50.00
0000030000	AC687	130926877	2013/03/22	2013/03/22	2013/04/06	55Z3958424	50.00	.00	50.00
0000030000	AC687	130947894	2013/04/03	2013/04/03	2013/04/08	55AC905284	50.00	.00	50.00
0000030000	AC687	130958359E	2013/04/02	2013/04/02	2013/04/09	55Z3958444	50.00	.00	50.00
0000030000	AC687	130958360E	2013/02/21	2013/02/21	2013/04/09	55Z3958444	50.00	.00	50.00
0000030000	AC687	130997635	2013/03/25	2013/03/25	2013/04/11	55Z7801764	50.00	.00	50.00
0000030000	AC687	131057825E	2013/04/01	2013/04/01	2013/04/15	55AC905294	37.50	.00	37.50
0000030000	AC687	131057839E	2013/04/02	2013/04/02	2013/04/15	55AC905294	37.50	.00	37.50
0000030000	AC687	131087592E	2013/04/06	2013/04/06	2013/04/18	55Z3934834	50.00	.00	50.00
0000030000	AC687	131088787E	2013/04/01	2013/04/01	2013/04/18	55AC905294	.00	.00	.00
0000030000	AC687	131088791E	2013/04/02	2013/04/02	2013/04/18	55AC905294	.00	.00	.00
0000030000	AC687	131097592E	2012/07/13	2012/07/13	2013/04/19	55Z3945134	50.00	.00	50.00
0000030000	AC687	131097593E	2012/07/13	2012/07/13	2013/04/19	55Z3945134	.00	.00	.00
0000030000	AC687	131128924E	2012/07/13	2012/07/13	2013/04/22	55Z3945134	.00	.00	.00
0000030000	AC687	131136519	2012/10/16	2012/10/16	2013/04/25	55Z3945134	15.33	.00	15.33
0000030000	AC687	131136519	2012/10/16	2012/10/16	2013/04/25	55Z3945134	96.67	96.67	.00
0000030000	AC687	131137317E	2013/02/02	2013/02/21	2013/04/23	55Z3945604	100.00	.00	100.00
0000030000	AC687	131137323E	2013/02/02	2013/02/21	2013/04/23	55Z3945604	.00	.00	.00
0000030000	AC687	131148520E	2013/04/22	2013/04/22	2013/04/24	55AC905294	.00	.00	.00
0000030000	AC687	131148956E	2013/02/02	2013/02/21	2013/04/24	55Z3945604	.00	.00	.00
0000030000	AC687	131168211E	2013/01/04	2013/01/21	2013/04/26	55Z3958944	100.00	.00	100.00
0000030000	AC687	131197343	2012/08/19	2012/08/19	2013/05/01	55Z3934404	375.00	.00	375.00
0000030000	AC687	131197346	2012/02/12	2012/02/12	2013/05/01	55Z3934404	.00	.00	.00
0000030000	AC687	131197730	2013/04/12	2013/04/12	2013/05/01	55Z3934404	37.50	.00	37.50
0000030000	AC687	131198080	2013/04/12	2013/04/12	2013/05/01	55Z3934404	37.50	.00	37.50
0000030000	AC687	131198181	2013/04/18	2013/04/18	2013/05/01	55Z3934404	37.50	.00	37.50
0000030000	AC687	131228680E	2013/04/04	2013/04/18	2013/05/02	55Z3934854	100.00	.00	100.00
0000030000	AC687	131266050E	2013/01/23	2013/02/20	2013/05/22	55Z3945134	100.00	.00	100.00
0000030000	AC687	131266053E	2013/01/23	2013/02/20	2013/05/22	55Z3945134	.00	.00	.00
0000030000	AC687	131266055E	2013/03/21	2013/03/23	2013/05/22	55Z3945134	.00	.00	.00
0000030000	AC687	131266057E	2013/01/03	2013/02/25	2013/05/22	55Z3945134	100.00	.00	100.00
0000030000	AC687	131266138	2012/07/19	2012/07/19	2013/05/09	55Z3945134	50.00	.00	50.00
0000030000	AC687	131266138	2012/10/26	2012/10/26	2013/05/09	55Z3945134	.00	.00	.00
0000030000	AC687	131288057	2013/02/13	2013/02/13	2013/06/18	55Z3958464	.00	.00	.00
0000030000	AC687	131288057	2013/02/13	2013/02/16	2013/06/18	55Z3958464	100.00	.00	100.00
0000030000	AC687	131288939E	2013/03/26	2013/04/11	2013/05/08	55Z3934034	100.00	.00	100.00

ALLSTATE LOSS RUNS
2013

Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	131288943E	2013/04/23	2013/04/23	2013/05/08	55Z3934034	50.00	.00	50.00
0000030000	AC687	131308987	2012/06/26	2012/09/25	2013/05/15	55Z7799874	100.00	.00	100.00
0000030000	AC687	131308987	2013/02/28	2013/03/20	2013/05/15	55Z7799874	50.00	.00	50.00
0000030000	AC687	131337905E	2012/02/12	2012/02/12	2013/05/13	55Z3934404	.00	.00	.00
0000030000	AC687	131338003E	2013/01/23	2013/01/23	2013/05/13	55Z3934404	37.50	.00	37.50
0000030000	AC687	131338542	2012/08/09	2012/08/09	2013/06/24	55Z3934404	.00	.00	.00
0000030000	AC687	131338542	2012/08/09	2012/08/09	2013/06/24	55Z3934404	375.00	.00	375.00
0000030000	AC687	131347848E	2013/05/03	2013/05/03	2013/05/14	55Z3935774	50.00	.00	50.00
0000030000	AC687	131348481E	2011/05/23	2011/05/23	2013/05/14	55Z3934404	.00	.00	.00
0000030000	AC687	131348512E	2013/05/04	2013/05/04	2013/05/14	55Z3934404	.00	.00	.00
0000030000	AC687	131348908E	2013/04/15	2013/04/15	2013/05/14	55Z3934404	.00	.00	.00
0000030000	AC687	131407780E	2013/01/11	2013/01/11	2013/05/20	55Z3935274	50.00	.00	50.00
0000030000	AC687	131407785E	2013/03/07	2013/03/07	2013/05/20	55Z3935274	50.00	.00	50.00
0000030000	AC687	131407852E	2013/03/07	2013/03/07	2013/05/20	55Z3935274	50.00	.00	50.00
0000030000	AC687	131407861E	2013/01/28	2013/01/28	2013/05/20	55Z3935274	50.00	.00	50.00
0000030000	AC687	131407881E	2013/01/11	2013/01/11	2013/05/20	55Z3935274	.00	.00	.00
0000030000	AC687	131427254	2013/02/27	2013/02/27	2013/07/08	55Z3933994	.00	.00	.00
0000030000	AC687	131427255	2013/02/28	2013/05/03	2013/05/28	55Z3933994	75.00	.00	75.00
0000030000	AC687	131428616	2013/02/27	2013/02/27	2013/05/28	55Z3933994	.00	.00	.00
0000030000	AC687	131518337	2013/05/02	2013/05/02	2013/07/11	55Z3945464	.00	.00	.00
0000030000	AC687	131547985E	2013/06/03	2013/06/03	2013/06/03	55Z3935094	50.00	.00	50.00
0000030000	AC687	131547999E	2013/06/03	2013/06/03	2013/06/03	55Z3935094	.00	.00	.00
0000030000	AC687	131548663	2013/06/02	2013/06/02	2013/06/04	55AC905284	50.00	.00	50.00
0000030000	AC687	131686701	2013/02/19	2013/05/14	2013/06/24	55Z3944424	100.00	.00	100.00
0000030000	AC687	131686705	2013/03/11	2013/05/14	2013/06/24	55Z3944424	100.00	.00	100.00
0000030000	AC687	131707002	2013/02/13	2013/02/16	2013/06/27	55Z3958464	500.00	.00	500.00
0000030000	AC687	131836271	2013/04/17	2013/05/09	2013/07/13	55AC905434	75.00	.00	75.00
0000030000	AC687	131837799	2013/04/15	2013/05/08	2013/07/08	55Z3934594	.00	.00	.00
0000030000	AC687	131848548	2013/06/01	2013/06/03	2013/07/10	55Z3934404	.00	.00	.00
0000030000	AC687	1318485481	2013/06/01	2013/06/01	2013/07/31	55Z3934404	.00	.00	.00
0000030000	AC687	131907793	2013/04/01	2013/04/01	2013/07/13	55AC905304	.00	.00	.00
0000030000	AC687	131907793	2013/04/08	2013/04/08	2013/07/13	55AC905304	.00	.00	.00
0000030000	AC687	131918534	2013/04/25	2013/06/11	2013/07/13	55AC905434	75.00	.00	75.00
0000030000	AC687	131918534	2013/04/25	2013/06/11	2013/07/13	55AC905434	375.00	.00	375.00
0000030000	AC687	131977153	2013/07/11	2013/07/25	2013/07/23	55Z7693494	.00	.00	.00
0000030000	AC687	131977155	2013/07/09	2013/07/16	2013/07/23	55Z3932624	.00	.00	.00
0000030000	AC687	131977929	2013/05/02	2013/05/02	2013/07/20	55Z3945464	500.00	.00	500.00
0000030000	AC687	132008829	2013/04/22	2013/04/22	2013/07/24	55Z3933994	375.00	.00	375.00
0000030000	AC687	132008829	2013/05/02	2013/05/07	2013/07/24	55Z3933994	.00	.00	.00
0000030000	AC687	1320684521	2013/07/15	2013/07/15	2013/09/10	55Z7710274	.00	.00	.00
0000030000	AC687	132077468	2013/07/12	2013/07/12	2013/08/14	55Z7693494	500.00	.00	500.00
0000030000	AC687	132077468	2013/07/25	2013/08/09	2013/08/14	55Z7693494	100.00	.00	100.00
0000030000	AC687	132078056	2013/07/09	2013/07/16	2013/07/30	55Z3932624	100.00	.00	100.00
0000030000	AC687	1320780561	2013/07/09	2013/07/16	2013/09/06	55Z3932624	200.00	.00	200.00
0000030000	AC687	132107984	2013/07/11	2013/07/11	2013/08/02	55Z7693494	.00	.00	.00
0000030000	AC687	132108599E	2013/07/19	2013/07/19	2013/07/29	55AC905284	50.00	.00	50.00
0000030000	AC687	132148285	2013/06/01	2013/06/01	2013/08/07	55Z3934404	.00	.00	.00
0000030000	AC687	132148285	2013/06/01	2013/06/01	2013/08/07	55Z3934404	200.00	.00	200.00
0000030000	AC687	132148285	2013/06/18	2013/06/18	2013/08/07	55Z3934404	95.01	.00	95.01

ALLSTATE LOSS RUNS
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Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	132287556	2013/06/12	2013/06/12	2013/08/23	55AC905354	200.00	.00	200.00
0000030000	AC687	132287556	2013/06/12	2013/06/12	2013/08/23	55AC905354	500.00	.00	500.00
0000030000	AC687	132287556	2013/06/12	2013/06/12	2013/08/23	55AC905354	1,000.00	.00	1,000.00
0000030000	AC687	132287556	2013/06/12	2013/06/12	2013/08/23	55AC905354	1,600.00	.00	1,600.00
0000030000	AC687	132287556	2013/06/12	2013/06/14	2013/08/23	55AC905354	400.00	.00	400.00
0000030000	AC687	132317314	2013/08/07	2013/08/07	2013/09/27	55Z3958444	.00	.00	.00
0000030000	AC687	132328773E	2013/07/29	2013/07/29	2013/08/20	55Z3935094	50.00	.00	50.00
0000030000	AC687	132348866E	2013/08/15	2013/08/15	2013/08/22	55AC905284	.00	.00	.00
0000030000	AC687	132358586E	2013/05/07	2013/05/08	2013/08/23	55AC905494	100.00	.00	100.00
0000030000	AC687	132358880E	2013/07/29	2013/07/29	2013/08/23	55Z3935094	.00	.00	.00
0000030000	AC687	132388175	2013/08/12	2013/08/19	2013/09/03	55Z7693494	.00	.00	.00
0000030000	AC687	132388175	2013/08/12	2013/09/03	2013/09/03	55Z7693494	.00	.00	.00
0000030000	AC687	132478212E	2013/06/12	2013/06/12	2013/09/04	55Z3958424	50.00	.00	50.00
0000030000	AC687	132597933E	2013/02/07	2013/06/07	2013/09/16	55Z7800064	100.00	.00	100.00
0000030000	AC687	132597933E	2013/02/07	2013/06/07	2013/10/16	55Z7800064	100.00-	.00	.00
0000030000	AC687	132597933V	2013/02/07	2013/06/07	2013/10/16	55Z7800064	100.00	.00	.00
0000030000	AC687	132597961	2013/01/05	2013/01/05	2013/11/12	55Z7800064	50.00	.00	50.00
0000030000	AC687	132597961E	2013/01/05	2013/01/05	2013/09/16	55Z7800064	.00	.00	.00
0000030000	AC687	132676573	2013/08/03	2013/08/03	2013/09/25	55Z3945134	500.00	.00	500.00
0000030000	AC687	132698447E	2011/10/17	2011/10/17	2013/09/26	55Z3958404	50.00	.00	50.00
0000030000	AC687	132698547E	2012/11/26	2012/11/26	2013/09/26	55Z3958404	50.00	.00	50.00
0000030000	AC687	132698604E	2012/01/12	2012/02/08	2013/09/26	55Z3958404	100.00	.00	100.00
0000030000	AC687	132698618E	2011/09/22	2011/09/22	2013/09/26	55Z3958404	50.00	.00	50.00
0000030000	AC687	132737135	2013/09/25	2013/09/25	2013/09/30	55Z3944454	500.00	.00	500.00
0000030000	AC687	132806871	2013/08/27	2013/08/27	2013/10/08	55Z3944454	50.00	.00	50.00
0000030000	AC687	132828025E	2013/10/07	2013/10/07	2013/10/09	55Z7760874	50.00	.00	50.00
0000030000	AC687	132887440	2013/07/01	2013/07/01	2013/10/17	55Z3958444	.00	.00	.00
0000030000	AC687	132888253	2013/02/02	2013/02/02	2013/10/16	55Z7710974	50.00	.00	50.00
0000030000	AC687	132908934E	2013/04/15	2013/05/08	2013/10/17	55Z7710974	50.00	.00	50.00
0000030000	AC687	132918704	2013/09/18	2013/10/08	2013/10/21	55Z7693494	.00	.00	.00
0000030000	AC687	132967459E	2013/02/26	2013/03/15	2013/10/24	55Z3933074	100.00	.00	100.00
0000030000	AC687	132987440	2013/08/30	2013/10/24	2013/10/29	55Z3958424	500.00	.00	500.00
0000030000	AC687	132987665	2013/08/15	2013/08/15	2013/11/13	55Z7760934	.00	.00	.00
0000030000	AC687	132987782E	2013/02/26	2013/03/16	2013/10/26	55Z3933074	.00	.00	.00
0000030000	AC687	132998684E	2013/10/21	2013/10/21	2013/10/28	55Z3935774	50.00	.00	50.00
0000030000	AC687	133037208	2013/08/22	2013/08/22	2013/11/02	55Z3932624	300.00	.00	300.00
0000030000	AC687	133058732E	2013/01/25	2013/01/25	2013/11/01	55Z7760874	.00	.00	.00
0000030000	AC687	133058733E	2013/01/22	2013/01/22	2013/11/01	55Z7760874	50.00	.00	50.00
0000030000	AC687	133228054	2013/10/14	2013/10/14	2013/11/20	55Z7760994	.00	.00	.00
0000030000	AC687	133238337	2013/07/03	2013/07/03	2013/11/22	55Z7868954	1,600.00	.00	1,600.00
0000030000	AC687	133238337	2013/07/12	2013/07/23	2013/11/22	55Z7868954	100.00	.00	100.00
0000030000	AC687	133238337	2013/07/12	2013/08/13	2013/11/22	55Z7868954	500.00	.00	500.00
0000030000	AC687	133257326E	2013/10/04	2013/10/04	2013/11/21	55Z3935034	50.00	.00	50.00
0000030000	AC687	133257343E	2013/02/02	2013/02/18	2013/11/21	55Z3935034	.00	.00	.00
0000030000	AC687	133278604E	2013/11/19	2013/11/19	2013/11/23	55Z3935414	50.00	.00	50.00
0000030000	AC687	133298682E	2013/01/05	2013/04/13	2013/11/25	55Z3944474	100.00	.00	100.00
0000030000	AC687	133298729E	2013/11/02	2013/11/02	2013/11/25	55Z3944474	.00	.00	.00
0000030000	AC687	133308425E	2013/05/09	2013/07/05	2013/11/26	55Z3933074	.00	.00	.00
0000030000	AC687	133308432E	2013/08/23	2013/10/08	2013/11/26	55Z3933074	.00	.00	.00

