

NR

Iowa Department of Justice

Crime Victim Assistance Division (CVAD)

Claim Voucher

Fund: DA-13 SA-13

Month: April

Program Assault Care Center Extending Shelter and Support

Address P.O. Box 1429

City Ames, Iowa

E-mail Contact

Phone/Ext. 515-292-0500

Vendor #

RECEIVED
MAY 15 11:10:59
Iowa Department of Justice
Crime Victim Assistance Division

DA - Domestic Abuse

SA - Sexual Abuse

Expense	Budget	Claim	YTD	Balance	Budget	Claim	YTD	Balance
Payroll	81,381	7,645.85	73,688.44	7,692.56	52,225	4,638.29	46,371.92	5,853.08
Benefits	16,802	1,986.15	13,759.93	3,042.07				
Travel & Training		-	-	-				
Contracted Svc.		-	-	-				
Equipment		-	-	-				
Repairs & Maint.		-	-	-				
Rent		-	-	-				
Utilities		-	-	-				
Communications		-	-	-				
Supplies		-	-	-				
Insurance		-	-	-				
Other Direct		-	-	-				
Total	98,183	9,632.00	87,448.37	10,734.63	52,225	4,638.29	46,371.92	5,853.08

PAID
MAY 23 2013

Total DA/SA

14,270.29

Program Signature [Signature]
Date May 13, 2013

CVAD Signature [Signature]
Date 5-20-13

Original or First claim
Doc # AGKH 091112001
Date Paid 09/11/12

Payroll Summary for Claim Vouchers

Time Period: April 1, 2013 - April 30, 2013

Program City: Ames, Iowa

Program: Assault Care Center Extending Shelter and Support

Employee	Title	Direct Service %	Gross Wages	Total Payroll Claim	DA	SA	FV	SS	VA	VW	
	Night Time Shelter Advocate	100%	\$166.25	\$166.25					166.25		
	Night Time Shelter Advocate	100%	\$315.00	\$315.00					315.00		
	Sexual Assault Services Coordinator	75%	\$2,333.34	\$1,800.91		-770.39			1030.52		
	Shelter Advocacy Coordinator	75%	\$2,615.84	\$2,615.84	-784.75				1831.09		
	Night Time Shelter Advocate	100%	\$492.19	\$492.19					492.19		
	Volunteer Program Coordinator	80%	\$2,549.16	\$2,549.16	-382.37	-1,019.66			1147.12		
	Response Advocate	100%	\$0.00	\$0.00					0.00		
	Administrative Assistant	0%	\$1,476.00	\$522.00	-522.00				0.00		
	Night Time Shelter Advocate	100%	\$735.00	\$735.00					735.00		
	Night Time Shelter Advocate	100%	\$218.75	\$218.75					218.75		
	Office Assistant	0%	\$930.00	\$930.00	-930.00				0.00		
	Night Time Shelter Advocate	100%	\$761.25	\$761.25					761.25		
	Youth Program Coordinator	90%	\$2,495.50	\$2,495.50		-239.05	-1,507.80		748.65		
	Domestic Violence Services Coord.	90%	\$2,333.34	\$2,333.34	-933.34	-466.67	466.66		466.67		
	Executive Director	100%	\$3,916.66	\$2,999.85	-1,511.52	-587.50	-509.17		391.67		
	Business & Finance Manager	0%	\$1,512.00	\$1,512.00	-1,512.00				0.00		
	Night Time Shelter Advocate	100%	\$608.13	\$608.13					608.13		
	Boone Co. Comm. Outreach Coord.	100%	\$2,670.00	\$2,670.00		-560.70			560.70	1,548.60	
	Court Systems Coordinator	90%	\$2,731.16	\$2,731.16	-819.35	546.23		1,365.58			
	Greene Co. Comm. Outreach Coord.	80%	\$2,563.16	\$2,133.98	-250.52	448.09	-794.58		640.79		
Total:				\$31,422.73	\$28,590.31	\$7,645.85	\$4,638.29	\$3,278.21	\$1,365.58	\$10,113.78	\$1,548.60

