

Iowa Department of Justice  
 Crime Victim Assistance Division (CVAD)  
 Claim Voucher

Fund: **DA-Domestic Abuse - DAC**

Month: **September-13**

Program **Council on Sexual Assault & Domestic Violence**

Address **PO Box 1565**

City **Sioux City**

E-mail Contact **kathy@csadv.org**

Phone/Ext. **712-277-0131**

Vendor # **2113120**

Contract # **DA-14-83-DAC**

| <u>Expense</u>    | <u>Budget</u> | <u>Claim</u>    | <u>YTD</u>       | <u>Balance</u>   |
|-------------------|---------------|-----------------|------------------|------------------|
| Payroll           | 65,181        | 3,925.62        | 9,133.98         | 56,047.32        |
| Benefits          | 17,253        | 893.10          | 2,268.92         | 14,983.78        |
| Travel & Training |               | -               | -                | -                |
| Contracted Svc.   |               | -               | -                | -                |
| Equipment         |               | -               | -                | -                |
| Repairs & Maint.  |               | -               | -                | -                |
| Rent              |               | -               | -                | -                |
| Utilities         |               | -               | -                | -                |
| Communications    |               | -               | -                | -                |
| Advertising       |               | -               | -                | -                |
| Supplies          |               | -               | -                | -                |
| Insurance         |               | -               | -                | -                |
| Other Direct      |               | -               | -                | -                |
| <b>Total</b>      | <b>82,434</b> | <b>4,818.72</b> | <b>11,402.90</b> | <b>71,031.10</b> |

Total DA-DAC **4,818.72**

Program Signature Margaret Sander  
 Date **October 4, 2013**

CVAD Signature [Signature]  
 Date **10/18/13**

|                         |           |
|-------------------------|-----------|
| Original or First claim |           |
| Doc # AGKH              | 092713001 |
| Date Paid               | 09/27/13  |

RECEIVED  
 OCT 10 AM 11:31  
 CRIME VICTIM ASSISTANCE DIVISION

PAID  
 OCT 28 2013



Date Range: 9/16/2013 - 9/30/2013

Department: Salaried Staff

| Date      | Time  | Hours | Deductions | Net Hours | Hours Type   |
|-----------|---|-------|------------|-----------|--------------|
| 9/16/2013 | 8:34 AM IN<br>6:30 PM OUT                               | 9.93  | 0.00       | 9.93      | Worked       |
| 9/17/2013 | 8:41 AM IN<br>1:24 PM OUT<br>1:55 PM IN<br>4:58 PM OUT  | 7.77  | 0.00       | 7.77      | Worked       |
| 9/18/2013 | 8:36 AM IN<br>12:35 PM OUT<br>2:06 PM IN<br>5:05 PM OUT | 6.97  | 0.00       | 6.97      | Worked       |
| 9/19/2013 | 8:33 AM IN<br>1:12 PM OUT<br>1:43 PM IN<br>5:20 PM OUT  | 8.27  | 0.00       | 8.27      | Worked       |
| 9/20/2013 | 8:30 AM IN<br>5:10 PM OUT                               | 8.67  | 0.00       | 8.67      | Worked       |
| 9/23/2013 |   | 8.00  | N/A        | 8.00      | Flex Time P  |
| 9/24/2013 |   | 5.00  | N/A        | 5.00      | Vacation(FT) |
| 9/24/2013 |   | 3.00  | N/A        | 3.00      | Flex Time P  |
| 9/25/2013 |   | 8.00  | N/A        | 8.00      | Vacation(FT) |
| 9/26/2013 |   | 8.00  | N/A        | 8.00      | Vacation(FT) |
| 9/27/2013 |   | 8.00  | N/A        | 8.00      | Vacation(FT) |

41H  
36M

40H

Employee

SSN

State / City

| Earnings and Hours               | City   | Rate | Current  | YTD Amount |
|----------------------------------|--------|------|----------|------------|
| Salary                           | 100.00 |      | 1,847.56 | 31,760.42  |
| Salary Adj.                      |        |      | 439.90   | 439.90     |
|                                  | 100.00 |      | 2,287.46 | 32,200.32  |
| Deductions From Gross            |        |      | Current  | YTD Amount |
| 403(b)                           |        |      | -50.00   | -900.00    |
| 125 - Other Premium Colonial     |        |      | -27.78   | -399.68    |
| 125 - Health Insurance (pre-tax) |        |      | -25.00   | -450.00    |
| 125 - Other Premium Only Pl (2)  |        |      | -50.00   | -900.00    |
|                                  |        |      | -152.76  | -2,749.68  |
| Taxes                            |        |      | Current  | YTD Amount |
| Federal Withholding              |        |      | -341.00  | -3,899.00  |
| Social Security Employee         |        |      | -135.45  | -1,681.74  |
| Medicare Employee                |        |      | -31.67   | -440.08    |
| IA - Withholding                 |        |      | -96.00   | -1,287.00  |
|                                  |        |      | -606.12  | -7,507.82  |
| Adjustments to Net Pay           |        |      | Current  | YTD Amount |
| United Way Withholding           |        |      | -7.00    | -126.00    |
| Colonial Disability Ins          |        |      | -22.10   | -397.80    |