ALLSTATE LOSS RUNS
2013

Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	133317514	2013/07/09	2013/07/09	2013/12/04	55Z3932624	.00	.00	.00
0000030000	AC687	133318331E	2013/11/22	2013/11/22	2013/11/27	55AC905304	50.00	.00	50.00
0000030000	AC687	133368106E	2012/06/14	2012/09/17	2013/12/02	55Z3933074	100.00	.00	100.00
0000030000	AC687	133368107E	2013/05/09	2013/07/05	2013/12/02	55Z3933074	.00	.00	.00
0000030000	AC687	133368108E	2013/02/26	2013/03/16	2013/12/02	55Z3933074	.00	.00	.00
0000030000	AC687	133447345E	2013/06/26	2013/06/26	2013/12/13	55Z7799874	.00	.00	.00
0000030000	AC687	133447349E	2013/03/13	2013/08/23	2013/12/10	55Z7799874	50.00	.00	50.00
0000030000	AC687	133457834E	2013/10/26	2013/10/26	2013/12/11	55Z7800064	50.00	.00	50.00
0000030000	AC687	133476124	2013/11/22	2013/12/03	2013/12/19	55Z3944454	100.00	.00	100.00
0000030000	AC687	130156424	2012/10/17	2012/12/12	2013/01/30	55Z3945424	200.00	.00	200.00
0000030000	AC687	130156424	2012/11/05	2012/11/19	2013/01/30	55Z3945424	360.00	.00	360.00
0000030000	AC687	130316586	2012/11/12	2012/11/12	2013/02/14	55Z3934814	.00	.00	.00
0000030000	AC687	130577549	2011/04/25	2011/04/25	2013/03/20	55Z3935384	100.00	.00	100.00
0000030000	AC687	130577549	2011/04/29	2011/04/29	2013/03/20	55Z3935384	60.00	.00	60.00
0000030000	AC687	130657933	2012/12/14	2012/12/14	2013/03/11	55Z7760904	100.00	.00	100.00
0000030000	AC687	130657933	2012/12/17	2013/01/24	2013/03/11	55Z7760904	200.00	.00	200.00
0000030000	AC687	130657933	2012/12/19	2013/01/04	2013/03/11	55Z7760904	360.00	.00	360.00
0000030000	AC687	130658416	2012/09/11	2012/09/11	2013/03/15	55Z3934404	100.00	.00	100.00
0000030000	AC687	130737523	2012/09/18	2012/09/19	2013/03/15	55Z3934404	200.00	.00	200.00
0000030000	AC687	130738636	2012/09/14	2012/09/14	2013/03/15	55Z3934404	100.00	.00	100.00
0000030000	AC687	131707002	2013/02/16	2013/02/20	2013/06/27	55Z3958464	200.00	.00	200.00
0000030000	AC687	131918534	2013/04/29	2013/06/11	2013/07/13	55AC905434	200.00	.00	200.00
0000030000	AC687	132008829	2013/04/25	2013/04/30	2013/07/24	55Z3933994	200.00	.00	200.00
0000030000	AC687	132068452	2013/07/15	2013/07/30	2013/07/30	55Z7710274	.00	.00	.00
0000030000	AC687	132077468	2013/07/15	2013/07/24	2013/08/14	55Z7693494	360.00	.00	360.00
0000030000	AC687	132077468	2013/07/25	2013/08/09	2013/08/14	55Z7693494	200.00	.00	200.00
0000030000	AC687	132078056	2013/07/16	2013/07/16	2013/07/30	55Z3932624	100.00	.00	100.00
0000030000	AC687	132148285	2013/06/18	2013/06/18	2013/08/07	55Z3934404	100.00	.00	100.00
0000030000	AC687	132287556	2013/06/12	2013/06/12	2013/08/23	55AC905354	10.00	.00	10.00
0000030000	AC687	132287556	2013/06/17	2013/07/10	2013/08/23	55AC905354	200.00	.00	200.00
0000030000	AC687	132388175	2013/08/12	2013/08/19	2013/09/03	55Z7693494	.00	.00	.00
0000030000	AC687	132676573	2013/08/03	2013/08/03	2013/09/25	55Z3945134	10.00	.00	10.00
0000030000	AC687	132676573	2013/08/03	2013/08/03	2013/09/25	55Z3945134	100.00	.00	100.00
0000030000	AC687	132918704	2013/09/18	2013/09/19	2013/10/21	55Z7693494	.00	.00	.00
0000030000	AC687	132987440	2013/08/31	2013/09/03	2013/10/29	55Z3958424	200.00	.00	200.00
0000030000	AC687	132987440	2013/09/06	2013/10/10	2013/10/29	55Z3958424	.00	.00	.00
0000030000	AC687	133037208	2013/07/18	2013/07/18	2013/11/02	55Z3932624	100.00	.00	100.00
0000030000	AC687	133037208	2013/08/22	2013/08/22	2013/11/02	55Z3932624	100.00	.00	100.00
0000030000	AC687	133238337	2013/07/12	2013/07/12	2013/11/22	55Z7868954	10.00	.00	10.00
0000030000	AC687	133238337	2013/07/23	2013/08/13	2013/11/22	55Z7868954	200.00	.00	200.00
0000030000	AC687	133397038	2010/12/29	2010/12/29	2013/12/12	55Z3945284	.00	.00	.00
0000030000	AC687	130677794E	2012/02/02	2012/02/02	2013/03/19	55Z7760872	.00	.00	.00
0000030000	AC687	130926999	2013/03/26	2013/03/26	2013/04/13	55W1956352	.00	.00	.00
0000030000	AC687	123566585	2012/12/18	2012/12/18	2013/01/22	55W4733342	.00	.00	.00
0000030000	AC687	130628988E	2013/02/02	2013/02/02	2013/03/05	55W4717172	100.00	.00	100.00
0000030000	AC687	130646842E	2012/08/08	2012/08/08	2013/03/08	55W3161372	50.00	.00	50.00
0000030000	AC687	130646843E	2012/07/20	2012/07/20	2013/03/08	55W3161372	.00	.00	.00
0000030000	AC687	130648217E	2013/03/02	2013/03/02	2013/03/06	55Z7693472	100.00	.00	100.00
0000030000	AC687	130648640E	2013/02/05	2013/02/05	2013/03/05	55Z7710952	100.00	.00	100.00

ALLSTATE LOSS RUNS
2013

Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	130677913E	2013/01/13	2013/01/13	2013/03/11	55Z7693482	100.00	.00	100.00
0000030000	AC687	130926888E	2013/03/22	2013/03/22	2013/04/03	55W1956352	50.00	.00	50.00
0000030000	AC687	131137264E	2012/11/02	2012/11/02	2013/04/24	55W9670562	50.00	.00	50.00
0000030000	AC687	131138765E	2013/02/02	2013/02/02	2013/04/24	55W6872802	50.00	.00	50.00
0000030000	AC687	131168441E	2013/01/15	2013/01/15	2013/04/30	55AC918772	.00	.00	.00
0000030000	AC687	131168460E	2012/11/26	2012/11/26	2013/04/30	55AC918772	.00	.00	.00
0000030000	AC687	131286793	2013/02/02	2013/02/02	2013/05/23	55Z7693522	.00	.00	.00
0000030000	AC687	131287514E	2013/02/02	2013/02/02	2013/05/08	55Z7693522	50.00	.00	50.00
0000030000	AC687	131318970E	2013/03/12	2013/03/12	2013/05/14	55W6907772	100.00	.00	100.00
0000030000	AC687	131347785	2013/05/03	2013/05/03	2013/05/23	55Z7693542	.00	.00	.00
0000030000	AC687	131468987E	2013/02/25	2013/02/25	2013/05/27	55W6907772	100.00	.00	100.00
0000030000	AC687	131517426E	2013/05/25	2013/05/25	2013/06/03	55Z7693482	.00	.00	.00
0000030000	AC687	131966861E	2013/06/21	2013/06/21	2013/07/16	55W4732752	100.00	.00	100.00
0000030000	AC687	132036676E	2013/06/28	2013/06/28	2013/07/23	55Z7760872	.00	.00	.00
0000030000	AC687	132048735E	2013/01/22	2013/01/22	2013/07/23	55Z7760872	.00	.00	.00
0000030000	AC687	132048757E	2012/02/02	2012/02/02	2013/07/25	55Z7760872	.00	.00	.00
0000030000	AC687	132048758E	2013/03/08	2013/03/08	2013/07/23	55Z7760872	50.00	.00	50.00
0000030000	AC687	132316245E	2013/07/01	2013/07/01	2013/08/23	55W6915682	100.00	.00	100.00
0000030000	AC687	132637291E	2013/09/23	2013/09/23	2013/09/23	5585451042	.00	.00	.00
0000030000	AC687	132686877E	2012/05/02	2012/05/02	2013/09/26	5585451032	50.00	.00	50.00
0000030000	AC687	132816969E	2013/08/27	2013/08/27	2013/10/09	55Z7760872	.00	.00	.00
0000030000	AC687	132827496E	2013/08/20	2013/08/20	2013/10/10	5585451042	.00	.00	.00
0000030000	AC687	132987114E	2013/10/21	2013/10/21	2013/10/28	55Z7693542	.00	.00	.00
0000030000	AC687	133036902E	2013/06/28	2013/06/28	2013/10/31	55Z7760872	.00	.00	.00
0000030000	AC687	133236318E	2013/02/02	2013/02/02	2013/11/21	55AC880642	.00	.00	.00
0000030000	AC687	133236320E	2013/07/24	2013/07/24	2013/11/21	55AC880642	50.00	.00	50.00
0000030000	AC687	133236324E	2013/08/08	2013/08/08	2013/11/21	55AC880642	50.00	.00	50.00
0000030000	AC687	133236328E	2013/06/10	2013/06/10	2013/11/21	55AC880642	.00	.00	.00
0000030000	AC687	133236332E	2013/07/03	2013/07/03	2013/11/21	55AC880642	.00	.00	.00
0000030000	AC687	133306471E	2013/06/10	2013/06/10	2013/12/02	55AC880642	.00	.00	.00
0000030000	AC687	133306472E	2013/07/03	2013/07/03	2013/12/02	55AC880642	.00	.00	.00
0000030000	AC687	133387248E	2013/11/27	2013/11/27	2013/12/04	55AC918772	50.00	.00	50.00
0000030000	AC687	133267349	2011/04/25	2011/04/25	2013/12/05	55Z3935382	200.00	.00	200.00
0000030000	AC687	130257271	2012/03/03	2012/03/03	2013/03/22	55Z7710405	.00	.00	.00
0000030000	AC687	130257271	2012/04/04	2012/10/01	2013/03/22	55Z7710405	50.00	.00	50.00
0000030000	AC687	130577553	2011/04/25	2011/04/25	2013/03/05	55Z3935385	150.00	.00	150.00
0000030000	AC687	130577553	2011/04/25	2011/04/25	2013/03/05	55Z3935385	250.00	.00	250.00
0000030000	AC687	1309269991	2013/03/18	2013/03/25	2013/04/24	55M1778495	57.50	.00	57.50
0000030000	AC687	131128926E	2012/07/13	2012/07/13	2013/04/22	55Z7693425	25.00	.00	25.00
0000030000	AC687	131136578	2012/10/10	2012/10/15	2013/04/25	55Z7693425	50.00	.00	50.00
0000030000	AC687	131228679E	2013/04/04	2013/04/18	2013/05/02	55Z7802785	52.50	.00	28.35
0000030000	AC687	131266054E	2013/03/21	2013/03/23	2013/05/22	55Z7693425	.00	.00	.00
0000030000	AC687	131266056E	2013/01/03	2013/02/25	2013/05/22	55Z7693425	.00	.00	.00
0000030000	AC687	131266068	2013/01/03	2013/02/25	2013/05/14	55Z7693425	.00	.00	.00
0000030000	AC687	131266069	2013/03/21	2013/03/21	2013/05/14	55Z7693425	.00	.00	.00
0000030000	AC687	131266070	2013/01/02	2013/01/02	2013/05/14	55Z7693425	.00	.00	.00
0000030000	AC687	131266071	2013/04/02	2013/04/02	2013/05/14	55Z7693425	26.25	.00	26.25
0000030000	AC687	131266072	2013/01/23	2013/01/23	2013/05/14	55Z7693425	.00	.00	.00
0000030000	AC687	131266073	2012/07/13	2012/10/26	2013/05/14	55Z7693425	75.00	.00	29.61

ALLSTATE LOSS RUNS
2013

Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	131266075	2012/07/02	2012/10/10	2013/05/14	55Z7693425	100.00	.00	100.00
0000030000	AC687	131287948	2013/02/02	2013/02/19	2013/05/17	55Z7693525	25.00	.00	25.00
0000030000	AC687	131308986	2013/03/13	2013/03/13	2013/05/21	55AC905275	.00	.00	.00
0000030000	AC687	131347777	2013/05/03	2013/05/03	2013/05/24	55AC905125	.00	.00	.00
0000030000	AC687	131347847E	2013/05/03	2013/05/03	2013/05/14	55AC905125	25.00	.00	25.00
0000030000	AC687	131388865	2012/09/01	2012/11/19	2013/05/29	55Z7728115	100.00	.00	100.00
0000030000	AC687	131388866	2012/04/14	2012/11/19	2013/05/29	55Z7728115	125.00	.00	125.00
0000030000	AC687	131388867	2012/02/29	2012/02/29	2013/05/29	55Z7728115	.00	.00	.00
0000030000	AC687	131388867	2012/09/15	2012/09/15	2013/05/29	55Z7728115	25.00	.00	25.00
0000030000	AC687	131407782	2013/01/11	2013/01/11	2013/05/30	55Z7760915	.00	.00	.00
0000030000	AC687	131407784	2013/03/07	2013/03/07	2013/05/30	55Z7760915	.00	.00	.00
0000030000	AC687	131407850	2013/03/07	2013/03/07	2013/05/30	55Z7760915	.00	.00	.00
0000030000	AC687	131407858	2013/01/28	2013/01/28	2013/05/30	55Z7760915	.00	.00	.00
0000030000	AC687	131407882	2013/01/11	2013/01/11	2013/05/30	55Z7760915	.00	.00	.00
0000030000	AC687	131426811	2013/02/27	2013/02/27	2013/06/07	55M1778555	287.50	.00	287.50
0000030000	AC687	131686704	2013/02/18	2013/02/18	2013/06/29	55Z7728115	.00	.00	.00
0000030000	AC687	131686704	2013/05/14	2013/05/14	2013/06/29	55Z7728115	26.25	.00	26.25
0000030000	AC687	131686706	2013/03/11	2013/03/11	2013/06/29	55Z7728115	.00	.00	.00
0000030000	AC687	131686706	2013/05/14	2013/05/14	2013/06/29	55Z7728115	26.25	.00	26.25
0000030000	AC687	132497359E	2013/06/12	2013/06/12	2013/09/10	55M1778495	30.00	.00	30.00
0000030000	AC687	132638859	2012/12/04	2012/12/04	2013/09/25	55Z7760915	25.00	.00	25.00
0000030000	AC687	1326388591	2013/07/01	2013/07/01	2013/09/25	55Z7760915	26.25	.00	26.25
0000030000	AC687	132987115E	2013/10/21	2013/10/21	2013/10/28	55AC905125	.00	.00	.00
0000030000	AC687	132987437	2013/08/30	2013/09/09	2013/10/29	55M1778495	120.00	.00	120.00
0000030000	AC687	132998685E	2013/10/21	2013/10/21	2013/10/28	55AC905125	25.00	.00	25.00
0000030000	AC687	133257325E	2013/04/01	2013/04/16	2013/11/21	55AC880645	50.00	.00	50.00
0000030000	AC687	133257327E	2013/10/04	2013/10/04	2013/11/21	55AC880645	.00	.00	.00
0000030000	AC687	133257335E	2013/02/21	2013/02/21	2013/12/04	55AC880645	.00	.00	.00
0000030000	AC687	133257335E	2013/09/09	2013/09/09	2013/12/04	55AC880645	25.00	.00	25.00
0000030000	AC687	133257337E	2013/02/06	2013/02/06	2013/12/04	55AC880645	.00	.00	.00
0000030000	AC687	133257337E	2013/04/18	2013/04/18	2013/12/04	55AC880645	25.00	.00	25.00
0000030000	AC687	133257340E	2013/01/25	2013/01/25	2013/12/04	55AC880645	.00	.00	.00
0000030000	AC687	133257340E	2013/06/05	2013/06/05	2013/12/04	55AC880645	25.00	.00	25.00
0000030000	AC687	133298606E	2013/07/20	2013/10/28	2013/11/25	55Z7710405	52.50	.00	52.50
0000030000	AC687	133298693	2013/11/05	2013/11/05	2013/12/04	55Z7710405	26.25	.00	26.25
0000030000	AC687	1332986931	2012/04/13	2012/04/13	2013/12/04	55Z7710405	.00	.00	.00
0000030000	AC687	133298736E	2013/11/02	2013/11/02	2013/11/25	55M1774555	.00	.00	.00
0000030000	AC687	133377176E	2013/07/24	2013/07/24	2013/12/03	55AC880645	25.00	.00	25.00
0000030000	AC687	133377178E	2013/10/04	2013/11/22	2013/12/03	55AC880645	50.00	.00	50.00
0000030000	AC687	133377183E	2013/07/29	2013/08/15	2013/12/03	55AC880645	50.00	.00	50.00
0000030000	AC687	133377186E	2013/07/12	2013/07/12	2013/12/03	55AC880645	25.00	.00	25.00
0000030000	AC687	133377188E	2013/07/02	2013/07/02	2013/12/03	55AC880645	25.00	.00	25.00
0000030000	AC687	133377190E	2013/05/22	2013/06/10	2013/12/03	55AC880645	50.00	.00	50.00
0000030000	AC687	123538377	2012/10/30	2012/11/02	2013/01/04	55M1777135	86.25	.00	86.25
0000030000	AC687	1235383771	2012/10/31	2012/10/31	2013/02/06	55M1777135	.00	.00	.00
0000030000	AC687	130577553	2011/04/25	2011/04/26	2013/03/05	55Z3935385	25.00	.00	25.00
0000030000	AC687	1309269992	2013/03/26	2013/03/26	2013/06/05	55M1778495	.00	.00	.00
0000030000	AC687	131127110	2013/01/23	2013/01/25	2013/06/01	55Z7693425	75.00	.00	75.00
0000030000	AC687	131158033	2013/04/08	2013/04/15	2013/05/10	55M1777095	240.00	.00	240.00

ALLSTATE LOSS RUNS
2013

Group Number	Case Number	Claim Number	FROM Date	Thru Date	Paid Date	Policy Number	Amount Payable	Provider Check Amount	Employee Check Amount
0000030000	AC687	132766949	2013/08/23	2013/08/25	2013/10/11	55Z7693425	78.75	.00	78.75
0000030000	AC687	132837642	2013/07/18	2013/07/18	2013/10/14	55Z7802785	60.38	.00	60.38
0000030000	AC687	132837642	2013/07/18	2013/07/18	2013/10/14	55Z7802785	241.50	.00	241.50
0000030000	AC687	133187160	2013/03/11	2013/03/13	2013/12/13	55Z3935385	78.75	.00	78.75
0000030000	AC687	123538377	2012/10/30	2012/10/30	2013/01/04	55M1777135	287.50	.00	287.50
0000030000	AC687	123538377	2012/10/30	2012/11/02	2013/01/04	55M1777135	345.00	.00	345.00
0000030000	AC687	130577553	2011/04/25	2011/04/25	2013/03/05	55Z3935385	500.00	.00	500.00
0000030000	AC687	130577553	2011/04/25	2011/04/26	2013/03/05	55Z3935385	200.00	.00	200.00
0000030000	AC687	130577553	2011/04/25	2011/05/01	2013/03/05	55Z3935385	1,200.00	.00	1,200.00
0000030000	AC687	131127110	2013/01/23	2013/01/23	2013/06/01	55Z7693425	250.00	.00	250.00
0000030000	AC687	131127110	2013/01/23	2013/01/25	2013/06/01	55Z7693425	200.00	.00	200.00
0000030000	AC687	131158033	2013/04/08	2013/04/08	2013/05/10	55M1777095	300.00	.00	300.00
0000030000	AC687	131158033	2013/04/08	2013/04/15	2013/05/10	55M1777095	840.00	.00	840.00
0000030000	AC687	132766949	2013/08/23	2013/08/23	2013/10/11	55Z7693425	262.50	.00	262.50
0000030000	AC687	132766949	2013/08/23	2013/08/25	2013/10/11	55Z7693425	210.00	.00	210.00
0000030000	AC687	132837642	2013/07/16	2013/07/16	2013/10/14	55Z7802785	.00	.00	.00
0000030000	AC687	132837642	2013/07/16	2013/07/20	2013/10/14	55Z7802785	420.00	.00	420.00
0000030000	AC687	133187160	2013/03/11	2013/03/11	2013/12/13	55Z3935385	525.00	.00	525.00
0000030000	AC687	133187160	2013/03/11	2013/03/13	2013/12/13	55Z3935385	420.00	.00	420.00
0000030000	AC687	132968339	2013/10/02	2013/10/06	2013/10/25	80W4770336	.00	.00	.00
0000030000	AC687	132968489	2013/10/02	2013/10/11	2013/10/25	80W4770336	.00	.00	.00
0000030000	AC687	133018153	2013/09/30	2013/09/30	2013/10/31	80W4770336	.00	.00	.00
0000030000	AC687	133096469E	2013/10/22	2013/10/22	2013/11/06	80W4770336	.00	.00	.00
0000030000	AC687	133387681	2013/10/17	2013/10/28	2013/12/05	80W4770336	.00	.00	.00
0000030000	AC687	130926878	2013/03/22	2013/03/22	2013/04/11	80Z7800626	50.00	.00	50.00
0000030000	AC687	131137325E	2012/11/08	2012/11/08	2013/04/25	80W9733317	.00	.00	.00
0000030000	AC687	131137330E	2012/11/08	2012/11/08	2013/04/25	80W9733317	75.00	.00	75.00
0000030000	AC687	131287513E	2013/02/02	2013/02/02	2013/05/09	80AC905036	.00	.00	.00
0000030000	AC687	131557398E	2013/06/03	2013/06/03	2013/06/05	80AC905236	100.00	.00	100.00
0000030000	AC687	131557445E	2013/06/03	2013/06/03	2013/06/05	80AC905236	.00	.00	.00

37,650.18

ATTACHMENT G

HUMANA

- Dental Statement 11/1/2014
- Vision Statement 11/1/2014
- Loss Runs
  - Claims Experience 2011-2014
  - Dental Paid Claims & Membership 2012-2014
- Summary of Benefits
  - 2010-2011
  - 2012-2013
  - 2014-2015

ATTACHMENT I

HUMANA

- Dental Statement 11/1/2014
- Vision Statement 11/1/2014
- Loss Runs
  - Claims Experience 2011-2014
  - Dental Paid Claims & Membership 2012-2014
- Summary of Benefits
  - 2010-2011
  - 2012-2013
  - 2014-2015

HUMANA

DENTAL

STATEMENT

BILLING

Invoice

For coverage in November 2014

HUMANA

DENTAL

HBSGAFPLETHBSG987Q1015201401570009198
CITY OF WESLACO
VERONICA SOLIS RAMIREZ
255 SOUTH KANSAS
WESLACO, TX 78596

CITY OF WESLACO

Billing ID
704228-002

Invoice number - Invoice date
234334685 - October 13, 2014

Billing Contact
1-800-872-7207

TEAM 7 BILLING UNIT

Payment due
November 1, 2014

In accordance with Texas SB51 & SB1143 the employer is liable for premiums on any individual who is terminated until Humana receives notice of the individual's termination. To terminate coverage please go to **Humana.com,** select "Employers" and log in to the Employer Self-Service Center or contact Customer Service at 1-800-872-7207.