Total Payroll Claim: \$28,590.31

Gross Wages: \$31,422.73

DA: \$7,645.85

SA: \$4,638.29

FV: \$3,278.21

SS: \$1,365.58

VA: \$10,113.78

VW: \$1,548.60

Employee Name		(State for)	Dept.	Pays		Year-to-Date		Taxes		Deductions & Memos		Cr. No.		
Emp. No.	SSN No.	UCI	No.	Description	Rate	Hours	Pay	Description	Hours	Amount	Description	Amount	YTD	Typ
Pay Freq.	Tax Status													Net
Division : 1 ACCESS														
133			1	0-Regular Pay	8.75	6.00	52.50	0-Regular Pay	6.00	52.50	Federal WH	0.00	0.00	021266
				Totals:		6.00	52.50		6.00	52.50	OASDI	3.26	3.26	
								Medicare				0.76	0.76	
												4.02		
132			1	0-Regular Pay	8.75	24.00	210.00	0-Regular Pay	71.75	627.82	Federal WH	0.00	0.00	021267
				Totals:		24.00	210.00		71.75	627.82	OASDI	13.02	38.92	NORM
								Medicare				3.05	9.11	
												2.00		
												16.07		
134			1	0-Regular Pay			1,166.67	0-Regular Pay		8,166.69	Federal WH	68.03	476.21	2004072
				Totals:			1,166.67		71.75	627.82	OASDI	71.71	501.99	DD
								Medicare				16.77	117.40	
												42.00	294.00	
												198.51		
93			1	0-Regular Pay			1,307.92	0-Regular Pay	12.00	9,260.44	Federal WH	132.35	942.20	2004073
				Totals:			1,307.92		12.00	9,260.44	OASDI	74.01	524.60	DD
								Medicare				17.31	122.89	
												47.00	335.00	
												270.57		
125			1	0-Regular Pay	8.75	28.25	247.19	0-Regular Pay	187.25	1,638.44	Federal WH	0.00	0.00	2004074
				Totals:		28.25	247.19		187.25	1,638.44	OASDI	15.33	101.59	DD
								Medicare				3.58	23.75	
												2.00	17.00	
												20.91		
92			1	0-Regular Pay			1,274.58	0-Regular Pay		8,922.06	Federal WH	0.00	0.00	2004075
				Totals:			1,274.58		187.25	1,638.44	OASDI	45.78	320.44	DD
								Medicare				10.70	74.94	
												27.00	189.00	
												8-Dental Insuran	33.82	236.74
												11-Dependent ca	208.33	1,458.31
												83.48		
96			1	0-Regular Pay	18.00	46.00	828.00	0-Regular Pay	292.50	5,266.00	Federal WH	31.97	211.87	2004076
				Totals:		46.00	828.00		292.50	5,266.00	OASDI	51.34	332.39	DD
								6-On-call pay				12.01	77.74	
												23.00	182.00	
												123.32		
105			1	0-Regular Pay	8.75	27.00	236.25	0-Regular Pay	304.00	2,660.00	Federal WH	0.00	0.00	2004077
				Totals:		27.00	236.25		316.00	2,817.51	OASDI	14.65	174.69	DD
								4-Holiday pay				3.43	40.86	
												2.00	64.00	
												20.08		
126			1	0-Regular Pay	8.75	12.00	105.00	0-Regular Pay	156.00	1,365.00	Federal WH	0.00	62.24	2004078
				Totals:		12.00	105.00		24.00	315.00	OASDI	6.51	104.16	DD
								4-Holiday pay				1.52	24.36	
												0.00	30.00	
												8.03		

