

Cigna Group Premium Report Check Breakdown - Life and AD&D

Policyholder: Williamson County

Premium Due for Period Covered: 1-Apr-15 to 30-Apr-15

	<u>Amount Due</u>	<u>Wilco AP Payroll Deductions</u>	
		<u>Check #</u>	<u>Check Amt</u>
Basic Term Life	\$1,223.25		\$1,189.88
Basic Dependent Life	\$580.50		\$573.48
Basic AD&D EE	\$489.30		\$475.95
	<u>\$2,293.05</u>		<u>\$2,293.05</u>
			<u>\$0.00</u>
		417046	<u>\$2,293.05</u>
LIFE:			
Voluntary Term Life Employee	\$19,575.50	16958	\$11,478.62
Voluntary Dependent Life Spouse	\$3,276.16	16982	\$11,603.22
Voluntary Dependent Life Child	\$230.18		
	<u>\$23,081.84</u>		<u>\$23,081.84</u>
LTD:			
Voluntary AD&D Employee	\$2,992.23	16959	\$6,736.11
Voluntary LTD	\$10,531.92	16983	\$6,788.04
	<u>\$13,524.15</u>		<u>\$13,524.15</u>
Total Premium to be Paid	<u>\$38,899.04</u>		<u>\$38,899.04</u>

Prepared by:
Sally Goetz

GROUP PREMIUM REPORT

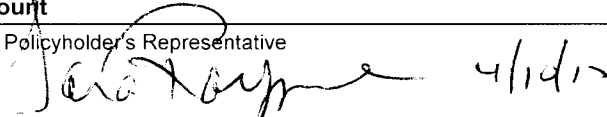


Policyholder: Williamson County

Premium Due for Period Covered: 1-Apr-15 to 30-Apr-15
Update below

Insurance Coverage Policy Number		Total Enforce For Period Covered	Rate	Current Premium Due
Basic Term Life Employee	# of Insured Employees	1,679	Per/1000	
FLX 963634 000 000 Covg Code 010	Amount of Insurance	16,310,000	\$0.075	\$1,223.25
Voluntary Term Life Employee	# of Insured Employees		Age Rated	
FLX 963634 000 000 Covg Code 020	Amount of Insurance			\$0.00
Basic Dependent Life	# of Insured Employees	1,075	Per/# EE	
FLX 963634 000 000 Covg Code 030	Amount of Insurance	N/A	\$0.540	\$580.50
Voluntary Dependent Life Spouse	# of Insured Employees		Age Rated	
FLX 963634 000 000 Covg Code 030	Amount of Insurance			\$0.00
Voluntary Dependent Life Child	# of Insured Employees		Per/1000	
FLX 963634 000 000 Covg Code 030	Amount of Insurance		\$0.540	\$0.00
Basic AD&D Employee	# of Insured Employees	1,679	Per/1000	
OK 965265 934 000 Covg Code 560	Amount of Insurance	16,310,000	\$0.030	\$489.30
Voluntary AD&D Employee	# of Insured Employees		Per/1000	
OK 965265 934 000 Covg Code 560	Amount of Insurance		\$0.030	\$0.00
Voluntary LTD	# of Insured Employees		Age Rated	
VDT 960717 000 000 Covg Code 808	Amount of Insurance			\$0.00

Total Premium to be Paid	\$2,293.05
Less Amount CIGNA Owes Wilco	\$ -
Check Amount	\$ 2,293.05

Signature of Policyholder's Representative


Title *Sr. Director*

Please contact for questions:
 Premium Service Representative
 Susan Todt
 610.758.7107
 FAX: 860-263-3919
 Email: susan.todt@cigna.com

Make Check Payable to:

Mail to: LINA
 P.O. Box 8500 - K110
 Philadelphia, PA 19178

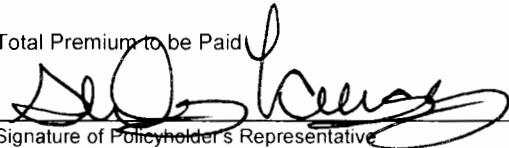
GROUP PREMIUM REPORT



Policyholder: Williamson County

Premium Due for Period Covered: 1-Apr-15 to 30-Apr-15

Insurance Coverage Policy Number		Total Inforce For Period Covered	Rate	Current Premium Due
Basic Term Life Employee	# of Insured Employees	1679	Per/1000	
FLX 963634 000 000 Covg Code 010	Amount of Insurance	16,310,000	\$0.075	
Voluntary Term Life Employee	# of Insured Employees	950	Age Rated	
FLX 963634 000 000 Covg Code 020	Amount of Insurance	\$99,540,000		\$19,575.50
Basic Dependent Life	# of Insured Employees	1,075	Per/# EE	
FLX 963634 000 000 Covg Code 030	Amount of Insurance	N/A	\$0.540	
Voluntary Dependent Life Spouse	# of Insured Employees	522	Age Rated	
FLX 963634 000 000 Covg Code 030	Amount of Insurance	\$111,635,000		\$3,276.16
Voluntary Dependent Life Child	# of Insured Employees	477	Per/1000	
FLX 963634 000 000 Covg Code 030	Amount of Insurance	\$4,646,000	\$0.054	\$230.18
Basic AD&D Employee	# of Insured Employees	1,679	Per/1000	
OK 965265 934 000 Covg Code 560	Amount of Insurance	16,310,000	\$0.030	
Voluntary AD&D Employee	# of Insured Employees	950	Per/1000	
OK 965265 934 000 Covg Code 560	Amount of Insurance	99,540,000	\$0.030	\$2,966.20
Voluntary LTD	# of Insured Employees	1,027	Age Rated	
VDT 960717 000 000 Covg Code 808	Amount of Insurance	2,054		\$10,537.95
Total Premium to be Paid				\$36,605.99

Signature of Policyholder's Representative:  Title: Director of Benefits Admin

Make Check Payable to:

Mail to: LINA
P.O. Box 8500 - K110
Philadelphia, PA 19178

Please contact for questions:

Premium Service Representative
Susan Todt
610.758.7107
FAX: 860-263-3919
Email: susan.todt@cigna.com