Invoice Summary

Amount due from last invoice	$3,572.98
Total payments received 3,572.98	~~$0.00~~
Amount past due	0 ~~$3,572.98~~
Premiums this period	$3,900.59
Member adjustments	-$406.65
Fees and other adjustments	$0.00
Please pay total amount due	~~$7,066.92~~

It's easy to perform online billing tasks quickly and easily on the employer portal at Humana.com. For example, you can:

- View your monthly statement
- Make a premium payment
- Terminate an employee from your bill

continued ▶

RETURN THIS PORTION WITH YOUR PAYMENT

HUMANA.

Payment Coupon

Payment due date: **November 1, 2014**
Amount due: **$7,066.92**

Billing ID: 704228-002
Invoice number: 234334685

Amount enclosed: $3,493.94

234333781 002 0000706692 11012014 87060 7

HBSGAFPLETHBSG987Q1015201401570009198
CITY OF WESLACO
VERONICA SOLIS RAMIREZ
255 SOUTH KANSAS
WESLACO, TX 78596

Please remit to:

HUMANADENTAL INS.CO.
P.O. BOX 0884
CAROL STREAM, IL 60132-0884

For change of address, please contact your Billing Representative.

Group Summary

Payments

Date	Description	Amount	Balance
	No payments received		
	Amount past due		**$3,572.98**

Premiums by Product Type

Product type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
Dental	71	$1,216.20	11	$358.49	29	$1,159.59	18	$1,166.31	$3,900.59
Totals	71	**$1,216.20**	11	**$358.49**	29	**$1,159.59**	18	**$1,166.31**	**$3,900.59**

Premiums by Plan Type

Plan type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
DTP	71	$1,216.20	11	$358.49	29	$1,159.59	18	$1,166.31	$3,900.59
Totals	71	**$1,216.20**	11	**$358.49**	29	**$1,159.59**	18	**$1,166.31**	**$3,900.59**

Plan Type Legend

DTP DENTAL TRADITIONAL PREFERRED

Employee Detail:
CITY OF WESLACO
704228-002

704228-000-004 CITY OF WESLACO - DENTAL ACTIVE

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
[redacted]	012024163	DTP	EMP		$11.00		$11.00
[redacted]	101678996	DTP	EMP		$11.00		$11.00
[redacted]	012788812	DTP	ECH		$27.21		$27.21
[redacted]	006884498	DTP	FAM		$42.38		$42.38
[redacted]	006884380	DTP	ECH		$27.21		$27.21
[redacted]	006884425	DTP	FAM		$87.21		$87.21
[redacted]	008458308	DTP	FAM		$87.21		$87.21 T
[redacted]	010112988	DTP	EMP		$24.60		$24.60
[redacted]	101428782	DTP	EMP		$11.00		$11.00
[redacted]	006884492	DTP	EMP		$11.00		$11.00
[redacted]	101618274	DTP	FAM		$42.38		$42.38
[redacted]	013465627	DTP	ESP		$24.10		$24.10
[redacted]	006884396	DTP	ECH		$55.71		$55.71
[redacted]	100160001	DTP	EMP		$24.60		$24.60
[redacted]	011263771	DTP	FAM		$42.38		$42.38
[redacted]	008440677	DTP	ECH		$27.21		$27.21
[redacted]	101618298	DTP	EMP		$11.00		$11.00
[redacted] NEW ENROLLMENT: 10/01/2014	102696276 102696276	DTP DTP	ECH ECH		$27.21 $27.21		$27.21 $27.21 T
[redacted]	102036923	DTP	EMP		$11.00		$11.00
[redacted]	101745282	DTP	EMP		$11.00		$11.00
[redacted]	006884418	DTP	EMP		$24.60		$24.60
[redacted]	006884471	DTP	EMP		$24.60		$24.60
[redacted]	101618302	DTP	EMP		$11.00		$11.00
[redacted]	011486929	DTP	ECH		$27.21		$27.21
[redacted]	100412210	DTP	ECH		$27.21		$27.21
[redacted]	011576852	DTP	ESP		$24.10		$24.10

704228-000-004 CITY OF WESLACO - DENTAL ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
[redacted]	012944667	DTP	EMP		$24.60		$24.60
[redacted]	011298179	DTP	FAM		$42.38		$42.38
[redacted]	100274106	DTP	EMP		$24.60		$24.60
[redacted]	013207704	DTP	EMP		$11.00		$11.00
[redacted]	101618353	DTP	EMP		$11.00		$11.00
[redacted]	006884494	DTP	FAM		$87.21		$87.21
[redacted]	006884423	DTP	ECH		$55.71		$55.71
[redacted]	102031201	DTP	EMP		$11.00		$11.00
[redacted]	010161910	DTP	EMP		$11.00		$11.00
[redacted]							
TERMINATION: 10/01/2014	011298252	DTP	ECH		-$55.71		-$55.71
TERMINATION: 09/01/2014	011298252	DTP	ECH		-$55.71		-$55.71
[redacted]	011298260	DTP	ECH		$55.71		$55.71
[redacted]	012944715	DTP	EMP		$11.00		$11.00
[redacted]	008204431	DTP	EMP		$24.60		$24.60
[redacted]	992650422	DTP	ESP		$24.10		$24.10
[redacted]	012944751	DTP	EMP		$24.60		$24.60
[redacted]	006884439	DTP	EMP		$24.60		$24.60
[redacted]							
TERMINATION: 10/01/2014	009696890	DTP	ECH		-$55.71		-$55.71
TERMINATION: 09/01/2014	009696890	DTP	ECH		-$55.71		-$55.71
TERMINATION: 08/01/2014	009696890	DTP	ECH		-$55.71		-$55.71
[redacted]	006884355	DTP	EMP		$24.60		$24.60
[redacted]	905415089	DTP	EMP		$24.60		$24.60
[redacted]	009696899	DTP	EMP		$24.60		$24.60
[redacted]	006884463	DTP	ESP		$24.10		$24.10
[redacted]	100318409	DTP	ECH		$27.21		$27.21
[redacted]	006884394	DTP	EMP		$24.60		$24.60
[redacted]	100286495	DTP	ECH		$27.21		$27.21
[redacted]	006884400	DTP	EMP		$24.60		$24.60
[redacted]	011431501	DTP	EMP		$11.00		$11.00

704228-000-004 CITY OF WESLACO - DENTAL ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
[redacted]	911430458	DTP	FAM		$42.38		$42.38
[redacted]	009696904	DTP	EMP		$24.60		$24.60
[redacted]	013426640	DTP	ESP		$24.10		$24.10
[redacted]	006884432	DTP	ECH		$55.71		$55.71
[redacted]	013068103	DTP	ECH		$27.21		$27.21
[redacted]	006884402	DTP	EMP		$11.00		$11.00
[redacted]	013294953	DTP	EMP		$11.00		$11.00
[redacted]	006884445	DTP	ESP		$55.23		$55.23
[redacted]	013173981	DTP	ECH		$27.21		$27.21
[redacted]	102569647	DTP	EMP		$11.00		$11.00
[redacted]	006884398	DTP	EMP		$24.60		$24.60
[redacted]	011708295	DTP	EMP		$11.00		$11.00
[redacted] ERMINATION: 10/01/2014 TERMINATION: 09/01/2014	 986805249 986805249	 DTP DTP	 ESP ESP		 -$24.10 -$24.10		 -$24.10 -$24.10
[redacted]	006884461	DTP	FAM		$87.21		$87.21
[redacted]	008387494	DTP	EMP		$24.60		$24.60
[redacted]	102031225	DTP	EMP		$11.00		$11.00
[redacted]	100412219	DTP	EMP		$11.00		$11.00
[redacted]	996533535	DTP	EMP		$11.00		$11.00
[redacted]	006884409	DTP	EMP		$11.00		$11.00
[redacted]	011298351	DTP	EMP		$11.00		$11.00
[redacted]	006884459	DTP	ECH		$55.71		$55.71
[redacted]	008387522	DTP	ECH		$55.71		$55.71
[redacted] TERMINATION: 10/01/2014	006884363	DTP	FAM		-$87.21		-$87.21
[redacted]	102569567	DTP	ESP		$24.10		$24.10
[redacted]	006884411	DTP	EMP		$24.60		$24.60
[redacted]	013106764	DTP	EMP		$24.60		$24.60
[redacted]	006884456	DTP	ECH		$55.71		$55.71

704228-000-004 CITY OF WESLACO - DENTAL ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
[redacted]	011299352	DTP	EMP		$11.00		$11.00
[redacted]	007136479	DTP	EMP		$11.00		$11.00
[redacted]	006884435	DTP	EMP		$24.60		$24.60
[redacted]	008387506	DTP	EMP		$24.60		$24.60
[redacted]	009596793	DTP	EMP		$24.60		$24.60
[redacted] TERMINATION: 10/01/2014	100205878	DTP	ESP		-$24.10		-$24.10
[redacted]	011299554	DTP	EMP		$24.60		$24.60
[redacted]	011299557	DTP	EMP		$11.00		$11.00
[redacted]	007136473	DTP	ESP		$24.10		$24.10
[redacted]	006884387	DTP	EMP		$24.60		$24.60
[redacted]	012064300	DTP	EMP		$11.00		$11.00
[redacted]	102183431	DTP	EMP		$11.00		$11.00
[redacted]	011299603	DTP	ECH		$55.71		$55.71
[redacted]	917374081	DTP	ECH		$55.71		$55.71
[redacted]	101634270	DTP	EMP		$24.60		$24.60
[redacted]	006884477	DTP	EMP		$24.60		$24.60
[redacted] TERMINATION: 10/01/2014 TERMINATION: 09/01/2014 TERMINATION: 08/01/2014	 102278347 102278347 102278347	 DTP DTP DTP	 EMP EMP EMP		 -$11.00 -$11.00 -$11.00		 -$11.00 -$11.00 -$11.00
[redacted]	012969697	DTP	EMP		$11.00		$11.00
[redacted]	101634280	DTP	EMP		$11.00		$11.00
[redacted]	008387618	DTP	EMP		$24.60		$24.60
[redacted]	101634303	DTP	ECH		$27.21		$27.21
[redacted]	102568262	DTP	EMP		$11.00		$11.00
[redacted]	101634325	DTP	FAM		$42.38		$42.38
[redacted]	012945270	DTP	EMP		$24.60		$24.60
[redacted]	006884438	DTP	ECH		$55.71		$55.71
[redacted]	011302842	DTP	ECH		$27.21		$27.21
[redacted]	006884407	DTP	EMP		$24.60		$24.60

704228-000-004 CITY OF WESLACO - DENTAL ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
[redacted]	006884373	DTP	FAM		$87.21		$87.21
[redacted]	006884489	DTP	ESP		$55.23		$55.23
[redacted]	006884481	DTP	ECH		$27.21		$27.21
[redacted]	012945355	DTP	ECH		$27.21		$27.21
[redacted]	952723099	DTP	FAM		$42.38		$42.38
[redacted]	006884377	DTP	FAM		$87.21		$87.21
[redacted]	012945426	DTP	FAM		$42.38		$42.38
[redacted]	009704239	DTP	ECH		$55.71		$55.71
[redacted]	006884457	DTP	EMP		$24.60		$24.60
[redacted]	011299591	DTP	EMP		$11.00		$11.00
[redacted]	009704285	DTP	ECH		$55.71		$55.71
[redacted]	008387492	DTP	FAM		$87.21		$87.21
[redacted]	006884428	DTP	ECH		$27.21		$27.21
[redacted] TERMINATION: 10/01/2014	102280567	DTP	EMP		-$11.00		-$11.00
[redacted]	012945451	DTP	ESP		$55.23		$55.23
[redacted]	006884417	DTP	FAM		$87.21		$87.21
[redacted]	012788847	DTP	EMP		$11.00		$11.00
[redacted]	999274124	DTP	EMP		$24.60		$24.60
[redacted]	011302847	DTP	EMP		$24.60		$24.60 T
[redacted]	917032387	DTP	EMP		$11.00		$11.00
[redacted]	013067844	DTP	EMP		$11.00		$11.00
[redacted]	008387569	DTP	FAM		$87.21		$87.21
[redacted]	008387621	DTP	EMP		$11.00		$11.00
[redacted]	009704251	DTP	FAM		$42.38		$42.38 T
[redacted] NEW ENROLLMENT: 10/01/2014 NEW ENROLLMENT: 09/01/2014	102654930 102654930 102654930	DTP DTP DTP	ESP ESP ESP		$24.10 $24.10 $24.10		$24.10 $24.10 $24.10
[redacted]	008440669	DTP	ECH		$55.71		$55.71
[redacted]	966122530	DTP	EMP		$11.00		$11.00

704228-000-004 CITY OF WESLACO - DENTAL ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
[redacted]	011302848	DTP	ECH		$27.21		$27.21
[redacted]	907780901	DTP	EMP		$11.00		$11.00
[redacted]	010912503	DTP	EMP		$11.00		$11.00

▶ Premiums by Plan Type

Plan type 704228-000-004	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
DTP	71	$1,216.20	11	$358.49	29	$1,159.59	18	$1,166.31	$3,900.59
Totals	71	**$1,216.20**	11	**$358.49**	29	**$1,159.59**	18	**$1,166.31**	**$3,900.59**

± Cobra Coverage ¨ State Continuation Coverage ž State Continuation with Subsidy

HUMANA

VISION STATEMENT BILLING

Invoice

For coverage in November 2014

HUMANA.

VISION

HBSGAFPLETHBSG987Q1015201401570009199
CITY OF WESLACO
VERONICA SOLIS RAMIREZ
255 SOUTH KANSAS
WESLACO, TX 78596

CITY OF WESLACO

Billing ID
704228-003

Invoice number - Invoice date
234334695 - October 13, 2014

Billing Contact
1-800-872-7207

TEAM 7 BILLING UNIT

Payment due
November 1, 2014

In accordance with Texas SB51 & SB1143 the employer is liable for premiums on any individual who is terminated until Humana receives notice of the individual's termination. To terminate coverage please go to **Humana.com,** select "Employers" and log in to the Employer Self-Service Center or contact Customer Service at 1-800-872-7207.

Invoice Summary

Amount due from last invoice		$1,142.40
Total payments received	1,142.40	~~$0.00~~
Amount past due	0	~~$1,142.40~~
Premiums this period		$1,197.57
Member adjustments		-$47.76
Fees and other adjustments		$0.00
Please pay total amount due		~~$2,292.21~~

It's easy to perform online billing tasks quickly and easily on the employer portal at Humana.com. For example, you can:

- View your monthly statement
- Make a premium payment
- Terminate an employee from your bill

continued ▶

RETURN THIS PORTION WITH YOUR PAYMENT

HUMANA.

Payment Coupon

Payment due date: **November 1, 2014**
Amount due: **$2,292.21**

Billing ID: 704228-003
Invoice number: 234334695

Amount enclosed: $1,149.81

234333781 003 0000229221 11012014 41838 3

HBSGAFPLETHBSG987Q1015201401570009199
CITY OF WESLACO
VERONICA SOLIS RAMIREZ
255 SOUTH KANSAS
WESLACO, TX 78596

Please remit to:

COMPBENEFITS INS. CO.
P.O. BOX 879643
KANSAS CITY, MO 64187-9643

For change of address, please contact your Billing Representative.

Group Summary

Payments

Date	Description	Amount	Balance
	No payments received		
	Amount past due		**$1,142.40**

Premiums by Product Type

Product type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
Specialty	66	$450.12	10	$136.50	11	$142.67	23	$468.28	$1,197.57
Totals	66	**$450.12**	10	**$136.50**	11	**$142.67**	23	**$468.28**	**$1,197.57**

Premiums by Plan Type

Plan type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
VIS	66	$450.12	10	$136.50	11	$142.67	23	$468.28	$1,197.57
Totals	66	**$450.12**	10	**$136.50**	11	**$142.67**	23	**$468.28**	**$1,197.57**

Plan Type Legend

VIS VISION

HUMANA.