Employee Name Emp. No. Pay Freq.	(State for) SSN No. UCI	Dept. No.	Current			Year-to-Date			Taxes			Deductions & Memos			Ck. No. Type Net Pay				
			Description	Rate	Hours	Pay	Description	Hours	Amount	Description	Amount	YTD Amount	Description	Current Amount		YTD Amount			
117 Semi-Monthly	IA	1	0-Regular Pay	12.00	34.00	408.00	0-Regular Pay	278.00	3,336.00	Federal WH	0.00	6.94	4-01(K) Match	59.76	418.32	2004081	DD	2004079	
										OASDI	25.30	206.84	5-<401(K) Match	(59.76)	(418.32)				
										Medicare	5.92	48.38	7-401(K) before	23.91	167.37				
										IA: State WH	7.00	70.00							
			Totals:		34.00	408.00	Total YTD:	278.00	3,336.00		38.22								
			Employee Totals																
129 Semi-Monthly	IA	1	0-Regular Pay	8.75	50.00	437.50	0-Regular Pay	305.00	2,668.75	Federal WH	0.00	0.00							
										OASDI	27.13	155.47							
										Medicare	6.33	38.69							
			Totals:		50.00	437.50	Total YTD:	305.00	2,668.75		33.46								
			Employee Totals																
128 Semi-Monthly	IA	1	0-Regular Pay			1,166.67	0-Regular Pay		8,166.69	Federal WH	64.83	453.81	2-Health Insuran	10.00	70.00	2004082	DD	2004082	
										OASDI	71.71	501.39	4-401(K) Match	58.33	408.31				
										Medicare	16.77	117.40	5-<401(K) Match	(58.33)	(408.31)				
										IA: State WH	49.00	343.00							
			Totals:			1,166.67	Total YTD:		8,166.69		202.31								
			Employee Totals																
121 Semi-Monthly	IA	1	0-Regular Pay	8.75	41.50	363.13	0-Regular Pay	164.50	1,439.38	Federal WH	27.15	46.38	3-Flex	83.33	563.31	2004083	DD	2004083	
										OASDI	22.51	79.97	4-401(K) Match	97.92	685.44				
										Medicare	5.27	186.88	5-<401(K) Match	(97.92)	(685.44)				
										IA: State WH	5.00	609.00	7-401(K) before	39.17	274.79				
											5.00	33.82	8-Dental Insuran	33.82	236.74				
			Totals:		41.50	363.13	Total YTD:	164.50	1,439.38		59.93								
			Employee Totals																
53 Semi-Monthly	IA	1	0-Regular Pay			1,335.00	0-Regular Pay		9,345.00	Federal WH	160.14	1,120.98	2-Health Insuran	10.00	70.00	2004086	DD	2004086	
										OASDI	79.56	556.97	3-Flex	41.86	291.62				
										Medicare	18.61	130.26	4-401(K) Match	66.75	467.25				
										IA: State WH	47.00	329.00	5-<401(K) Match	(66.75)	(467.25)				
			Totals:			1,335.00	Total YTD:		9,345.00		305.31								
			Employee Totals																
44 Semi-Monthly	IA	1	0-Regular Pay			1,365.58	0-Regular Pay		9,559.06	Federal WH	158.25	1,107.75	2-Health Insuran	10.00	70.00	2004087	DD	2004087	
										OASDI	83.01	581.09	3-Flex	16.66	116.62				
										Medicare	19.42	135.90	4-401(K) Match	68.28	477.96				
										IA: State WH	50.00	350.00	5-<401(K) Match	(68.28)	(477.96)				
			Totals:			1,365.58	Total YTD:		9,559.06		310.68								
			Employee Totals																

Employee Name Emp. No. Pay Freq.	(State for) UCI	Dept. No.	Pays			Year-to-Date			Taxes			Deductions & Memos			Ck. No. Type Net 1	
			Description	Rate	Hours	Pay	Description	Hours	Amount	Description	Current Amount	YTD Amount	Description	Current Amount		YTD Amount
106 Semi-Monthly		1	0-Regular Pay			1,281.58	0-Regular Pay		8,971.06	Federal WH	17.78	124.46	2-Health Insuran	10.00	70.00	2004088
										OASDI	76.74	637.19	4-401(K) Match	64.08	448.56	DD
										Medicare	17.95	125.64	5-<401(K) Match	(64.08)	(448.56)	
										IA: State WH	40.00	280.00	7-401(K) before	64.08	448.56	
													8-Dental Insuran	33.82	236.74	
			Totals:			1,281.58	Total YTD:		8,971.06		152.47			107.90		1.0

Pay Period: Semi-Monthly 04/01/13 - 04/15/13

Co. No: 127 Assault Care Center Extending Shelter & Support

PAYROLL REGISTER

Payroll #: 260

Check Date: 04/15/13 Page: B - 3

Employee Name	(State for)	Dept.	Pays			Taxes			Deductions & Memos			Cr. No.	
Emp. No.	SSN No.	UCI	Description	Rate	Hours	Year-to-Date	Description	Current	YTD	Description	Current	YTD	Type
Pay Freq.	Tax Status	No.	Description	Rate	Hours	Amount	Description	Amount	Amount	Description	Amount	Amount	Net Pay