Employee Detail:
CITY OF WESLACO
704228-003

704228-000-007 CITY OF WESLACO - VISION ACTIVE

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
[redacted]	012024165	VIS	ESP			$13.65	$13.65
[redacted]	101618255	VIS	EMP			$6.82	$6.82
[redacted]	102127756	VIS	EMP			$6.82	$6.82
[redacted]	013386519	VIS	FAM			$20.36	$20.36
[redacted]	100320940	VIS	FAM			$20.36	$20.36
[redacted]	012788813	VIS	ECH			$12.97	$12.97
[redacted]	006884499	VIS	FAM			$20.36	$20.36
[redacted]	100247458	VIS	EMP			$6.82	$6.82
[redacted]	006884381	VIS	EMP			$6.82	$6.82
[redacted]	006884426	VIS	FAM			$20.36	$20.36
[redacted]	101620334	VIS	EMP			$6.82	$6.82
[redacted]	101428783	VIS	EMP			$6.82	$6.82
[redacted]	011263747	VIS	EMP			$6.82	$6.82
[redacted]	101618275	VIS	FAM			$20.36	$20.36
[redacted]	013465628	VIS	ESP			$13.65	$13.65
[redacted]	006884397	VIS	EMP			$6.82	$6.82
[redacted]	100160002	VIS	EMP			$6.82	$6.82
[redacted]	011263772	VIS	FAM			$20.36	$20.36
[redacted]	102696277	VIS	EMP			$6.82	$6.82
NEW ENROLLMENT: 10/01/2014	102696277	VIS	EMP			$6.82	$6.82
[redacted]	102036924	VIS	EMP			$6.82	$6.82
[redacted]	101745283	VIS	EMP			$6.82	$6.82
[redacted]	006884419	VIS	EMP			$6.82	$6.82
[redacted]	101618303	VIS	EMP			$6.82	$6.82
[redacted]	011486930	VIS	FAM			$20.36	$20.36
[redacted]	011576853	VIS	ESP			$13.65	$13.65
[redacted]	012944668	VIS	EMP			$6.82	$6.82

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704228-000-007 CITY OF WESLACO - VISION ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
[redacted]	101717994	VIS	FAM			$20.36	$20.36
[redacted]	101618335	VIS	EMP			$6.82	$6.82
[redacted]	013207705	VIS	EMP			$6.82	$6.82
[redacted]	006884495	VIS	FAM			$20.36	$20.36
[redacted]	102286520	VIS	EMP			$6.82	$6.82
[redacted]	011298230	VIS	FAM			$20.36	$20.36
[redacted]	101618345	VIS	FAM			$20.36	$20.36
[redacted]	102031202	VIS	EMP			$6.82	$6.82 T
[redacted]	101618360	VIS	EMP			$6.82	$6.82
[redacted]	011298244	VIS	FAM			$20.36	$20.36
[redacted]	010161911	VIS	EMP			$6.82	$6.82
[redacted]	010111983	VIS	EMP			$6.82	$6.82
[redacted]	012829864	VIS	EMP			$6.82	$6.82
[redacted]	100316872	VIS	EMP			$6.82	$6.82
[redacted]	012944725	VIS	ESP			$13.65	$13.65
[redacted]	011139651	VIS	EMP			$6.82	$6.82 T
[redacted]	006884356	VIS	EMP			$6.82	$6.82
[redacted]	008387493	VIS	EMP			$6.82	$6.82
[redacted]	011263706	VIS	FAM			$20.36	$20.36
[redacted]	100286496	VIS	EMP			$6.82	$6.82
[redacted]	006884401	VIS	EMP			$6.82	$6.82
[redacted]	011431502	VIS	EMP			$6.82	$6.82
[redacted]	926851585	VIS	FAM			$20.36	$20.36
[redacted]	013426641	VIS	EMP			$6.82	$6.82
[redacted]	006884433	VIS	ECH			$12.97	$12.97
[redacted]	013294954	VIS	EMP			$6.82	$6.82
[redacted]	102569648	VIS	EMP			$6.82	$6.82
[redacted]	006884399	VIS	EMP			$6.82	$6.82
[redacted]	006884408	VIS	ESP			$13.65	$13.65

704228-000-007 CITY OF WESLACO - VISION ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
[redacted]	011708296	VIS	EMP			$6.82	$6.82
[redacted] TERMINATION: 10/01/2014 TERMINATION: 09/01/2014	 921805165 921805165	 VIS VIS	 ESP ESP			 -$13.65 -$13.65	 -$13.65 -$13.65
[redacted]	101618450	VIS	FAM			$20.36	$20.36
[redacted]	101718070	VIS	EMP			$6.82	$6.82
[redacted]	101618474	VIS	ESP			$13.65	$13.65
[redacted]	916554591	VIS	EMP			$6.82	$6.82
[redacted]	918550746	VIS	EMP			$6.82	$6.82
[redacted]	011298352	VIS	EMP			$6.82	$6.82
[redacted]	006884460	VIS	ECH			$12.97	$12.97
[redacted]	013465626	VIS	FAM			$20.36	$20.36
[redacted]	013106765	VIS	EMP			$6.82	$6.82
[redacted]	101630207	VIS	EMP			$6.82	$6.82
[redacted]	008387528	VIS	FAM			$20.36	$20.36
[redacted]	011299353	VIS	EMP			$6.82	$6.82
[redacted]	007136480	VIS	EMP			$6.82	$6.82
[redacted]	100614170	VIS	EMP			$6.82	$6.82
[redacted]	953460563	VIS	EMP			$6.82	$6.82
[redacted]	101718127	VIS	EMP			$6.82	$6.82
[redacted] TERMINATION: 10/01/2014	100205879	VIS	ESP			-$13.65	-$13.65
[redacted]	011299555	VIS	EMP			$6.82	$6.82
[redacted]	007136474	VIS	ESP			$13.65	$13.65
[redacted]	008397441	VIS	EMP			$6.82	$6.82
[redacted]	011299748	VIS	EMP			$6.82	$6.82
[redacted]	102183432	VIS	EMP			$6.82	$6.82
[redacted]	006884447	VIS	ECH			$12.97	$12.97
[redacted]	013033093	VIS	EMP			$6.82	$6.82

704228-000-007 CITY OF WESLACO - VISION ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
[redacted]							
TERMINATION: 10/01/2014	102278348	VIS	EMP			-$6.82	-$6.82
TERMINATION: 09/01/2014	102278348	VIS	EMP			-$6.82	-$6.82
TERMINATION: 08/01/2014	102278348	VIS	EMP			-$6.82	-$6.82
[redacted]	012969698	VIS	EMP			$6.82	$6.82
[redacted]	101634281	VIS	EMP			$6.82	$6.82
[redacted]	008387619	VIS	EMP			$6.82	$6.82
[redacted]	102152950	VIS	EMP			$6.82	$6.82
[redacted]	102568263	VIS	EMP			$6.82	$6.82
[redacted]	013386529	VIS	EMP			$6.82	$6.82
[redacted]	009696500	VIS	FAM			$20.36	$20.36
[redacted]	101634358	VIS	EMP			$6.82	$6.82
[redacted]	011784920	VIS	ECH			$12.97	$12.97
[redacted]	012945290	VIS	EMP			$6.82	$6.82
[redacted]	009704304	VIS	ECH			$12.97	$12.97
[redacted]	008397932	VIS	ECH			$12.97	$12.97
[redacted]	006884497	VIS	FAM			$20.36	$20.36
[redacted]	008387623	VIS	ESP			$13.65	$13.65
[redacted]	006884956	VIS	ESP			$13.65	$13.65
[redacted]	006884378	VIS	FAM			$20.36	$20.36
[redacted]	009704240	VIS	EMP			$6.82	$6.82
[redacted]	006884476	VIS	ECH			$12.97	$12.97
[redacted]	011302843	VIS	EMP			$6.82	$6.82
[redacted]	009704286	VIS	EMP			$6.82	$6.82
[redacted]	006884424	VIS	FAM			$20.36	$20.36
[redacted]	006884429	VIS	ECH			$12.97	$12.97
[redacted]							
TERMINATION: 10/01/2014	102280568	VIS	EMP			-$6.82	-$6.82
[redacted]	102735337	VIS	ESP			$13.65	$13.65
NEW ENROLLMENT: 10/01/2014	102735337	VIS	ESP			$13.65	$13.65
[redacted]	009608109	VIS	FAM			$20.36	$20.36

704228-000-007 CITY OF WESLACO - VISION ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
[redacted]	012788848	VIS	EMP			$6.82	$6.82
[redacted]	919335783	VIS	EMP			$6.82	$6.82
[redacted]	013067845	VIS	EMP			$6.82	$6.82
[redacted]	968860086	VIS	FAM			$20.36	$20.36
[redacted]	012945490	VIS	ECH			$12.97	$12.97
[redacted]	011302849	VIS	ECH			$12.97	$12.97
[redacted]	956734773	VIS	EMP			$6.82	$6.82

▶ Premiums by Plan Type

Plan type 704228-000-007	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
	66	$450.12	10	$136.50	11	$142.67	23	$468.28	$1,197.57
Totals	66	**$450.12**	10	**$136.50**	11	**$142.67**	23	**$468.28**	**$1,197.57**

± Cobra Coverage ¨ State Continuation Coverage ž State Continuation with Subsidy

HUMANA

LOSS RUNS

DENTAL & VISION

3 YEARS

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CITY OF WESLACO
Claims Experience
For Claims Incurred through Nov-14, and paid as of Nov-14

Group ID	X06927
Product	VCP
Plan	VCP-NCFK0D0

Month	Enrolled	Premium[1]	Claims Paid in Month[2]
Dec-11	57	$578.44	$249.18
Jan-12	58	$591.56	$196.56
Feb-12	58	$591.56	$285.75
Mar-12	57	$585.00	$590.75
Apr-12	77	$819.04	$750.86
May-12	78	$845.20	$732.68
Jun-12	79	$845.20	$819.92
Jul-12	80	$864.90	$515.75
Aug-12	80	$878.02	$483.81
Sep-12	82	$858.98	$736.35
Oct-12	87	$904.92	$757.42
Nov-12	86	$910.84	$1,408.86
Dec-12	86	$910.84	$337.75
Jan-13	86	$891.80	$189.18
Feb-13	87	$917.40	$455.85
Mar-13	87	$910.84	$362.18
Apr-13	96	$1,008.02	$1,636.42
May-13	97	$1,033.44	$373.25
Jun-13	97	$1,039.36	$564.99
Jul-13	99	$1,051.84	$1,075.76
Aug-13	104	$1,085.22	$786.99
Sep-13	107	$1,157.36	$686.41
Oct-13	109	$1,190.08	$535.00
Nov-13	110	$1,190.08	$336.35
Dec-13	110	$1,196.64	$937.55
Jan-14	107	$1,163.80	$279.70
Feb-14	104	$1,131.08	$571.10
Mar-14	101	$1,111.40	$387.91
Apr-14	108	$1,230.94	$778.03
May-14	111	$1,258.23	$1,216.49
Jun-14	113	$1,251.39	$408.17
Jul-14	115	$1,265.02	$579.75
Aug-14	112	$1,237.73	$1,131.91
Sep-14	112	$1,217.36	$411.35
Oct-14	112	$1,224.18	$1,275.09
Nov-14	111	$1,204.39	$56.35
Total[3]	**93**	**$36,152.10**	**$22,901.42**

1. The most recent months of premium may change slightly due to retro-active adjustments.
2. Claim payments made during the month, regardless of date-of-service
3. Total for membership is average membership. Premium and paid claims totals are sums.

This report does not include general & administrative costs, commission, or premium taxes.
The above figures are not adjusted for Benefit or Premium Rate changes.

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Dental Paid Claims and Membership

CITY OF WESLACO (#704228)

Current as of 1/9/2015

Benefit Pkg

Snapshot Date	Total Subs	Gross Premium	Paid Claims
1/1/2012	95	$3,102.36	$1,983.20
2/1/2012	94	$3,046.65	$479.80
3/1/2012	94	$3,046.65	$2,178.30
4/1/2012	116	$3,761.74	$1,874.90
5/1/2012	116	$3,775.35	$2,769.10
6/1/2012	118	$3,817.73	$2,767.00
7/1/2012	119	$3,852.83	$1,581.00
8/1/2012	120	$3,885.83	$2,010.50
9/1/2012	120	$3,718.30	$1,618.77
10/1/2012	123	$3,700.06	$2,224.50
11/1/2012	124	$3,751.37	$1,147.30
12/1/2012	125	$3,762.37	$1,555.60
1/1/2013	124	$3,668.46	$1,996.90
2/1/2013	125	$3,682.07	$2,822.30
3/1/2013	125	$3,682.07	$2,922.60
4/1/2013	126	$4,043.68	$962.40
5/1/2013	126	$4,079.18	$2,785.50
6/1/2013	126	$4,037.56	$2,708.00
7/1/2013	131	$4,090.67	$2,615.70
8/1/2013	134	$4,185.97	$3,945.90
9/1/2013	135	$4,232.32	$3,085.30
10/1/2013	135	$4,175.32	$2,289.10
11/1/2013	138	$4,213.53	$2,399.20
12/1/2013	136	$4,202.53	$876.70
1/1/2014	133	$4,156.43	$913.50
2/1/2014	131	$4,065.62	$973.50
3/1/2014	130	$4,041.52	$3,041.90
4/1/2014	133	$4,475.24	$3,565.70
5/1/2014	137	$4,521.34	$3,803.48
6/1/2014	138	$4,421.88	$2,082.90
7/1/2014	137	$4,330.34	$1,113.00
8/1/2014	133	$4,214.93	$3,591.80
9/1/2014	132	$4,062.40	$3,780.50
10/1/2014	128	$3,884.11	$2,357.10
11/1/2014	123	$3,694.59	$1,924.60
12/1/2014	124	$3,680.99	$1,150.50
Grand Total	4,504	$141,063.99	$79,898.05

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SUMMARY OF BENEFITS 2010-2011

City of Weslaco

Vision Care Plan	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary	100% after $10 copay	$35 allowance
Lenses		
Single	100% after $15 copay	$25 allowance
Bifocal	100% after $15 copay	$40 allowance
Trifocal	100% after $15 copay	$60 allowance
Frames	$40 wholesale allowance	$40 retail allowance
Contact lenses		
Elective (conventional and disposable)*	$110 allowance	$110 allowance
Medically necessary	100%	$210 allowance
Frequency**		
Examination	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months

Lasik and PRK procedures

Members receive substantial reductions when procedures are done by network providers.
Members can expect to pay no more than $1,800 per eye for conventional Lasik procedures and $2,300 per eye for custom Lasik or they can use designated TLC Vision Lasik Advantage Centers that have the following fixed prices:

Conventional Lasik	$895 per eye
Custom Lasik	$1,295 per eye
Custom Lasik with IntraLase	$1,895 per eye

How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail.

Retail price***	Wholesale price	Wholesale allowance	Member pays	Savings
$90-$135	$45	$45	$0	$90-$135
$150-$225	$75	$45	$60 ($75-$45=$30x2=$60)	$90-$165

The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15% discount on professional services. The discount for professional services is available for 12 months after the covered eye exam.

*Frequency based on date of service

**Retail costs may differ and are based on two to three times the wholesale cost. Actual savings may vary.

Additional plan discounts
Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.
Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the VCP network provider who sold the initial pair of eyeglasses.

After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

Rates*

Employee:	$6.56
Employee + spouse:	$13.14
Employee + child(ren):	$12.48
Family:	$19.60

This is not a substitute for a quote. Rates must be approved by HumanaDental underwriting.

HumanaDental Preventive Plus

HUMANA Specialty Benefits

City of Weslaco

	See a participating dentist	See a non-participating dentist
Preventive services › Oral examinations › X-rays › Cleanings › Topical fluoride treatment (through age 14, one per calendar year) › Sealants (through age 14)	100% no deductible	100% no deductible of maximum allowable fee
Basic services › Extractions and root removal (nonsurgical) › Amalgam fillings › Emergency care for pain relief	50% after deductible	50% after deductible of maximum allowable fee
Discount services Basic services › Space maintainers › Oral surgery › Appliances for children › Denture repair and adjustments › Prefabricated stainless steel crowns Major services › Periodontics (gum therapy) › Endodontics (root canals) › Crowns › Inlays and onlays › Bridgework › Dentures › Denture relines and rebases Orthodontia services › Adult and child orthodontia	Receive a discount on these services if you see participating dentists. These services are not covered under this plan. Out-of-pocket expenses do not apply to deductible and annual maximum.	

	Individual	Family
Calendar-year deductible (excludes orthodontia services)	$50	$150
Annual maximum (excludes orthodontia services)	$1,000	

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist.

Waiting periods: Voluntary funding

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial	No	No	12 months*	12 months*
Timely add-on	No	No	12 months*	12 months*
Late applicant	No	12 months	12 months	12 months

*The 12-month waiting period may be decreased or waived based on the number of months the member had dental coverage immediately before joining the HumanaDental plan.

Monthly rates* (12 deductions per year)

Employee:	$10.69
Employee + spouse:	$23.42
Employee + child(ren):	$26.44
Family:	$41.19

*This is not a substitute for a quote. Rates must be approved by HumanaDental underwriting

HumanaDental Traditional Plus

HUMANA Specialty Benefits

City of Weslaco

	See a participating dentist		See a non-participating dentist	
Preventive services › Oral examinations › X-rays › Cleanings › Topical fluoride treatment (through age 14, one per calendar year) › Sealants (through age 14)	100% no deductible		100% no deductible of maximum allowable fee	
Basic services › Space maintainers (through age 14) › Emergency care for pain relief › Oral surgery › Fillings (amalgam, composite for anterior teeth) › Routine extractions › Denture repair and adjustments › Appliances for children (through age 14) › Prefabricated stainless steel crowns	80% after deductible		80% after deductible of maximum allowable fee	
Major services › Crowns › Inlays and onlays › Bridgework › Dentures › Denture relines and rebases › Periodontics › Endodontics (root canals)	50% after deductible		50% after deductible of maximum allowable fee	
Calendar-year deductible (excludes orthodontia services)	Individual $50	Family $150	Individual $50	Family $150
Annual maximum (excludes orthodontia services)	$1,000			
Orthodontia	Child orthodontia — Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: $1,000 lifetime orthodontia maximum.			

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan.
To ensure you do not receive additional charges, visit a participating PPO Network dentist.

Waiting periods: Voluntary funding

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial	No	No	12 months*	12 months*
Timely add-on	No	No	12 months*	12 months*
Late applicant	No	12 months	12 months	12 months

The 12-month waiting period may be decreased or waived based on the number of months the member had dental coverage immediately before joining the HumanaDental plan.

Monthly rates* (12 deductions per year)

Employee:	$23.92
Employee + spouse:	$53.70
Employee + child(ren):	$54.17
Family:	$89.79

* This is not a substitute for a quote. Rates must be approved by HumanaDental underwriting.

HUMANA

DENTAL & VISION SUMMARY OF BENEFITS 2012-2013

CITY OF WESLACO

HUMANA 2012 RATES

DENTAL RATES		
Traditional Plus	**MONTHLY RATE**	**BI-WEEKLY DEDUCTION**
Employee Only	$24.60	$12.30
Employee & Spouse	$55.23	$27.62
Employee & Child(ren)	$55.71	$27.86
Employee & Family	$87.21	$43.61
Preventive Plus		
Employee Only	$11.00	$ 5.50
Employee & Spouse	$24.10	$12.05
Employee & Child(ren)	$27.21	$13.61
Employee & Family	$42.38	$21.19

VISION RATES		
	MONTHLY RATE	**BI-WEEKLY DEDUCTION**
Employee Only	$ 6.82	$3.41
Employee & Spouse	$13.65	$6.83
Employee & Child(ren)	$12.97	$6.49
Employee & Family	$20.36	$10.18

Humana Enrollment & Change Form
CITY OF WESLACO
Group No. 704228

yo ot wish to participate in a plan, please check the box(es) marked "waive," initial each section you wish to waive, and sign and return the form. If you waived any nefi (dental and vision) you must wait until the next open enrollment which will be in March 2013. Your benefits would then go into effect in April 1, 2012. If you ve a qualifying event (marriage, divorce or legal separation, birth or adoption of child, loss or gain of benefits, or reduction in hours), you must make any changes within days of such event.

mployee Name: Last _____ **First** _____ **Gender:** ☐ **Male** ☐ **Female**

ate of Birth: _____ **Date of Hire:**_____ **Social Security Number:**_____

Iome Address: _____ **Apt#** _____ **Effective Date:** _____

ity, State, Zip: _____ **Phone/Cell Number:** _____

Add ☐ **Drop Spouse Name:** _____ **DOB:** _____ **SS#:**_____ **Gender: M F**

Add ☐ **Drop Child Name:** _____ **DOB:** _____ **SS#:**_____ **Gender: M F**

Add ☐ **Drop Child Name:** _____ **DOB:** _____ **SS#:**_____ **Gender: M F**

Add ☐ **Drop Child Name:** _____ **DOB:** _____ **SS#:**_____ **Gender: M F**

Add ☐ **Drop Child Name:** _____ **DOB:** _____ **SS#:**_____ **Gender: M F**

Dental Plan: (TX Traditional Plus)

Please indicate below the type of coverage you will be electing under the dental plan:

Bi-Weekly payroll deduction 24 weeks:

☐ Employee Only **$12.30** ☐ Employee & Spouse **$27.62** ☐ Employee & Child(ren) **$27.86** ☐ Employee & Family **$43.61**

Waiver of Coverage

I decline coverage for:

☐ Myself ☐ My Spouse ☐ My Dependent Children

I do not wish to enroll in this plan due to:

☐ Other Coverage ☐ Other Reason: _____

Dental Plan: (TX Preventive Plus)

Please indicate below the type of coverage you will be electing under the dental plan:

Bi-Weekly payroll deduction 24 weeks:

☐ Employee Only **$5.50** ☐ Employee & Spouse **$12.05** ☐ Employee & Child(ren) **$13.61** ☐ Employee & Family **$21.19**

Waiver of Coverage

I decline coverage for:

☐ Myself ☐ My Spouse ☐ My Dependent Children

I do not wish to enroll in this plan due to:

☐ Other Coverage ☐ Other Reason: _____

Vision Plan:

Please indicate below the type of coverage you will be electing under the dental plan:

Bi-Weekly payroll deduction 24 weeks:

☐ Employee Only **$3.41** ☐ Employee & Spouse **$6.83** ☐ Employee & Child(ren) **$6.49** ☐ Employee & Family **$10.18**

Waiver of Coverage

I decline coverage for:

☐ Myself ☐ My Spouse ☐ My Dependent Children

I do not wish to enroll in this plan due to:

☐ Other Coverage ☐ Other Reason: _____

_____ Signature

_____ Date

HumanaVision

HUMANA

Vision Care Plan

Texas

City of Weslaco

	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary	100% after $10 copay	$35 allowance
Lenses		
• Single	100% after $15 copay	$25 allowance
• Bifocal	100% after $15 copay	$40 allowance
• Trifocal	100% after $15 copay	$60 allowance
Frames	$40 wholesale allowance	$40 retail allowance
Contact lenses[1]		
• Elective (conventional and disposable)[2,3]	$110 allowance	$110 allowance
• Medically necessary	100%	$210 allowance
Frequency (based on date of service)		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months

Additional plan discounts

- Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the VCP network provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

[1] If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only). The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.