133		1	0-Regular Pay	8.75	13.00	113.75	0-Regular Pay	19.00	166.25	Federal WH	2.21	2.21	021272
			Totals:			113.75	Total YTD:	19.00	166.25	OASDI	7.05	10.31	NORMAL
			Employee Totals			113.75	Total YTD:	19.00	166.25	Medicare	1.65	2.41	

132		1	0-Regular Pay	8.75	12.00	105.00	0-Regular Pay	83.75	732.82	Federal WH	0.00	0.00	021273
			Totals:			105.00	Total YTD:	83.75	732.82	OASDI	6.57	45.43	NORMAL
			Employee Totals			105.00	Total YTD:	83.75	732.82	Medicare	1.51	10.62	

131		1	0-Regular Pay	8.75	12.00	105.00	0-Regular Pay	83.75	732.82	Federal WH	8.02	8.02	96.9
			Totals:			105.00	Total YTD:	83.75	732.82	OASDI	68.03	544.24	2-Health Insuran
			Employee Totals			105.00	Total YTD:	83.75	732.82	Medicare	71.71	573.70	4-401(K) Match

93		1	0-Regular Pay	8.75	12.00	105.00	0-Regular Pay	83.75	732.82	Federal WH	19.51	19.51	958.4
			Totals:			105.00	Total YTD:	83.75	732.82	OASDI	42.00	336.00	5-<401(K) Match
			Employee Totals			105.00	Total YTD:	83.75	732.82	Medicare	198.51	336.00	

125		1	0-Regular Pay	8.75	28.00	245.00	0-Regular Pay	215.25	1,883.44	Federal WH	0.00	0.00	224.26
			Totals:			245.00	Total YTD:	215.25	1,883.44	OASDI	15.18	116.77	2004091
			Employee Totals			245.00	Total YTD:	215.25	1,883.44	Medicare	3.56	27.31	DD

92		1	0-Regular Pay	8.75	28.00	245.00	0-Regular Pay	215.25	1,883.44	Federal WH	20.74	20.74	224.26
			Totals:			245.00	Total YTD:	215.25	1,883.44	OASDI	2.00	19.00	2004091
			Employee Totals			245.00	Total YTD:	215.25	1,883.44	Medicare	2.00	19.00	DD

36		1	0-Regular Pay	18.00	36.00	648.00	0-Regular Pay	328.50	5,913.00	Federal WH	83.49	83.49	654.84
			Totals:			648.00	Total YTD:	328.50	5,913.00	OASDI	13.97	225.84	2004093
			Employee Totals			648.00	Total YTD:	328.50	5,913.00	Medicare	40.17	372.56	DD

105		1	0-Regular Pay	8.75	57.00	498.75	0-Regular Pay	361.00	3,158.75	Federal WH	91.53	91.53	566.47
			Totals:			498.75	Total YTD:	361.00	3,158.75	OASDI	0.00	0.00	2004094
			Employee Totals			498.75	Total YTD:	361.00	3,158.75	Medicare	30.92	205.61	DD

146		1	0-Regular Pay	8.75	13.00	113.75	0-Regular Pay	169.00	1,478.75	Federal WH	51.14	51.14	447.61
			Totals:			113.75	Total YTD:	169.00	1,478.75	OASDI	7.05	62.24	2004095
			Employee Totals			113.75	Total YTD:	169.00	1,478.75	Medicare	1.65	111.21	DD

Employee Totals			Totals:			1,793.75	Total YTD:	1,193.00	1,793.75	JA: State WH	8.70	30.00	105.05
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Pay Period: Semi-Monthly 04/16/13 - 04/30/13

Co. No: 127 Assault Care Center Extending Shelter & Support

PAYROLL REGISTER

Payroll #: 261

Check Date: 04/30/13

Page: B - 1

Employee Name Emp. No. Pay Freq.	SSN No. Tax Status	UCI	Dept. No.	Current		Year-to-Date		Taxes		Deductions & Memos		Cr. No. Type Net Pay															
				Description	Rate	Hours	Pay	Description	Hours	Amount	Description		Amount	YTD	Amount	YTD	Amount										
42 Semi-Monthly			1	0-Regular Pay	12.00	43.50	522.00	0-Regular Pay	321.50	3,656.00	Federal WH	1.37	8.31	239.19	OASDI	32.35	7.56	55.94	Medicare	12.00	82.00	2004096	DD	468.72			
Employee Totals				Totals:		43.50	522.00	Total YTD:	321.50	3,656.00																	
129 Semi-Monthly			1	0-Regular Pay	8.75	37.00	323.75	0-Regular Pay	342.00	2,992.50	Federal WH	0.00	0.00	185.53	OASDI	20.06	4.70	43.39	Medicare	4.70	24.76	2004097	DD	298.99			
Employee Totals				Totals:		37.00	323.75	Total YTD:	342.00	2,992.50																	
Oren, Natasha D. 117 Semi-Monthly			1	0-Regular Pay	8.75	12.00	1,195.25	0-Regular Pay	12.00	9,667.00	Federal WH	134.42	967.28	573.70	OASDI	80.62	599.36	140.17	Medicare	18.85	374.00	2004098	DD	483.33			
Employee Totals				Totals:		12.00	1,300.25	Total YTD:	12.00	9,667.00																	
128 Semi-Monthly			1	0-Regular Pay			1,166.67	0-Regular Pay		9,333.36	Federal WH	64.83	518.64	573.70	OASDI	71.71	134.17	16.77	Medicare	49.00	392.00	2004099	DD	466.64			
Employee Totals				Totals:			1,166.67	Total YTD:		9,333.36																	
6 Semi-Monthly			1	0-Regular Pay			1,958.33	0-Regular Pay		15,666.64	Federal WH	48.12	384.36	913.22	OASDI	114.15	26.70	696.00	Medicare	87.00	76.00	2004100	DD	783.36			
Employee Totals				Totals:			1,958.33	Total YTD:		15,666.64																	
21 Semi-Monthly			1	0-Regular Pay	18.00	47.50	855.00	0-Regular Pay	142.00	2,711.00	Federal WH	93.31	277.29	169.08	OASDI	53.01	12.39	33.31	Medicare	28.00	76.00	2004101	DD	1,526.04			
Employee Totals				Totals:		47.50	855.00	Total YTD:	142.00	2,711.00																	
121 Semi-Monthly			1	0-Regular Pay	8.75	28.00	245.00	0-Regular Pay	12.00	1,684.36	Federal WH	15.33	61.71	114.20	OASDI	15.20	26.70	16.00	Medicare	3.54	16.00	2004102	DD	665.69			
Employee Totals				Totals:		28.00	245.00	Total YTD:	204.50	1,841.89																	
53 Semi-Monthly			1	0-Regular Pay			1,335.00	0-Regular Pay		10,680.00	Federal WH	160.14	1,281.12	636.54	OASDI	79.57	148.87	376.00	Medicare	47.00	209.10	2004103	DD	333.28			
Employee Totals				Totals:			1,335.00	Total YTD:		10,680.00																	
44 Semi-Monthly			1	0-Regular Pay			1,365.58	0-Regular Pay		10,924.64	Federal WH	188.25	1,286.00	684.10	OASDI	83.01	155.31	400.00	Medicare	50.00	94.94	2004104	DD	133.28			
Employee Totals				Totals:			1,365.58	Total YTD:		10,924.64																	

Employee Name (State for)		Pays						Taxes			Deductions & Memos			Ch. No.		
Emp. No.	SSN No.	Dept. No.	Description	Rate	Hours	Pay	Description	Hours	Amount	Description	Current Amount	YTD Amount	Description	Current Amount	YTD Amount	Type
Pay Freq.	Tax Status															Net P.
106		1	0-Regular Pay			1,281.58	0-Regular Pay		10,252.64	Federal WH	17.78	142.24	2-Health Insuran	10.00	80.00	2004105
Semi-Monthly										OASDI	76.74	613.93	4-401(k) Match	64.08	512.64	DD
										Medicare	17.94	143.58	5-<401(k) Match	(64.08)	(512.64)	
										IA: State WH	40.00	320.00	7-401(k) before	64.08	512.64	
													8-Dental Insuran	33.82	270.56	
			Totals:			1,281.58	Total YTD:		10,252.64		152.46			107.90		1.021

Pay Period: Semi-Monthly 04/16/13 - 04/30/13

Co. No: 127 Assault Care Center Extending Shelter & Support

PAYROLL REGISTER

Check Date: 04/30/13 Payroll #: 261 Page: B - 3

[Billing Help](#)


Payment Scheduled Successfully

The confirmation number for this payment is displayed below. You can review your payments in Payment History.