[3] Contact lens allowance must be used at one time; no amount will be carried forward.

HumanaVision Lasik discount

We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by network providers. The network locations listed below offer the following prices (per eye):

	Conventional / Traditional		Custom	
TLC 888-358-3937 (designated locations only)	$895		$1,295	$1,895*
Lasik*Plus* 56-757-8082	$695* Lasik*Plus* free enhancements for 1 year	$1,395* Lasik*Plus* free enhancements for life	$1,895* Lasik*Plus* free enhancements for life	
QualSight LASIK 855-456-2020	$895 QualSight free enhancements for 1 year	$1,295 with QualSight Lifetime Assurance Plan	$1,320	$1,995* with QualSight Lifetime Assurance Plan

*with IntraLase™

You can also use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than $1,800 per eye for Conventional Lasik and $2,300 per eye for Custom Lasik.

How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail.

Retail price*	Wholesale price	Wholesale allowance	Member pays	Savings
$125	$50	$50	$0	$125
$187.50	$75	$50	$50 ($75-$50=$25x2=$50)	$137.50

* Retail costs may differ and are based on 2½ times the wholesale cost. Actual savings may vary.

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis.[1]

Use your HumanaVision benefits

HumanaVision options have you covered and make eye care affordable. You have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrist, ophthalmologists, and national retail locations, including LensCrafters®, Pearle Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical. In addition you'll enjoy:

- The same benefits at all participating providers, no matter where they're located
- Wholesale pricing on frames, avoiding high retail markups
- Simple access to plan information, provider search, Customer Care and other automated services at **HumanaVisionCare.com**

How it Works

1. After signing up for your vision plan, you will receive an ID card in the mail
2. Prior to scheduling your appointment, select a network provider through the Customer Care Center, automated information line, or **HumanaVisionCare.com**
3. Schedule an appointment, providing your name, the patient's name and employer
4. Sign your provider's form after your exam, you'll pay any copayments and/or costs of any upgrades at this time

Know what your plan covers

Attached is a summary of HumanaVision benefits that are described in detail in your certificate. You can find your certificate on **HumanaVisionCare.com** or call 1-866-537-0229. Here's what you can expect:

- Quality routine eye health care from independent eye care professionals and national retail locations.
- Services and materials provided on a prepaid basis, and the plan pays in-network providers directly, you also have the freedom to use out-of-network providers if you prefer
- Life without claim forms! With HumanaVision, you pay your eye care professional directly for copayments and any extra cosmetic options selected at the time of service
- Select a vision provider from our network simply by visiting **HumanaVisionCare.com**, if you prefer, call us at 1-866-537-0229

Know what your plan doesn't cover

Some items and services not included in HumanaVision are:

- Orthoptics or vision training, subnormal vision aids or Plano (non-prescription) lenses
- Replacement of lost or broken lenses, except at the regularly-scheduled plan intervals
- Medical or surgical treatment of eyes.
- Care provided through or required by any government agency or program, including Workers' Compensation or a similar law

LENSCRAFTERS PEARLE VISION JCPenney Optical Sears Optical OPTICAL

HUMANA.

Insured by Humana Insurance Company, HumanaDental Insurance Company, or CompBenefits Insurance Company

Thompson Media Inc.

This is not a complete disclosure of plan qualifications and limitations.
Check with your local Humana or HumanaDental sales office to verify product availability.

TX-51514-HV-C 4/11

HumanaVision HUMANA

Vision Care Plan

Texas

City of Weslaco

	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary	100% after $10 copay	$35 allowance
Lenses		
• Single	100% after $15 copay	$25 allowance
• Bifocal	100% after $15 copay	$40 allowance
• Trifocal	100% after $15 copay	$60 allowance
Frames	$40 wholesale allowance	$40 retail allowance
Contact lenses[1]		
• Elective (conventional and disposable)[2,3]	$110 allowance	$110 allowance
• Medically necessary	100%	$210 allowance
Frequency (based on date of service)		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months

Additional plan discounts

- Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the VCP network provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

[1] If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).
[2] The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.
[3] Contact lens allowance must be used at one time; no amount will be carried forward.

HumanaVision Lasik discount

We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by network providers. The network locations listed below offer the following prices (per eye):

	Conventional / Traditional		Custom	
TLC 888-358-3937 (designated locations only)	$895		$1,295	$1,895*
Lasik*Plus* 866-757-8082	$695* Lasik*Plus* free enhancements for 1 year	$1,395* Lasik*Plus* free enhancements for life	$1,895* Lasik*Plus* free enhancements for life	
QualSight LASIK 855-456-2020	$895 QualSight free enhancements for 1 year	$1,295 with QualSight Lifetime Assurance Plan	$1,320	$1,995* with QualSight Lifetime Assurance Plan

*with IntraLase™

You can also use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than $1,800 per eye for Conventional Lasik and $2,300 per eye for Custom Lasik.

TEXAS

City of Weslaco

Calendar-year deductible (excludes orthodontia services)	**Individual** $50	**Family** $150
Annual maximum (excludes orthodontia services)	$1,000	
Preventive services • Oral examinations • X-rays • Cleanings • Topical fluoride treatment (through age 14, one per calendar year) • Sealants (through age 14)	100% no deductible	
Basic services • Space maintainers (through age 14) • Emergency care for pain relief • Basic oral surgery services - basic extractions of erupted tooth or root • Fillings (amalgam, composite for anterior teeth) • Appliances for children (through age 14) • Prefabricated stainless steel crowns • Periodontics • Endodontics (root canal)	80% after deductible	
Major services • Crowns • Inlays and onlays • Bridgework • Dentures • Denture relines and rebases • Denture repair and adjustments • Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots	50% after deductible	
Orthodontia	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: $1,000 lifetime orthodontia maximum.	

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.

waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	12 months [1]
Late applicant [2]	No	12 months	12 months	12 months

[1] The 12-month waiting period may be decreased or waived based on the number of months the member had dental coverage immediately before joining the HumanaDental plan. Members must have prior orthodontic coverage to reduce or waive the waiting period under orthodontia.

[2] Late applicants not allowed with open enrollment option.

Monthly rates* (12 deductions per year)	
Employee	$24.60
Employee + spouse:	$55.23
Employee + child(ren):	$55.71
Family:	$87.21

* This is not a substitute for a quote. Rates must be approved by HumanaDental underwriting.

TEXAS

City of Weslaco

	Individual	Family
Calendar-year deductible (excludes orthodontia services)	$50	$150
Annual maximum (excludes orthodontia services)	$1,000	
Preventive services • Oral examinations • X-rays • Cleanings • Topical fluoride treatment (through age 14, one per calendar year) • Sealants (through age 14)	100% no deductible	
Basic services • Emergency care for pain relief • Basic oral surgery services - basic extractions of erupted tooth or root • Fillings (amalgams, composite for anterior teeth)	50% after deductible	
Discount Services **Basic services** • Space maintainers (through age 14) • Appliances for children • Prefabricated stainless steel crowns **Major services** • Crowns • Inlays and onlays • Bridgework • Dentures • Denture relines and rebases • Denture repair and adjustments • Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots • Periodontics (gum therapy) • Endodontics (root canals) **Orthodontia services** • Adult and child orthodontia	Receive a discount on these services if you see participating dentists. These services are not covered under this plan. Out-of-pocket expenses do not apply to deductible and annual maximum.	

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	Not available	Not available
Late applicant [1]	No	12 months	Not available	Not available

[1] Late applicants not allowed with open enrollment option.

Monthly rates* (12 deductions per year)	
Employee	$11.00
Employee + spouse:	$24.10
Employee + child(ren):	$27.21
Family:	$42.38

* This is not a substitute for a quote. Rates must be approved by HumanaDental underwriting.

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit **Humana.com**.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority
Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental PPO plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.
* www.perio.org

Go to MyDentalIQ.com
Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth
- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.
* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits

Find a dentist
With HumanaDental's PPO plan, you can see any dentist. You save an average of 28 percent when you visit a dentist in HumanaDental's PPO Network. To find a dentist in HumanaDental's PPO Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers
The other side of this page provides a summary of HumanaDental benefits. Your plan certificate describes in detail your HumanaDental benefits. You can find it on MyHumana, your personal page at **Humana.com** or call 1-800-233-4013.

See your dentist
Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid
After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

HUMANA.
Specialty Benefits

Insured or administered by HumanaDental Insurance Company

This is not a complete disclosure of plan qualifications and limitations. Your broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

HUMANA

DENTAL & VISION SUMMARY OF BENEFITS 2014-2015

Humana Enrollment & Change Form
CITY OF WESLACO
Group No. 704228

If you do not wish to participate in a plan, please check the box(es) marked "waive," initial each section you wish to waive, and sign and return the form. If you waived any benefits (dental and vision) you must wait until the next open enrollment which will be in March 2014. Your benefits would then go into effect in April 1, 2014. If you have a qualifying event (marriage, divorce or legal separation, birth or adoption of child, loss or gain of benefits, or reduction in hours), you must make any changes within 30 days of such event.

Employee Name: Last _____ **First** _____ **Gender:** ☐ **Male** ☐ **Female**

Date of Birth: _____ **Date of Hire:**_____ **Social Security Number:**_____

Home Address: _____ **Apt#** _____ **Effective Date:** _____

City, State, Zip: _____ **Phone/Cell Number:** _____

☐ **Add** ☐ **Drop Spouse Name:** _____ **DOB:** _____ **SS#:**_____ **Gender: M F**

☐ **Add** ☐ **Drop Child Name:** _____ **DOB:** _____ **SS#:**_____ **Gender: M F**

☐ **Add** ☐ **Drop Child Name:** _____ **DOB:** _____ **SS#:**_____ **Gender: M F**

☐ **Add** ☐ **Drop Child Name:** _____ **DOB:** _____ **SS#:**_____ **Gender: M F**

☐ **Add** ☐ **Drop Child Name:** _____ **DOB:** _____ **SS#:**_____ **Gender: M F**

Dental Plan: (TX Traditional Plus)

Please indicate below the type of coverage you will be electing under the dental plan:

Bi-Weekly payroll deduction 24 weeks:

☐ Employee Only **$12.30** ☐ Employee & Spouse **$27.62** ☐ Employee & Child(ren) **$27.86** ☐ Employee & Family **$43.61**

Waiver of Coverage

I decline coverage for:

☐ Myself ☐ My Spouse ☐ My Dependent Children

I do not wish to enroll in this plan due to:

☐ Other Coverage ☐ Other Reason: _____

Dental Plan: (TX Preventive Plus)

Please indicate below the type of coverage you will be electing under the dental plan:

Bi-Weekly payroll deduction 24 weeks:

☐ Employee Only **$5.50** ☐ Employee & Spouse **$12.05** ☐ Employee & Child(ren) **$13.61** ☐ Employee & Family **$21.19**

Waiver of Coverage

I decline coverage for:

☐ Myself ☐ My Spouse ☐ My Dependent Children

I do not wish to enroll in this plan due to:

☐ Other Coverage ☐ Other Reason: _____

Vision Plan:

Please indicate below the type of coverage you will be electing under the dental plan:

Bi-Weekly payroll deduction 24 weeks:

☐ Employee Only **$3.41** ☐ Employee & Spouse **$6.83** ☐ Employee & Child(ren) **$6.47** ☐ Employee & Family **$10.18**

Waiver of Coverage

I decline coverage for:

☐ Myself ☐ My Spouse ☐ My Dependent Children

I do not wish to enroll in this plan due to:

☐ Other Coverage ☐ Other Reason: _____

_____ _____

Signature Date

OPEN ENROLLMENT 2014 Summary of Benefits

Your Benefits

City of Weslaco

Humana.

Humana.com

GN14126HU-0713

HumanaDental Traditional Plus 09

HUMANA
Specialty Benefits

TEXAS

City of Weslaco

Calendar-year deductible (excludes orthodontia services)	**Individual** $50	**Family** $150
Annual maximum (excludes orthodontia services)	$1,000	
Preventive services • Oral examinations • X-rays • Cleanings • Topical fluoride treatment (through age 14, one per calendar year) • Sealants (through age 14)	100% no deductible	
Basic services • Space maintainers (through age 14) • Emergency care for pain relief • Basic oral surgery services - basic extractions of erupted tooth or root • Fillings (amalgam, composite for anterior teeth) • Appliances for children (through age 14) • Prefabricated stainless steel crowns • Periodontics Endodontics (root canal)	80% after deductible	
Major services • Crowns • Inlays and onlays • Bridgework • Dentures • Denture relines and rebases • Denture repair and adjustments • Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots	50% after deductible	
Orthodontia	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: $1,000 lifetime orthodontia maximum.	

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.

aiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	12 months [1]
Late applicant [2]	No	12 months	12 months	12 months

[1] The 12-month waiting period may be decreased or waived based on the number of months the member had dental coverage immediately before joining the HumanaDental plan. Members must have prior orthodontic coverage to reduce or waive the waiting period under orthodontia.

[2] Late applicants not allowed with open enrollment option.

Bi-monthly rates* (24 deductions per year)

Employee	$12.30
Employee + spouse:	$27.62
Employee + child(ren):	$27.86
Family:	$43.61

Questions?
Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit **Humana.com**.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental Traditional Preferred plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.
* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

ips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.
* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. You save an average of 30 percent when you visit a dentist in HumanaDental's Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page provides a summary of HumanaDental benefits. Your plan certificate describes in detail your HumanaDental benefits. You can find it on MyHumana, your personal page at **Humana.com** or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

HUMANA.
Specialty Benefits

Insured or administered by HumanaDental Insurance Company

T s not a complete disclosure of plan qualifications and limitations. Your broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

HumanaDental Preventive Plus 09

HUMANA
Specialty Benefits

TEXAS

City of Weslaco

Calendar-year deductible (excludes orthodontia services)	**Individual** $50	**Family** $150
Annual maximum (excludes orthodontia services)	$1,000	
Preventive services • Oral examinations • X-rays • Cleanings • Topical fluoride treatment (through age 14, one per calendar year) • Sealants (through age 14)	100% no deductible	
Basic services • Emergency care for pain relief • Basic oral surgery services - basic extractions of erupted tooth or root • Fillings (amalgams, composite for anterior teeth)	50% after deductible	

Discount Services

Basic services
- Space maintainers (through age 14)
- Appliances for children
- Prefabricated stainless steel crowns

Major services
- Crowns
- Inlays and onlays
- Bridgework
- Dentures
- Denture relines and rebases
- Denture repair and adjustments
- Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots
- Periodontics (gum therapy)
- Endodontics (root canals)

Orthodontia services
- Adult and child orthodontia

You may receive a discount on these services if you see participating dentists. These services are not covered under this plan. Out-of-pocket expenses do not apply to deductible and annual maximum.

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	Not available	Not available
Late applicant [1]	No	12 months	Not available	Not available

[1] Late applicants not allowed with open enrollment option.

Bi-monthly rates* (24 deductions per year)

Employee	$5.50
Employee + spouse:	$12.05
Employee + child(ren):	$13.61
Family:	$21.19

Questions?
Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit **Humana.com**.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental Preventive Plus plan focuses on prevention and early diagnosis, providing two exams and cleanings every calendar year.
* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.
* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Preventive Plus plan, you can see any dentist. You save an average of 30 percent when you visit a dentist in HumanaDental's Preventive Plus Network. To find a dentist in HumanaDental's Preventive Plus Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page provides a summary of HumanaDental benefits. Your plan certificate describes in detail your HumanaDental benefits. You can find it on MyHumana, your personal page at **Humana.com** or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

HUMANA.
Specialty Benefits

Insured or administered by HumanaDental Insurance Company

This is not a complete disclosure of plan qualifications and limitations. Your broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

HumanaVision
Vision Care Plan

Texas

City of Weslaco

	See a participating provider	See a nonparticipating provider
Exam[1] with dilation as necessary	100% after $10 copay	$35 allowance
Lenses		
• Single	100% after $15 copay	$25 allowance
• Bifocal	100% after $15 copay	$40 allowance
• Trifocal	100% after $15 copay	$60 allowance
Frames	$40 wholesale allowance	$40 retail allowance
Contact lenses[2]		
• Elective (conventional and disposable)[3]	$110 allowance	$110 allowance
• Medically necessary (limit one pair)[4]	100%	$210 allowance
Frequency (based on date of service)		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months

Additional plan discounts

- Members may benefit with fixed pricing for most lens options including anti-reflective and scratch-resistant coatings.
- Members may also be eligible to receive up to a 20 percent retail discount on a second pair of eyeglasses, which is available for 12 months after the covered eye exam through the participating provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

[1] Material copay is required for a complete pair of eyeglasses, lenses or frames.

[2] If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).

[3] The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members may be eligible to receive up to a 15 percent discount on in-network professional services, which is available for 12 months after the covered eye exam.

[4] Benefit provides coverage for professional services and one pair of medically necessary contact lenses with prior plan authorization.

Vision Care Plan

HumanaVision Lasik discount

We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced ...es. You can take advantage of these low fees when procedures are done by network providers. The network locations ...ted below offer the following prices (per eye):

	Conventional / Traditional**		Custom**	
TLC 888-358-3937 (designated locations only)	**$895**		**$1,295**	**$1,895***
Lasik*Plus* 866-757-8082	**$695*** Lasik*Plus* free enhancements for 1 year	**$1,395*** Lasik*Plus* free enhancements for life	**$1,895*** Lasik*Plus* free enhancements for life	
QualSight LASIK 855-456-2020	**$895** QualSight free enhancements for 1 year	**$1,295** with QualSight Lifetime Assurance Plan	**$1,320**	**$1,995*** with QualSight Lifetime Assurance Plan

You may receive a 10% discount from retail prices at certain independent Lasik participating providers and pay no more than $1,800 per eye for Conventional Lasik and $2,300 per eye for Custom Lasik.

*with IntraLase™

**Pricing varies by section procedure offered by the provider you choose and options in your area. Not all locations offer fixed pricing. Please call the provider for details

How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice ... wholesale difference. They never pay full retail.

Retail price*	Wholesale price	Wholesale allowance	Member pays	Savings
$125	$50	$50	$0	$125
$187.50	$75	$50	$50 ($75-$50=$25x2=$50)	$137.50

* Retail costs may differ and are based on 2½ times the wholesale cost. Actual savings may vary.

Use your HumanaVision benefits

HumanaVision options have you covered and make eye care affordable. You have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrist, ophthalmologists, and national retail locations, including LensCrafters®, Pearle Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical. In addition you'll enjoy:

- The same benefits at all participating providers, no matter where they're located
- Wholesale pricing on frames, avoiding high retail markups
- Simple access to plan information, provider search, Customer Care and other automated services at **HumanaVisionCare.com**

How it Works

1. After signing up for your vision plan, you will receive an ID card in the mail
2. Prior to scheduling your appointment, select a network provider through the Customer Care Center, automated information line, or **HumanaVisionCare.com**
3. Schedule an appointment, providing your name, the patient's name and employer
4. Sign your provider's form after your exam, you'll pay any copayments and/or costs of any upgrades at this time

LENSCRAFTERS® PEARLE VISION JCPenney Optical Sears Optical

Know what your plan covers

Attached is a summary of HumanaVision benefits that are described in detail in your certificate. You can find your certificate on **HumanaVisionCare.com** or call 1-866-537-0229. Here's what you can expect:

- Quality routine eye health care from independent eye care professionals and national retail locations.
- Services and materials provided on a prepaid basis, and the plan pays in-network providers directly, you also have the freedom to use out-of-network providers if you prefer
- Life without claim forms! With HumanaVision, you pay your eye care professional directly for copayments and any extra cosmetic options selected at the time of service
- Select a vision provider from our network simply by visiting **HumanaVisionCare.com**, if you prefer, call us at 1-866-537-0229

Know what your plan doesn't cover

Some items and services not included in HumanaVision are:

- Orthoptics or vision training, subnormal vision aids or Plano (non-prescription) lenses
- Replacement of lost or broken lenses, except at the regularly-scheduled plan intervals
- Medical or surgical treatment of eyes
- Care provided through or required by any government agency or program, including Workers' Compensation or a similar law

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis.[1]

[1] Thompson Media Inc.

This is not a complete disclosure of plan qualifications and limitations.
Check with your local Humana or HumanaDental sales office to verify product availability.
Vision products insured by The Dental Concern Inc.

Humana.

Humana.com

TX51514HVC 1213

GENERAL DENTISTS

Please Note:
This directory of participating providers reflects the most accurate and up-to-date information available at the time of printing. This list of participating providers can and will change during the benefit year. Please call our Customer Care Department at 1-800-342-5209 for more information or for assistance in selecting a provider. You can also visit our website at www.compbenefits.com for a map to the provider nearest your home or office by clicking on the provider locator icon on our home page. Some General Dentists do not accept all plans, please confirm that your General Dentist accepts your plan before seeking treatment.

General Dentists

Cameron County

Brownsville

Ocean Dental Of Texas Pc
2000 Boca Chica Blvd
78521
(956)544-1170

Kool Smiles
2921 Boca Chica Blvd Ste 15
78521
(956)544-4505

Abbass, DDS, Mohamed A
Kool Smiles
2921 Boca Chica Blvd Ste 15
78521
(956)544-4505

Afraee Karahroodi, DDS, Melind
Kool Smiles
2921 Boca Chica Blvd Ste 15
78521
(956)544-4505

Agarwal, DDS, Mona
Kool Smiles
2921 Boca Chica Blvd Ste 15
78521
(956)544-4505

Agnero, DMD, Fanny
Kool Smiles
2921 Boca Chica Blvd Ste 15
78521
(956)544-4505

Ahmed, DDS, Sameera
Kool Smiles
2921 Boca Chica Blvd Ste 15
78521
(956)544-4505

Alvarez, DDS, Cedric L
Ocean Dental Of Texas Pc
2000 Boca Chica Blvd
78521
(956)544-1170

Amanda, DMD, Marsha
Kool Smiles
2921 Boca Chica Blvd Ste 15
78521
(956)544-4505

Annapareddy, DDS, Anupama
Kool Smiles
2921 Boca Chica Blvd Ste 15
78521
(956)544-4505

Arredondo Lynch, DDS, Alma
Kool Smiles
2921 Boca Chica Blvd Ste 15
78521
(956)544-4505

Baird, DDS, Janyn K
Kool Smiles
2921 Boca Chica Blvd Ste 15
78521
(956)544-4505

Barlow, DDS, John
Kool Smiles
2921 Boca Chica Blvd Ste 15
78521
(956)544-4505

Barrera, DDS, Iris
Professional Dental Group Pa
1115 Professional Dr
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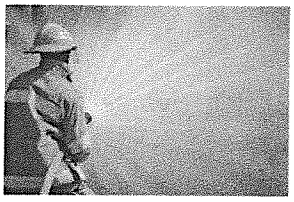

Texas Public Employer Labor Relations Association Annual Workshop
February 11, 2015

29th Annual Civil Service Workshop
February 12-13, 2015

Sugar Land Marriott Town Square
10690 City Walk
Sugar Land, Texas

General Information

Who May Attend

Enrollment for both workshops is limited to human resources professionals and management representatives from Texas municipal governments (for example, city manager's office, the city attorney's office, civil service commissioners, the human resources department, police chiefs, and fire chiefs).

Continuing Education Credit

Individuals may submit program information to their certifying agency to determine if CEU's or other credits may be applied. TMHRA does not pre-certify sessions for credit. CEU forms will be available online at www.tmhra.org.

Cancellation and Substitution Policy

If you are registered and cannot attend, we encourage you to send a substitute. If you cannot send a substitute, a $45 cancellation fee will be assessed if written cancellation is received by January 28. No refunds will be honored after January 28.

Hotel Accommodations

The conference will be held at the Sugar Land Marriott Town Square Hotel, located at 16090 City Walk in Sugar Land. To make reservations, please call the hotel toll free at 800-228-9290 and ask for the TMHRA-TXPERLA and Civil Service Workshops room block. A rate of $149 single/double per night is available until January 28, 2015, or until the block is full. Don't wait; reserve your room now! Click here to reserve your room online.

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78596(956)467-1912

Oral Surgeons

Cameron County

Brownsville

Frey, DDS, Karl F
Rio Grande Oral & Maxillofacia
2330 Central Blvd
78520(956)542-2870

Pietrowski, DDS, Jakub F
Ocean Dental Of Texas Pc
2000 Boca Chica Blvd
78521(956)544-1170

Ryan, DDS, Robert C
Kool Smiles
2921 Boca Chica Blvd Ste 15
78521(956)544-4505

Stroia, DDS, Auxillian L
Rio Grande Oral & Maxillofacia
2330 Central Blvd
78520(956)542-2870

Thota, DDS, Gopikiran
Ocean Dental Of Texas Pc
2000 Boca Chica Blvd
78521(956)544-1170

Valle, DDS, Arnold
Alan D Merta Dds Pa
1301 E Los Ebanos Blvd Bldg C
78520(956)621-3333

Valle, DDS, Arnold
Valle, DDS, Arnold
1800 Central Blvd
78520(956)542-4466

Harlingen

Cruz, DDS, Carlos P
Harlingen Family Dentistry
1214 Dixieland Rd Ste 4
78552(956)428-5322

Frey, DDS, Karl F
Rio Grande Oral & Maxillofacia
1622 N Ed Carey Dr
78550(956)428-4258

Stroia, DDS, Auxillian L
Rio Grande Oral & Maxillofacia
1622 N Ed Carey Dr
78550(956)428-4258

Hidalgo County

Edinburg

Cruz, DDS, Carlos P
Oral & Craniofacial Center
2405 Cornerstone Blvd
78539(956)627-3556

Perez, DMD, Franciso M
Oms Of South Tx Pa
4728 S Jackson Rd
78539(956)878-1222

Villarreal, DDS, Carlos J
Reconstructive Oral & Maxillo
2601 W Trenton Rd
78539(956)664-1695

McAllen

Frey, DDS, Karl F
Rio Grande Oral & Maxillofacia
100 E Pecan Blvd
78501(956)682-5292

Ryan, DDS, Robert C
Kool Smiles
1301 E US Highway 83
78501(956)994-0349

Stroia, DDS, Auxillian L
Rio Grande Oral & Maxillofacia
100 E Pecan Blvd
78501(956)682-5292

Mission

Alford, DDS MD, Jeffrey A
Texas Smiles Dental Center Of
2413 E Expressway 83 Ste 50
78572(956)583-5430

Ryan, DDS, Robert C
Kool Smiles
213 E Expressway 83
78572(956)424-7032

Pharr

Pietrowski, DDS, Jakub F
Ocean Dental Of Texas Pc
1201 S Jackson Rd Ste 12
78577(956)683-9111

Thota, DDS, Gopikiran
Ocean Dental Of Texas Pc
1201 S Jackson Rd Ste 12
78577(956)683-9111

Weslaco

Ryan, DDS, Robert C
Kool Smiles
1004 N Texas Blvd Ste B1
78596(956)467-1912

Orthodontists

Cameron County

Brownsville

Attaphitaya, DMD MS, Surat
Los Ebanos Family Dentistry Pa
925 E Los Ebanos Blvd
78520(956)542-1177

Sakai, DDS, Nicole
Rodeo Dental Central Pllc
1634 Central Blvd
78520(956)542-2530

Sakai, DDS, Nicole
Rodeo Dental Southmost Pllc
2950 Southmost Rd Ste 103
78521(956)542-1138

Harlingen

Grewal, DDS, Avtar S
Harligen Family Dental
1214 Dixieland Rd
78552(000)000-0000

Nguyen, DDS, Cuong V
Harlingen Family Dentistry
1214 Dixieland Rd Ste 4
78552(956)428-5322

San Benito

Sakai, DDS, Nicole
Rodeo Dental San Benito Pllc
1141 W US Highway 77 Ste G
78586(956)361-3377

Hidalgo County

McAllen

Borkowski, DDS, Robert N
Nolana Smiles Pllc
2708 W Nolana Ave Ste 120
78504(956)682-2217

Luff, DDS, Kelvan C
Nolana Smiles Pllc
2708 W Nolana Ave Ste 120
78504(956)682-2217

Mission

Sakai, DDS, Nicole
Mission Dental Pllc
117 E Griffin Pkwy
78572(956)580-3400

Pharr

Sakai, DDS, Nicole
Rodeo Dental Pharr Pllc
1300 S Cage Blvd Ste K
78577(956)283-0287

Pediatric Dentists

Cameron County

Brownsville

Angelos, DMD, George M
Kool Smiles
2921 Boca Chica Blvd Ste 15
78521(956)544-4505

Blackwelder, DDS, Aaron C
Kool Smiles
2921 Boca Chica Blvd Ste 15
78521(956)544-4505

Chiu, DMD, David H
Linda T Burke Dds Pa
3120 International Blvd Ste C
78521(956)440-8700

Dunklin, DDS, William H
Rodeo Dental Central Pllc
1634 Central Blvd
78520(956)542-2530

Dunklin, DDS, William H
Rodeo Dental Southmost Pllc
[illegible] Southmost Rd Ste [illegible]
78521(956)542-1138

Poplin, DMD, Jared S
Linda T Burke Dds Pa
3120 International Blvd Ste C
78521(956)440-8700

Rodriguez, DDS, Claudia E
Lower Valley Dental Associates
4920 N Expressway Ste E
78526(956)350-0059

Salcedo, DDS, Lorena
Brownsville Pediatric Dentistr
2155 N Expressway Ste H
78520(956)544-1100

Shamblin, DDS, Brandon C
Ocean Dental Of Texas Pc
2000 Boca Chica Blvd
78521(956)544-1170

Harlingen

Angelos, DMD, George M
Angelos, DMD, PA, George M.
1717 E Harrison Ave
78550(956)428-2221

Burke, DDS, Linda T
Linda T Burke Dds Pa
2102 E Tyler Ave
78550(956)440-8700

Dutta, DDS, Oshmi
Harlingen Family Dentistry
1214 Dixieland Rd Ste 4
78552(956)428-5322

Lopez Alvarez, DDS, Walter A
Harlingen Family Dentistry
1214 Dixieland Rd Ste 4
78552(956)428-5322

Poplin, DMD, Jared S
Linda T Burke Dds Pa
2102 E Tyler Ave
78550(956)440-8700

San Benito

Dunklin, DDS, William H
Rodeo Dental San Benito Pllc
1141 W US Highway 77 Ste G
78586(956)361-3377

Hidalgo County

Edinburg

Garza-peisen, DDS, Krystle
Smile Station Pediatric Dentis
5011 S McColl Rd
78539(956)686-4449

Mego, DMD, Daniel F
Palmview Pediatric Dentistry
2708 Cornerstone Blvd
78539(956)686-5511

Wilcox, DDS, Patrick B
Wilcox, DDS, Patrick B
2501 CORNERSTONE Blvd
78539(956)686-8611

La Joya

Mego, DMD, Daniel F
La Joya Pediatric Dentistry
730 E Expressway 83 Ste 13
78560(956)585-2003

McAllen

Angelos, DMD, George M
Kool Smiles
1301 E US Highway 83
78501(956)994-0349

Blackwelder, DDS, Aaron C
Kool Smiles
1301 E US Highway 83
78501(956)994-0349

Mission

Angelos, DMD, George M
Kool Smiles
213 E Expressway 83
78572(956)424-7032

Arzegar, DDS, Reza
Texas Smiles Dental Center Of
2413 E Expressway 83 Ste 50
78572(956)583-5430

Blackwelder, DDS, Aaron C
Kool Smiles
213 E Expressway 83
78572(956)424-7032

Dunklin, DDS, William H
Mission Dental Pllc
117 E Griffin Pkwy
78572(956)580-3400

Gonzalez, DMD, Roel
Guzman Pediatric Dentistry Pa
1317 St Claire Blvd Ste A3
78572(956)581-4403

Palmview

Delgado, DMD, David A
Palmview Pediatric Dentistry
910 E Veterans Blvd Ste 3
78572(956)581-8880

Mego, DMD, Daniel F
Palmview Pediatric Dentistry
910 E Veterans Blvd Ste 3
78572(956)581-8880

Pharr

Dunklin, DDS, William H
Rodeo Dental Pharr Pllc
1300 S Cage Blvd Ste K
78577(956)283-0287

Shamblin, DDS, Brandon C
Ocean Dental Of Texas Pc
1201 S Jackson Rd Ste 12
78577(956)683-9111

Weslaco

Angelos, DMD, George M
Kool Smiles
1004 N Texas Blvd Ste B1
78596(956)467-1912

Blackwelder, DDS, Aaron C
Kool Smiles
1004 N Texas Blvd Ste B1
78596(956)467-1912

Chiu, DMD, David H
Linda T Burke Dds Pa
704 S Texas Blvd
78596(956)440-8700

Delgado, DMD, David A
Westlaco Pediatric Dentistry P
1330 E 6th St Ste 301
78596(956)854-4146

Hernandez, DDS, Claudia
Claudia Hernandez Dds Msd Pllc
1116 E 8th St Ste 4
78596(956)968-1090

Jarema, DMD, James J
Westlaco Pediatric Dentistry P
1330 E 6th St Ste 301
78596(956)854-4146

Mego, DMD, Daniel F
Westlaco Pediatric Dentistry P
1330 E 6th St Ste 301
78596(956)854-4146

Poplin, DMD, Jared S
Linda T Burke Dds Pa
704 S Texas Blvd
78596(956)440-8700

Periodontists

Hidalgo County

Edinburg

Salha, DDS, Wesam
Falcon Dentistry Pa
518 S Closner Blvd
78539(956)287-4751

Prosthodontists

Hidalgo County

Hidalgo

Neira, DDS, Ricardo A
Hessen Dental DBA Neira Dental
601 S International Blvd Ste A
78557(956)843-7776

Humana VCP Vision Providers for Texas
Cameron and Hidalgo Counties

The providers listed in this brochure were participating with the plan at the time of printing. Please check with the doctor of your choice or call our Customer Care department at 1-800-749-5855 when making your appointment to make certain he or she is currently a member doctor. You may also visit our website at www.compbenefits.com for a nationwide listing of providers.

You must receive services from one of our participating providers in order to receive full benefits (as outlined in your vision care booklet). If you receive service from a provider who does not participate in the plan, you will receive reimbursement according to the non-panel reimbursement schedule established by your group.

Texas

CAMERON COUNTY

Brownsville

JC Penney Optical
Optical, JC Penney
2370 N Expressway Ste 2000
78521 (956)546-5519

JC Penney Optical
Thomson, OD, Clive J
2370 N Expressway Ste 2000
78521 (956)546-5519

JC Penney Optical
Vela, OD, Beatrice
2370 N Expressway Ste 2000
78521 (956)546-5519

Optical Reflections
Rios, OD, Rolando R
2370 N Expressway Ste 1238
78521 (956)541-6324

Sears Optical
Optical, Sears
2320 N Expressway
Sunrise mall
78521 (956)542-1239

South Texas Eye Centers
Barron, MD, Eric R
2969 Southmost Rd Ste A
[illegible]21 (956)544-0201

South Texas Eye Centers
Barron, MD, Eric R
847 Ridgewood St
78520 (956)541-1013

South Texas Eye Centers
Hyde, MD, David C
2969 Southmost Rd Ste A
78521 (956)544-0201

South Texas Eye Centers
Hyde, MD, David C
847 Ridgewood St
78520 (956)541-1013

South Texas Eye Centers
Marrero-Perez, OD, Ivette
2969 Southmost Rd Ste A
78521 (956)544-0201

South Texas Eye Centers
Marrero-Perez, OD, Ivette
847 Ridgewood St
78520 (956)541-1013

South Texas Eye Centers
Reddy, MD, Madhavi G
2969 Southmost Rd Ste A
78521 (956)544-0201

South Texas Eye Centers
Reddy, MD, Madhavi G
847 Ridgewood St
78520 (956)541-1013

South Texas Eye Centers
Villanueva, OD, Celina Y
2969 Southmost Rd Ste A
[illegible]1 (956)544-0201

South Texas Eye Centers
Villanueva, OD, Celina Y
847 Ridgewood St
78520 (956)541-1013

University Eye Center
Amegin, DO, George P
9 N Park Plz
78521 (956)546-1501

Harlingen

James D Rowe od
Rowe, OD, James D
2220 Haine Dr Ste 49
78550 (956)425-8558

Lenscrafters
Flores, OD, Guadalupe A
2000 S Expressway 83
Valle vista mall
78552 (956)428-9222

Lenscrafters
Lenscrafters #863, Lenscrafter
2000 S Expressway 83
Valle vista mall
78552 (956)428-9222

HIDALGO COUNTY

Donna

Donna Eye Clinic
Guillen, OD, Christopher M
301 N Salinas Blvd
78537 (956)464-8160

Donna Eye Clinic And optical
Rodriguez, OD, Jaime
301 N Salinas Blvd
78537 (956)464-8160

Edinburg

Guadalupe A Flores OD
Flores, OD, Guadalupe A
2709 W University Dr
78539 (956)384-2000

Ralph H Jackson OD
Jackson, OD, Ralph H
105 Dawson St
78539 (956)383-8700

South Texas Eye Clinic
Gonzalez, OD, Emma E
2506 E Richardson Rd
78542 (956)720-4000

Univeristy Eye Center
Amegin, DO, George P
2005 W University Dr
78539 (956)318-1400

McAllen

Astoria Vision Source
Kolia, OD, Fiona
7400 N 10th St Ste F
78504 (956)682-1655

Crystal Clear Optometry
Ramirez, OD, Antonio
4013 N 23rd St Ste B
78504 (956)687-6567

Diana Fuentes OD
Fuentes, OD, Diana
5233 N 23rd St
78504 (956)664-9022

Dr Beardsleys Super Optical
Cerda, OD, Juan E
317 S Broadway St
78501 (956)686-7435