Confirmation Number	CF0001835384
Payment Date	03/21/2013
Payment Account	Checking *

Invoice Date	Invoice Number	Due Date	Bill Group	Total Amount Due	Amount Paid	Reason Code
3/16/13	0030831188	4/01/13	1	\$2,457.61	\$2,457.61	
Total Payment:				\$2,457.61	\$2,457.61	

APPROVED MAR 21 2013



NB PROPOSAL EMPLOYEE PAYMENT DETAIL
FOR
ASSAULT CARE CENTER

12/01/12

SIC CD: 8322 LOC ID: 50014 IA EMP CHOICE: 0

PROPOSED BENEFITS:

LIFE COVERAGE	NONE
MEDICAL PLAN	
MEDICARE PRIMARY	Y
PRESCRIPTION DRUG	2V 10/35/60
DENTAL1	NOT QUOTED
DENTAL2	NOT QUOTED
VISION	NOT QUOTED
OPTIONAL RIDERS	NOT QUOTED
SUPPLEMENTAL LIFE	NOT QUOTED
SHORT TERM DISABILITY	NOT QUOTED
LONG TERM DISABILITY	NOT QUOTED

Access pays all but \$20 of monthly premium

ABBR NM	S E	AGE	NUM	D NON		TOTAL PAYMENT
				S MEDC	MEDICAL	
X	E/S	CHL	C	/MEDC	PAYMENT	
001	F	23/00	00	A	190.50	190.50
002	F	29/00	00	A	247.94	247.94
003	F	27/27	01	A	682.81	682.81
004	F	23/00	00	A	190.50	190.50
005	F	32/00	00	A	294.67	294.67
006	F	31/00	00	A	294.67	294.67
007	F	52/00	00	A	556.52	556.52

TOTAL MONTHLY FOR THESE COVERAGES \$ 2,457.61

* THIS RATE IS ADJUSTED FOR EMPLOYEES AND DEPENDENTS FOR WHOM MEDICARE IS THE PRIMARY PAYER.

** THE TERMS AND CONDITIONS OF QUOTE PAGE CONTAINS IMPORTANT INFORMATION REGARDING THIS PROPOSAL.

UnitedHealthcare's Packaged Savings sm Program allows you the opportunity to realize an administrative savings when you bundle our medical products with our dental, vision, life, and disability specialty products. Take advantage of these credits as long as your specialty and medical coverage remains active with us. This makes it an easy one-stop-shop for comprehensive benefit plans that fit your needs and the needs of your employees.

UnitedHealthcare Insurance Company

PROPOSAL NUM: C480666 PROD: RUN DTE: 11/28/12
RATING TYPE: I VERSION NUM: 01



PO Box 5044
Des Moines, IA 50305-5044
(877) 983-3582

ACCOUNT INVOICE

Invoice Number: 403020
Billing Period: 04/01/2013 - 04/30/2013

ACCESS ASSAULT CARE CENTER
PO BOX 1429
AMES IA 50014-0000

Group Number
Group Name: ACCESS ASSAULT CARE CENTER
Master Number: 00000
Description:
Phone Number: (515) 292-0500

SUBSCRIBER ADJUSTMENTS

The following changes have been made to our eligibility records.
*Action Code: 1=Addition, 2=Termination, 3=Eff Date Change, 4=Cov Type Change

Member Number	Member Last Name	Member First Name	Coverage Type	Effective Date	*Action Code	Amount Due
Total Adjustments: \$.00

ACTIVE SUBSCRIBERS

Member Number	Member Last Name	Member First Name	Coverage Type	Effective Date	Amount Due
			Single	12/01/2012	\$ 27.35
			Single	11/01/2008	\$ 27.35
			S+Family	06/01/2012	\$ 94.98
			Single	01/01/2012	\$ 27.35
			Single	09/01/2012	\$ 27.35
			S+Family	01/01/2013	\$ 94.98
			Single	09/01/2005	\$ 27.35
			Single	09/01/2005	\$ 27.35
			S+Family	10/01/2009	\$ 94.98
Current Billed: \$					449.04

CURRENT PREMIUM BILLED

Number of Subscribers	Coverage Choice	Rate	Amount Due
6	Single	units at \$ 27.35	per unit equals \$ 164.10
3	S+Family	units at \$ 94.98	
Current Billed: \$			449.04

PRIOR DUE

Prior Amount Due	\$ 449.04
Less Payment Received	449.04
Balance From Prior Billing	.00