Hammond Vision Center
Salinas, OD, Ana L
505 S Broadway St
78501 (956)682-2141

JC Penney Optical
Optical, JC Penney
2200 S 10th St Ste A
78503 (956)687-2671

Lenscrafters
Helgeson, OD, Scott L
2200 S 10th St
Laplaza mall
78503 (956)682-4428

Lenscrafters
Lenscrafters #269, Lenscrafter
2200 S 10th St
Laplaza mall
78503 (956)682-4428

Optical Illusion
Bieker, OD, William B
423 W Nolana Ave
78504 (956)631-3366

Ralph H Jackson OD
Jackson, OD, Ralph H
816 S Main St
78501 (956)687-7238

Rgv Family Eye Care
Liska, OD, Landon L
5801 N 10th St Ste 200
78504 (956)992-9100

Roberto Olivarez OD
Olivarez, OD, Roberto
6900 N 10th St
78504 (956)664-0240

Sears Optical
Optical, Sears
2200 S 10th St
La plaza mall
78503 (956)632-0239

Thurmond Optical
Diaz, OD, Yvonne
222 E Ridge Rd Ste 110
78503 (956)630-3061

Thurmond Optical
Hook, MD, Stephen R
222 E Ridge Rd Ste 110
78503 (956)630-3061

Thurmond Optical
Silva, OD, Sonia G
222 E Ridge Rd Ste 110
78503 (956)630-3061

Vanessa L Chang OD
Chang, OD, Vanessa L.
318 W Nolana Ave
78504 (956)664-0444

Vernon Hammond OD
Hammond, OD, Vernon C.
505 S Broadway St
78501 (956)682-2141

Mercedes

The Eye Care Center
Martinez, OD, Lora N
325 W 3rd St
78570 (956)514-0559

Mission

Barajas Vision Clinic
Barajas, OD, Juan J
1300 S Bryan Rd Ste 105
78572 (956)581-6151

Family Vision Care
Barrera, OD, Enedelia
207 W Palma Vista Dr Ste I
78572 (956)519-3350

Family Vision Care
Vasquez, OD, Celina G
207 W Palma Vista Dr Ste I
78572 (956)519-3350

Thurmond Eye Associates Pa
Diaz, OD, Yvonne
910 S Bryan Rd Ste 107
78572 (956)519-1612

Thurmond Eye Associates Pa
Hook, MD, Stephen R
910 S Bryan Rd Ste 107
78572 (956)519-1612

Thurmond Eye Associates Pa
Silva, OD, Sonia G
910 S Bryan Rd Ste 107
78572 (956)519-1612

Pharr

Bella Vista Eye Care pllc
Villalobos, OD, Marina T
1001 E Ferguson St
78577 (956)782-9444

Family Vision Care
Barrera, OD, Enedelia
900 W Sam Houston Blvd Ste 5
78577 (956)781-3300

Family Vision Care
Vasquez, OD, Celina G
900 W Sam Houston Blvd Ste 5
78577 (956)781-3300

Ridge Eye Clinic & optical
Cerda, OD, Juan E
1313 S Cage Blvd
78577 (956)783-5500

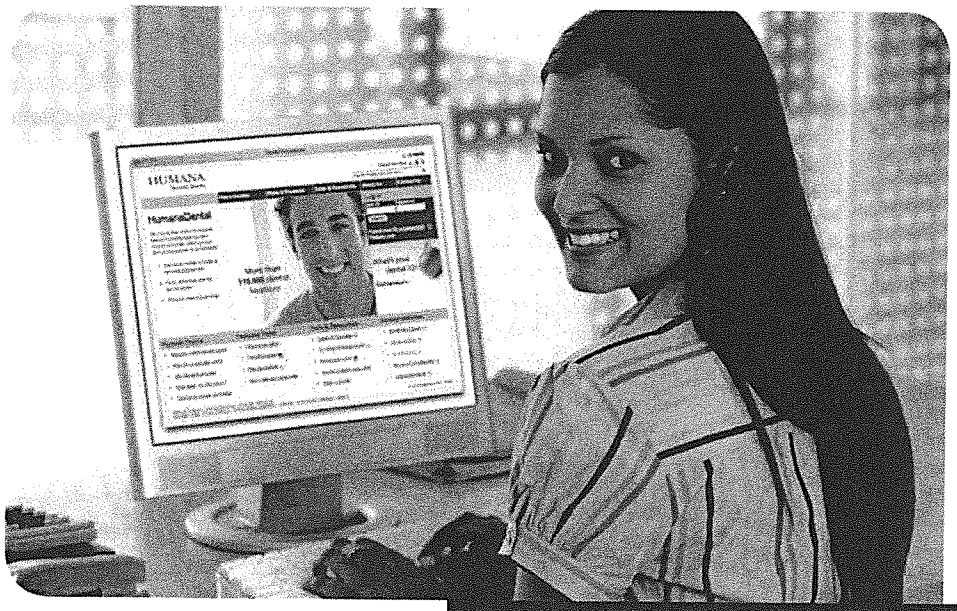
Weslaco

Mid Valley Optical
Rios, OD, Rolando R
1506 E 6th St
78596 (956)968-3302

Thurmond Optical
Diaz, OD, Yvonne
1519 E 6th St
78596 (956)968-3171

Thurmond Optical
Hook, MD, Stephen R
1519 E 6th St
78596 (956)968-3171

Thurmond Optical
Silva, OD, Sonia G
1519 E 6th St
78596 (956)968-3171



Manage your plan at HumanaDental.com

We're here to help

To speak to a Customer Care specialist, please call 1-800-233-4013.

Use **HumanaDental.com** to manage your plan, understand your benefits, and take charge of your dental health. As a HumanaDental member, you can:

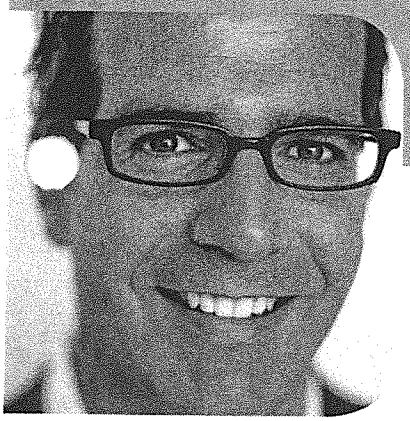
- Find network dentists
- Check claims history and status
- View coverage details
- Review plan benefit details
- Order a replacement identification card
- View estimates for services
- Exchange secure messages with Humana

Registration is simple

Have your HumanaDental identification card ready and go to **HumanaDental.com**. Click on "Register now," then follow the online instructions.

HUMANA.
Specialty Benefits

GN-67523-HD 12/08



See the difference a HumanaVision plan can make for you

Periodic eye exams are an important part of routine preventive healthcare. Because many eye and vision conditions have no obvious symptoms, you may be unaware of problems. Early diagnosis and treatment are important for maintaining good vision and preventing permanent vision loss.*

HumanaVision offers:

- **Access to a huge network** — Choose from more than 35,000 participating optometrist, ophthalmologist, and national retail locations, including LensCrafters®, Pearle Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical.
- **Cost-savings** — get deep discounts (wholesale pricing) no matter which in-network provider you choose. Plus, you'll receive discount on LASIK procedures.
- **Choice** — You have access to exclusive lines of designer frames, such as:

RALPH LAUREN Collection DOLCE & GABBANA OAKLEY PRADA Ray-Ban

- **Convenience** — Take care of eye exams and frames all in one visit. Many locations offer night and weekend appointments to fit your schedule.

Vision care impacts overall health

Eye exams not only help your vision, your doctor can catch major health issues, too. Many diseases can be diagnosed by looking into your eyes including diabetes, multiple sclerosis, high blood pressure, and high cholesterol.

For more information, go to HumanaVisionCare.com

PRIVATE PRACTITIONERS LENSCRAFTERS PEARLE VISION Sears Optical OPTICAL JCPenney jcp.com

*American Optometric Association

HUMANA.

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HumanaVision VCP: *How it works*

With Humana's vision plan, you can save significantly on eye exams, frames, and lenses or contact lenses. In fact, what you save on your annual exam covers your annual premium, in a most cases.

For example: Jason's annual vision expenses without a vision care plan were around $789. With Humana's vision plan, he can save more than 65 percent off the total retail cost. Here's how:

	Retail cost[3]	Member cost	Savings with VCP
Exam with dilation as necessary	$95 [4]	$10 copayment	$85
Frames (Jason has a $50 wholesale frame allowance)[1,2]	$125	$0	$125
Varilux Comfort® (progressive lenses)	$250	$94	$156
Crizal Avance™ (anti-reflective coating)	$199	$85	$114
Transitions lenses (photochromic lenses)	$120	$88	$32
Total	$789	$265	$512

Jason's VCP Vision Plan:

- $10 copayment
- $50 wholesale frame allowance (covers the cost or more than 50% of the majority of frames available)
- $15 standard lens copayment
- $150 contact lens allowance
- Frequencies:
  - Examination: once every 12 months
  - Lenses or contact lenses: once every 12 months
  - 20% discount on second pair of glasses or sunglasses
  - Frames: once every 24 months

Jason decides to go to his in-network VCP provider to have an exam and purchase a new pair of glasses. He decided to have: an exam, and glasses that included frames, and many upgrades to his lenses, including Varilux Comfort® (premium progressive lenses), with two add-ons: Transitions®, a photochromic tint and Crizal Avance™, with Scotchguard™ protector.

1 Frame retail cost based on 2.5 times the wholesale allowance (retail markup varies)
2 If the wholesale frame is more than your wholesale allowance, you only pay twice the difference between the wholesale price and the wholesale allowance
3 Based on national average. Average retail costs may vary by provider and location
4 Average retail cost of exams varies

Examples are for illustration only. Actual savings may vary.

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Plans are subject to limitations and exclusions.

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HUMANA.

Humana.com

Your link to smart choices

For more information, visit Humana.com.

Click "Register" on the left side of the page and follow the instructions.

As a Humana member, you have powerful resources at your fingertips to help when you're making decisions that affect your health.

Humana.com, you can:

- Find in-network doctors, hospitals, and pharmacies near you
- Search Humana's Drug List for prescription drugs and their estimated retail prices
- Investigate possible lower-priced alternatives to your prescription drugs
- Find out about Humana's health and wellness programs
- View and print a letter of coverage to give the doctor as proof of coverage

After you receive your Humana ID card, you can register for immediate access to *My*Humana – your secure Website.

At *My*Humana, you can:

- View and print your Humana claims
- View and print your plan certificate and a summary of your plan benefits
- Visit Condition Centers to explore symptoms, treatments, and tests; track your condition; and print reports to discuss with your doctor
- Take a health assessment and print the results to share with your doctor
- Create your own health record, including family history, immunizations, allergies, and medications
- Order replacement ID cards
- Save money on medicines, supplements, and other health and wellness products with the Savings Center
- Use Planning Tools to track your spending and estimate costs for a procedure or prescription

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For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Emphesys Insurance Company or insured or administered by Humana Insurance Company.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits. Our health benefit plans have limitations and exclusions.

Humana®

Humana.com

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Notice of Privacy Practices

For your personal health and financial information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your personal and health information is important. You don't need to do anything unless you have a request or complaint.

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by law. This includes the right to make changes in our privacy practices and the revised terms of our notice effective for all personal and health information we maintain. This includes information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is personal and health information?

Personal and health information - from now on referred to as "information" - includes both medical information and individually identifiable information, like your name, address, telephone number, or Social Security number. The term "information" in this notice includes any personal and health information created or received by a healthcare provider or health plan that relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare. We protect this information in all formats including electronic, written and oral information.

How do we protect your information?

In keeping with federal and state laws and our own policy, we have a responsibility to protect the privacy of your information. We have safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our associates about company privacy policies and procedures

How do we use and disclose your information?

We must use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services
- Where required by law.

We have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments
- For healthcare operation activities including processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting medical management, improving quality, reviewing the competence of healthcare professionals, and determining premiums
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations such as to allow your plan sponsor to obtain bids from other health plans. We will not share detailed health information to your plan sponsor unless you provide us your permission or your plan sponsor has certified they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you if you have not opted out as described below
- To your family and friends if you are unavailable to communicate, such as in an emergency
- To your family and friends or any other person you identify, provided the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation
- To public health agencies if we believe there is a serious health or safety threat
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence
- In response to a court or administrative order, subpoena, discovery request, or other lawful process
- For law enforcement purposes, to military authorities and as otherwise required by law
- To assist in disaster relief efforts
- For compliance programs and health oversight activities
- To fulfill our obligations under any workers' compensation law or contract

Notice of Privacy Practices (continued)

- To avert a serious and imminent threat to your health or safety or the health or safety of others
- For research purposes in limited circumstances
- For procurement, banking, or transplantation of organs, eyes, or tissue
- To a coroner, medical examiner, or funeral director.

Will we use your information for purposes not described in this notice?

In all situations other than described in this notice, we will request your written permission before using or disclosing your information. You may revoke your permission at any time by notifying us in writing. We will not use or disclose your information for any reason not described in this notice without your permission. The following uses and disclosures will require an authorization:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of protected health information

What do we do with your information when you are no longer a member or you do not obtain coverage through us?

Your information may continue to be used for purposes described in this notice when your membership is terminated or you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?

The following are your rights with respect to your information. We are committed to responding to your rights request in a timely manner.

- Access – You have the right to review and obtain a copy of your information that may be used to make decisions about you, such as claims and case or medical management records. You also may receive a summary of this health information. If you request copies, we may charge you a fee for each page, a per hour charge for staff time to locate and copy your information, and postage.
- Adverse Underwriting Decision – You have the right to be provided a reason for denial or adverse underwriting decision if your application for insurance is declined. *
- Alternate Communications – You have the right to receive confidential communications of information in a different manner or at a different place to avoid a life threatening situation. We will accommodate your request if it is reasonable.
- Amendment – You have the right to request an amendment of information we maintain about you if you believe the information is wrong or incomplete. We may deny your request if we did not create the information, we do not maintain the information, or the information is correct and complete. If we deny your request, we will give you a written explanation of the denial.
- Disclosure – You have the right to receive a listing of instances in which we or our business associates have disclosed your information for purposes other than treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for a period of six years at your request. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- Notice – You have the right to receive a written copy of this notice any time you request.
- Restriction – You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

What types of communications can I opt out of that are made to me?

- Appointment reminders
- Treatment alternatives or other health-related benefits or services

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable privacy rights request forms. You may obtain any of the forms by:

- Contacting us at 1-866-861-2762 at any time
- Accessing our Website at Humana.com and going to the Privacy Practices link

*This right applies only to our Massachusetts residents in accordance with state regulations.

Notice of Privacy Practices (continued)

- E-mailing us at privacyoffice@humana.com
  Send completed request form to:
  Humana Inc.
  Privacy Office 003/10911
  101 E. Main Street
  Louisville, KY 40202

What should I do if I believe my privacy has been violated?

If you believe your privacy has been violated in any way, you may file a complaint with us by calling us at 1-866-861-2762 any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You also have the option to e-mail your complaint to OCRComplaint@hhs.gov. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services.

What will happen if my private information is used or disclosed inappropriately?

You have a right to receive a notice that a breach has resulted in your unsecured private information being inappropriately used or disclosed. We will notify you in a timely manner if such a breach occurs.

PRIVACY NOTICE CONCERNING FINANCIAL INFORMATION

We and our affiliates understand that the privacy of your personal information is important to you. We take your privacy seriously and your trust in our ability to protect your private information is very important to us. This notice describes our policy regarding the confidentiality and disclosure of personal financial information.

How do we collect information about you?

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers plan administrators, credit bureaus, and the Medical Information Bureau.

What information do we receive about you?

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history, and your activity on our Website. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.

Where will we disclose your information?

We may share your information with affiliated companies and non-affiliated third parties, as permitted by law. We may also provide your information to other financial institutions with which we have joint marketing agreements in order to provide you with offers for products and services you may find of value or which are health-related.

What can I prevent with an opt-out disclosure?

You can prevent the disclosures to non-affiliated third parties that provide products and services not offered by us or where the non-affiliated company provides services related to your plan by requesting to opt-out of such disclosures. Your opt-out request will apply to all members or individuals covered under your identification number or member account.

Your opt-out request will continue to apply until you revoke your request or terminate your membership.

How do I request an opt-out?

At any time you can tell us not to share any of your personal information with affiliated companies that provide offers other than our products or services. If you wish to exercise your opt-out option, or to revoke a previous opt out request, you need to provide the following information to process your request: your name, date of birth, and your member identification number. You can use any of the methods below to request or revoke your opt-out:

- Call us at 1-866-861-2762
- E-mail us at privacyoffice@humana.com.
- Send your opt-out request to us in writing:
  Humana Inc.
  Privacy Office 003/10911
  101 E. Main Street
  Louisville, KY 40202

We follow all federal and state laws, rules, and regulations addressing the protection of personal and health information. In situations when federal and state laws,

Notice of Privacy Practices
(continued)

rules, and regulations conflict, we follow the law, rule, or regulation which provides greater protection.

The following affiliates and subsidiaries also adhere to our privacy policies and procedures:

American Dental Plan of North Carolina, Inc.
American Dental Providers of Arkansas, Inc.
Arcadian Health Plan, Inc.
CarePlus Health Plans, Inc.
Cariten Health Plan, Inc.
Cariten Insurance Company
CHA HMO, Inc.
CompBenefits Company
CompBenefits Dental, Inc.
CompBenefits Insurance Company
CompBenefits of Alabama, Inc.
CompBenefits of Georgia, Inc.
CorpHealth, Inc. dba LifeSynch
CorpHealth Provider Link, Inc.
DentiCare, Inc.
Emphesys, Inc.
Emphesys Insurance Company
HumanaDental Insurance Company
Humana AdvantageCare Plan, Inc. fna Metcare Health Plans, Inc.
Humana Benefit Plan of Illinois, Inc. fna OSF Health Plans, Inc.
Humana Employers Health Plan of Georgia, Inc.
Humana Health Benefit Plan of Louisiana, Inc.
Humana Health Company of New York, Inc.
Humana Health Insurance Company of Florida, Inc.
Humana Health Plan of California, Inc.
Humana Health Plan of Ohio, Inc.
Humana Health Plan of Texas, Inc.
Humana Health Plan, Inc.
Humana Health Plans of Puerto Rico, Inc.
Humana Insurance Company
Humana Insurance Company of Kentucky
Humana Insurance Company of New York
Humana Insurance of Puerto Rico, Inc.
Humana MarketPOINT, Inc.
Humana MarketPOINT of Puerto Rico, Inc.
Humana Medical Plan, Inc.
Humana Medical Plan of Michigan, Inc.
Humana Medical Plan of Pennsylvania, Inc.
Humana Medical Plan of Utah, Inc.
Humana Pharmacy, Inc.
Humana Regional Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Kanawha Insurance Company*
Managed Care Indemnity, Inc.
Preferred Health Partnership, Inc.*
Preferred Health Partnership of Tennessee, Inc.
The Dental Concern, Inc.
The Dental Concern, Ltd.

* These affiliates and subsidiaries are only covered by the Privacy Notice Concerning Financial Information section.

Humana®

Relationships are built on trust. Respect for an individual's privacy goes a long way toward building trust. Humana values our relationship with you, and we take your personal privacy seriously. Humana's Notice of Privacy Practices outlines how Humana may use or disclose your personal and health information. It also tells how we protect this information. The notice provides an explanation of your rights concerning your information, including how you can access this information and how to limit access to your information. In addition, it provides instructions on how to file a privacy complaint with Humana or to exercise any of your rights regarding your information.

If you'd like a copy of Humana's Notice of Privacy Practices, you can request a copy by:

- Visiting **Humana.com** and clicking the Privacy Practices link at the bottom of the home page
- Emailing us at privacyoffice@humana.com
- Sending a written request to:
  Humana Privacy Office
  P.O. Box 1438
  Louisville, KY 40202

Humana®

Humana.com

GN14136HH 0713

ATTACHMENT J

ING (VOYA FINANCIAL)

- **Statement**
  - **12/21/2014**
- **Loss Runs**
  - **Not available** (Individual employee products)

*Universal Life participation by volume and rates.

Ex.	Age bracket
	18 ← → 29
	30 ← → 34
	35 ← → 39
	40 ← → 44
	45 ← → 49

CITY OF WESLACO
FINANCE DEPT
.5 S. KANSAS AVE
WESLACO, TX. 78596
(956) 968-3181

JESSICA L. AYALA
ING EMPLOYEE BENEFITS ACCOUNT EXECUTIVE
(972) 419-5773
jessica.ayala@voya.com
Customer Service: (800) 537-5024

ING RELIASTAR ~ ONLINE STATEMENT MODIFIED 12-21-14
Coverage month: Dec 2014

Employee	Employee Name (Last, First MI)	Insured	Billed Amount	Is This a Billing Change?
[redacted]		EE	38.22	
[redacted]		EE	80.48	
1773	[redacted]	CH	10.1	
1748	[redacted]	EE	38.02	
1748	[redacted]	CH	10.2	
1748	[redacted]	CH	10.2	
1900	[redacted]	EE	40.7	
3036	[redacted]	EE	73.12	
1962	[redacted]	CH	11.32	
1962	[redacted]	EE	83.98	
1962	[redacted]	CH	10.28	
1962	[redacted]	CH	10.62	
2003	[redacted]	EE	64.7	
1949	[redacted]	CH	10.5	
1949	[redacted]	CH	10.62	
1949	[redacted]	EE	64.7	
1639	[redacted]	CH	10.1	
1687	[redacted]	EE	74.76	
4413	[redacted]	EE	35.5	
4413	[redacted]	CH	11.5	
4413	[redacted]	CH	12.06	
4116	[redacted]	EE	42.3	
1746	[redacted]	EE	57.38	
1720	[redacted]	EE	30.3	
4402	[redacted]	EE	75.92	
1965	[redacted]	CH	12.02	
1965	[redacted]	SP	27.74	
1965	[redacted]	EE	77.18	
1965	[redacted]	CH	10.2	
1965	[redacted]	CH	10.2	
1965	[redacted]	CH	10.28	
1965	[redacted]	CH	10.1	

1898	[redacted]	CH	10.1
1898	[redacted]	SP	28.6
1898	[redacted]	EE	67.7
1898	[redacted]	CH	10.28
1898	[redacted]	CH	10.36
1940	[redacted]	EE	52.74

11A5226126

Total: **$ 1,255.08** **Please apply premium towards Dec 2014**

ATTACHMENT K

LINCOLN FINANCIAL

- Statement
  - 01/20/2015
- Loss Runs
  - Not available
- Renewal Letter effective dates
  - 04/01/2014
  - 04/01/2015

BILLING SUMMARY

The Lincoln National Life Insurance Company
P. O. Box 0821
Carol Stream IL 60132-0821

Account#: CTYWESLACO-BL-831813
Amount Due: $2,340.12
Prem Due By: 01/01/2015
Coverage: 01/01/2015-01/31/2015
Amount Enclosed: 2340.12

******* PLEASE PAY AS BILLED. *******

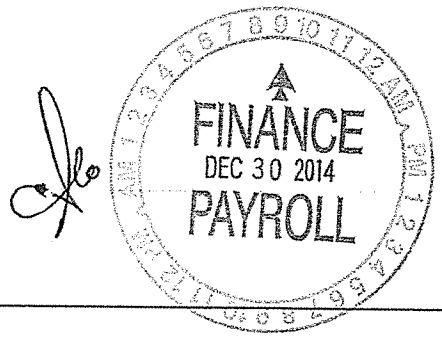
GR-AD 009646 1501355212
Attn: Christine Suing
City of Weslaco
255 S Kansas
Weslaco TX 78596

000000001547143531 0831813 000234012 01012015 3

20-JAN-2015

(Please remove and return top portion with your check made payable to The Lincoln National Life Insurance Company)

Previous Billed Balance	$2,340.12
Premium Processed	-$2,340.12
Beginning Balance	$.00
Current Period Premium	$2,340.12
Current Period Adjustments	$.00
Current Billed Balance	$2,340.12



Total Amount Due **$2,340.12**

MS*1501355212 009646 0001 100000 OMHLBSZZ

PREMIUM PAYMENT INSTRUCTIONS

Your premium is due in our office on or before the due date listed on your premium statement.

To ensure proper credit on your account, please return **ONLY** the payment coupon and your payment in the envelope enclosed with your statement. **Please Pay As Billed.**

Please *do not* submit enrollment changes with your premium payment

Use the Adjustment Report to make any of the following changes: termination, class, billing location, salary changes (if benefit is salary based), etc.

The following type of changes **need a Group Change Form completed and returned** before the change can be processed: name, beneficiary, marital status, or change in dependent coverages

These forms and enrollment forms **must be received at least 10 days prior** to the next bill's draw date for the change to be reflected. Please fax forms to: **877-573-6177** or visit our website:

www.lincoln4benefits.com

If you have any questions, please call your Client Service Representative at 800-423-2765.

The Lincoln National Life Insurance Company

The Lincoln National Life Insurance Company
P.O. Box 0821
Carol Stream IL 60132-0821
800-423-2765

BILLING DETAIL

ttn: Christine Suing
ity of Weslaco
55 S Kansas
eslaco TX 78596

ccount# CTYWESLACO-BL-831813
eference# 2925890422
LTD Policy# 000400114777 00000
WI Policy# 000400114778 00000

Premium Due By: 01/01/2015

Bill Print Date: 12/20/2014
Coverage Period: 01/01/2015 - 01/31/2015

urrent Premium:

ERT NO. NAME	V WI	V LTD								TOTAL
xxxx[redacted]	18.95									18.95
xxxx[redacted]	17.85									17.85
xxxx[redacted]	17.85	23.12								40.97
xxxx[redacted]	18.92	11.87								30.79
xxxx[redacted]	14.51									14.51
xxxx[redacted]		41.22								41.22
xxxx[redacted]	12.99									12.99
xxxx[redacted]	19.76	25.59								45.35
xxxx[redacted]	16.85	10.58								27.43
xxxx[redacted]		35.10								35.10
xxxx[redacted]	20.96	35.10								56.06
xxxx[redacted]	25.96									25.96
xxxx[redacted]	28.31	72.03								100.34
xxxx[redacted]	19.10	16.88								35.98
xxxx[redacted]	23.34									23.34
xxxx[redacted]	18.47									18.47
xxxx[redacted]	20.24	26.20								46.44
xxxx[redacted]	15.75	13.92								29.67
xxxx[redacted]	16.49	14.56								31.05
xxxx[redacted]	20.24	26.24								46.48
xxxx[redacted]	26.19	66.72								92.91
xxxx[redacted]		31.19								31.19
xxxx[redacted]	11.48									11.48
xxxx[redacted]	17.44	10.95								28.39
xxxx[redacted]	14.68	9.23								23.91
xxxx[redacted]	20.72									20.72
xxxx5521 [redacted]	18.58	11.66								30.24
xxxx4499 [redacted]	17.63	11.08								28.71
xxxx8249 [redacted]	24.25									24.25
xxxx7133 [redacted] E.	20.24	26.20								46.44
xxxx2848 [redacted]		23.00								23.00

Continued on next page

20-JAN-2015

V WI-Voluntary WI. V LTD-Vol LTD.

MS*1501355212 009646 0002 100000 OMHLBSZZ

CERT NO. NAME	V WI	V LTD								TOTAL
xxxxx[redacted]	18.26									18.26
xxxxx[redacted]	17.22	22.29								39.51
xxxxx[redacted]	28.56									28.56
xxxxx[redacted]		67.23								67.23
xxxxx[redacted]	16.71	14.74								31.45
xxxxx[redacted]		80.19								80.19
xxxxx[redacted]	18.95	16.74								35.69
xxxxx[redacted]	15.35	13.54								28.89
xxxxx[redacted]	30.80									30.80
xxxxx[redacted]	16.12	10.13								26.25
xxxxx[redacted]	16.82	14.85								31.67
xxxxx[redacted]	24.07									24.07
xxxxx[redacted]		34.35								34.35
xxxxx[redacted]	18.29	23.70								41.99
xxxxx[redacted]	9.72									9.72
xxxxx[redacted]	12.86									12.86
xxxxx[redacted]	18.55	24.02								42.57
xxxxx[redacted]	16.49	10.35								26.84
xxxxx[redacted]	11.48	7.21								18.69
xxxxx[redacted]	15.92									15.92
xxxxx[redacted]	10.48									10.48
xxxxx[redacted]		15.03								15.03
xxxxx[redacted]		25.65								25.65
xxxxx[redacted]	20.92	34.99								55.91
xxxxx[redacted]	10.64	17.83								28.47
xxxxx[redacted]	31.37	79.80								111.17
xxxxx[redacted]	16.23	14.32								30.55
xxxxx[redacted]	13.42									13.42
xxxxx[redacted]	24.36	31.56								55.92
xxxxx[redacted]	17.79	29.80								47.59
xxxxx[redacted]	19.84	25.67								45.51
xxxxx[redacted]		23.25								23.25
xxxxx[redacted]	24.66	31.92								56.58
xxxxx[redacted]	16.56	14.62								31.18
xxxxx[redacted]	18.14	16.01								34.15
xxxxx[redacted]	26.31	23.25								49.56
Totals	1074.64	1265.48								2340.12

Total number of lives: 67

TOTAL CURRENT PREMIUM $2,340.12

20-JAN-2015

V WI-Voluntary WI. V LTD-Vol LTD.

:URRENT BILL TOTAL $2,340.12

lotice: This bill reflects changes, payments, and adjustments made prior to this bill's generation date of 12/20/2014.

20-JAN-2015

V WI-Voluntary WI. V LTD-Vol LTD.

MS*1501355212 009646 0003 100000 OMHLBSZZ

Lincoln
Financial Group®

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

The Lincoln National Life Insurance Company
8801 Indian Hills Drive
Omaha, NE 68114-4066
toll free (800) 423-2765
www.LFG.com

January 29, 2014

JEFF EVERITT & ASSOCIATES INC
705 AMETHYST DR
Weslaco, TX 78596

Attached are two copies of the renewal letter for your client. Please deliver the original to the group and the copy is for your file.

The renewal rates include a flat 25% commission schedule. In addition to your commission, you may be eligible for the Lincoln Financial Group Broker Bonus plan for the current plan year.

A copy of this letter has been sent to our regional sales office.

Please let us know if you have any questions or need additional information to satisfy any applicable producer disclosure obligations.

Lincoln Financial Group

Lincoln Financial Group®

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Omaha, NE 68114-4066
toll free (800) 423-2765
www.LFG.com

January 29, 2014

City Of Weslaco
255 S Kansas
Weslaco, TX 78596

RE: Renewal Letter for Policy Number: 40-0114777-00000
Renewal Effective Date: 04/01/2014

We have completed our renewal analysis for the above named client. It is our sincere pleasure to provide City Of Weslaco with quality group products and services at a cost that delivers sound value. As part of our effort to ensure continuing quality products and services, each year we carefully review and analyze current benefit and rate structures to determine the appropriate premium levels to charge for continued group insurance protection for your valued employees. The renewal process includes a recalculation of the premium rates to reflect the current plan features, nature of the industry and the composition of your group, including occupations, salaries, ages and gender of your participating employees.

Plan utilization is not usually a factor in renewal calculations for groups of your size. The experience of groups of this size is not deemed credible, therefore, their experience is pooled with other groups of similar size and composition. However, for your information, there is 1 open or pending claim with a monthly benefit of $1,248. The current reserve established for this claim is $14,383. We hope you are pleased with the service from our claims department.

We have completed our renewal analysis for City Of Weslaco's Voluntary Long Term Disability policy. Your current premium rates appear sufficient to maintain the plan's sound financial basis, therefore, we are not requesting an increase in your current premium rates.

These rates are guaranteed for 24 months from the renewal date shown above. Your next renewal will take place 04/01/2016. **This renewal letter is intended to serve as a policy amendment and should be kept with your policy.**

Thank you for the opportunity to be of service to City Of Weslaco. We appreciate your business and look forward to working with you in the future as we continue to meet your group insurance needs. If you have any questions, or if I can be of further assistance, please feel free to call me on our toll-free number: 800-423-2765.

Sincerely,

Mary Ann Staroski
Renewal Service Rep

cc: JEFF EVERITT & ASSOCIATES INC
705 AMETHYST DR
Weslaco, TX 78596

cc: Cas Petkovic

Lincoln Financial Group focuses on making life easier for you by doing business
the way you want to do business - via the Web, telephone, IVR, e-mail and fax.
We are committed to being there when you need us!
Visit us on the web at www.jpfic.com.

Lincoln
Financial Group®

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

The Lincoln National Life Insurance Company
8801 Indian Hills Drive
Omaha, NE 68114-4066
toll free (800) 423-2765
www.LFG.com

December 30, 2014

CARLOS TAMEZ
1022 S TEXAS BLVD
Weslaco, TX 78596

Attached are two copies of the renewal letter for your client. Please deliver the original to the group and the copy is for your file.

The renewal rates include a flat 25% commission schedule. In addition to your commission, you may be eligible for the Lincoln Financial Group Broker Bonus plan for the current plan year.

A copy of this letter has been sent to our regional sales office.

Please let us know if you have any questions or need additional information to satisfy any applicable producer disclosure obligations.

Lincoln Financial Group

Lincoln Financial Group®

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

The Lincoln National Life Insurance Company
8801 Indian Hills Drive
Omaha, NE 68114-4066
toll free (800) 423-2765
www.LFG.com

December 30, 2014

City Of Weslaco
255 S Kansas
Weslaco, TX 78596

RE: Renewal Letter for Policy Number: 40-0114778-00000
Renewal Effective Date: 04/01/2015

We have completed our renewal analysis for the above named client. It is our sincere pleasure to provide City Of Weslaco with quality group products and services at a cost that delivers sound value. As part of our effort to ensure continuing quality products and services, each year we carefully review and analyze current benefit and rate structures to determine the appropriate premium levels to charge for continued group insurance protection for your valued employees. The renewal process includes a recalculation of the premium rates to reflect the current plan features, nature of the industry and the composition of your group, including benefit amounts, ages and gender of your participating employees.

Plan utilization is not usually a factor in renewal calculations for groups of your size. The experience of groups of this size is not deemed credible, therefore, their experience is pooled with other groups of similar size and composition.

We have completed our renewal analysis for City Of Weslaco's Voluntary Weekly Income policy. Your current premium rates appear sufficient to maintain the plan's sound financial basis, therefore, we are not requesting an increase in your current premium rates.

These rates are guaranteed for 24 months from the renewal date shown above. Your next renewal will take place 04/01/2017. **This renewal letter is intended to serve as a policy amendment and should be kept with your policy.**

Thank you for the opportunity to be of service to City Of Weslaco. We appreciate your business and look forward to working with you in the future as we continue to meet your group insurance needs. If you have any questions, or if I can be of further assistance, please feel free to call me on our toll-free number: 800-423-2765.

Sincerely,

Mary Ann Staroski
Renewal Service Rep

cc: CARLOS TAMEZ
1022 S TEXAS BLVD
Weslaco, TX 78596

cc: Bradley Murphy

Lincoln Financial Group focuses on making life easier for you by doing business
the way you want to do business - via the Web, telephone, IVR, e-mail and fax.
We are committed to being there when you need us!
Visit us on the web at www.lincoln4benefits.com.

ATTACHMENT L

NEW YORK LIFE

- Statement
  - 11/12/2014

NEW YORK LIFE

LONG TERM CARE

STATEMENT

New York Life Insurance Company
Long-Term Care Administration
6200 Bridge Point Pkwy, Suite 400
Austin, Texas 78730-5006

PREMIUM NOTICE

Questions? Call (800) 224-4582
8:00 - 5:00 C.S.T./ Monday through Friday

Statement Ref#: 030007550027

November 12, 2014

City Of Weslaco
255 S Kansas Ave
Weslaco, Texas 78596

REVISED 12-09-14A08:47 RCVD

Policy Number	Insured	For Period Covering	Premium Amount
[redacted]	[redacted]	12/01/2014 to 12/31/2014	$54.19
[redacted]	[redacted]	11/01/2014 to 11/30/2014	$14.48
[redacted]	[redacted]	12/01/2014 to 12/31/2014	$37.64
[redacted]	[redacted]	12/01/2014 to 12/31/2014	$27.82
[redacted]	[redacted]	12/01/2014 to 12/31/2014	$32.74
[redacted]	[redacted]	12/01/2014 to 12/31/2014	$75.61
[redacted]	[redacted]	12/01/2014 to 12/31/2014	$48.19
[redacted]	[redacted]	12/01/2014 to 12/31/2014	$27.82
[redacted]	[redacted]	12/01/2014 to 12/31/2014	$32.74
[redacted]	[redacted]	12/01/2014 to 12/31/2014	$31.10
[redacted]	[redacted]	12/01/2014 to 12/31/2014	$37.64
[redacted]	[redacted]	12/01/2014 to 12/31/2014	$106.25
[redacted]	[redacted]	12/01/2014 to 12/31/2014	$28.12

Balances outstanding from prior statements:

[redacted]	[redacted]	11/01/2014 to 11/30/2014	$106.25

FINANCE
DEC - 9 2014
PAYROLL

- Continue -

This section is intentionally left blank.

Address Change
Please change my mailing address effective immediately to:

Address _____

City/State/Zip _____

Phone _____

NYLIFE OFFICE USE
Entered _____

New York Life Insurance Company
Long-Term Care Administration
6200 Bridge Point Pkwy, Suite 400
Austin, Texas 78730-5006

PREMIUM NOTICE

Questions? Call (800) 224-4582
8:00 - 5:00 C.S.T./ Monday through Friday

Statement Ref#: 030007550027

November 12, 2014

City Of Weslaco
255 S Kansas Ave
Weslaco, Texas 78596

Policy Number	Insured	For Period Covering	Premium Amount

Account Summary:

Previous Balance	$106.25
Payments	$0.00
Outstanding Balance	$106.25
Current Charges	$554.34
TOTAL DUE:	$660.59
Total Contracts:	12

Your long-term care policy provides valuable coverage. To keep this coverage working for you, please pay the total amount due to New York Life within 31 days of the due date. Failure to pay the total amount due will cause all policy benefits to be cancelled.

Please return a copy of this statement with your payment.

Be sure to put the following Sponsor ID Number on the check.
Sponsor ID Number: 921
Thank you for choosing New York Life for your Long-Term Care Insurance Policy.

REVISED

Tear Here

Please Return this Stub With Your Check

City Of Weslaco
Statement Ref#: 030007550027
Billing Arrangement Ref#: 245335

TOTAL DUE: $660.59
DUE DATE: 12/01/2014
PAYMENT METHOD: LIST BILL

Please make your check payable to:
New York Life Insurance Company
P.O. Box 559005
Austin, Texas 78755-9903

Please put your statement reference number on the check.

Address Change
Please change my mailing address effective immediately to:

Address _____

City/State/Zip _____

Phone _____

NYLIFE OFFICE USE
Entered _____

Request

For

Proposals

125 Cafeteria Plan Services
and Group Voluntary Supplemental Insurance Products

Proposal No. 2014-15-13

City of Weslaco
255 S. Kansas
Weslaco, Texas 78596

Proposal Submission Date: February 13, 2015 at 3:00 p.m. CST