Pay Period: 09/16/2013 - 09/30/2013

Pay Date: 09/26/2013

Net Pay

|                                  |                 |
|----------------------------------|-----------------|
| Net Pay                          | 2,287.46        |
| 403(b)                           | -50.00          |
| 125 - Other Premium Colonial     | -27.78          |
| 125 - Health Insurance (pre-tax) | -25.00          |
| 125 - Other Premium Only Pl (2)  | -50.00          |
| Other Deductions                 | -152.76         |
| <b>Gross Salary</b>              | <b>2,211.92</b> |
| Unemp Tax                        | 107.12          |
| Work Comp (159)                  | 35.06           |
| Other Emp                        |                 |
| <b>Net Pay</b>                   | <b>2,116.00</b> |



Wellmark Blue Cross Blue Shield of Iowa  
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and Blue Shield Association  
PO Box 10353  
Des Moines, IA 50306-0353

# Group Statement

Membership Services  
1-877-226-7105  
www.wellmark.com

>0002160 2586193 001 92031 006478

ATTN:  
COUNCIL ON SEXUAL ASSAULT  
& DOMESTIC VIOLENCE INC  
PO BOX 1565  
SIOUX CITY, IA 51102

SEP 16 2013

Health Ins 378.28+  
E Suppl 49.81+  
002  
Health Ins 428.09\*

| Group Number        | Bill Clerk | Page |
|---------------------|------------|------|
|                     | 2000       | 1    |
| Billing Period      | Bill Date  |      |
| 10/01/13 - 11/01/13 | 09/11/13   |      |

Account Key: 00004553

PLEASE PAY BY 10/01/13

or before the due date or benefits will not be paid for the members of your group.

| Payment Activity   | Account Summary   |
|--|---|
| Payment Received 09/03 = (5,279.76)<br>Payment Activity = (\$ 5,279.76)<br>Sep 13/Health Ins / CASA / Denys 100% 389.98<br>Sep 13/DA-14-B3-DAC/Health Ins / Denys 99% = 378.28 | Prior Premium Billed 5,279.76<br>Less: Premium Paid (5,279.76)<br>Net Balance 0.00<br>Eligibility Adjustments 0.00<br>Current Premiums 5,279.76<br>Total Premiums Due = \$ 5,279.76<br>Outstanding Late Fees 0.00<br>Late Fee Adjustment 0.00<br>Late Fees Paid 0.00<br><b>Total Amount Due = \$ 5,279.76</b><br><br>Pay: \$ 5,302.86 if pmt not rcvld by 10/05 |

CSADV

15700

Wellmark Blue Cross Blue Shield of Iowa  
5110 - Health Insurance reg staff  
125 - Health Insurance (pre-tax)

9/30/2013

4,679.76  
600.00

*mo*



006364739309136510001405240006

Home Office Use Only PDD: 09/13/2013  
Invoice Type: SB DRC: SF PPAC: T1

**Colonial Life**  
Processing Center  
P.O. Box 1365  
Columbia, SC 29202-1365

Colonial Life  
Billing Control Number: (BCN) E3647393  
Invoice Number: 3647393-0913651  
Date Printed: 09/24/2013  
(Changes are made as payment is received and will be reflected on future invoices.)  
Billing Frequency: VARIABLE MONTHLY

Telephone Number: (712)277-0131  
Let us know if your phone number needs to be updated!

**\*\*IMPORTANT\*\***

Please check if changes are made on any page of the invoice.

Sep 13/CAASA/Suppl Health Ins. 100% 51.36  
Sep 13/DA-14-83-DAC/Suppl Health Ins. 97% 49.81

Remit by: 10/10/2013  
Current Premium Due: \$1,405.24  
Past Due Premiums: \$.00  
Total Amount Due: \$1,405.24  
Amount Paid: \_\_\_\_\_  
Check Number: \_\_\_\_\_  
(Remember to write your BCN on the check)

COUNCIL ON SEXUAL ASSAULT & DV  
ATTN:  
P O BOX 1565  
SIOUX CITY IA 51102-1565

THIS INVOICE IS FOR THE  
FOLLOWING DEDUCTION DATES:  
09/13/13, 09/28/13

Visit [coloniallife.com](http://coloniallife.com) for the latest on our Electronic Services such as Ez Administration and our Ez Billing. See how you can save time and money using our Electronic Services!

**PLEASE REMEMBER TO:**  
\*\*\*\*\*SEND PAYMENT BY THE REMIT DATE ABOVE\*\*\*\*\*  
1. Write the Billing Control Number (BCN) on your check.  
2. Return a copy of this page with your payment.  
3. **\*\*IMPORTANT\*\*** Return any page of your invoice to which you have made changes and check the box above. See below for instructions.

Clearly state on your invoice why changes are being made. To make changes to the invoice:

**Canceling An Employee's Coverage:**

Draw a line through the name and deduct the premium amount from the invoice total. If you are canceling because the employee is leaving your employment, please provide their address in the Status Changes/Plan Administrator Comments section.

| CSA&DV |                    |
|--------|--------------------|
| Acct # | Amount             |
| 5110   | 722.22             |
|        | <del>1505.04</del> |

1405.24

CSADV

Colonial Life  
5110 - Health Insurance  
125 - Other Premium Colonial  
Colonial Disability Ins

reg staff

9/30/2013

15699

722.22  
172.82  
510.20

Security Checking

1,405.24



REPORT NUMBER: R08199  
 SOURCE PROGRAM: B10895  
 JOB: DCDM827D

GROUP PURCHASE ALLOCATION  
 GROUP INVESTMENT CONFIRM LIST

15721

FUND SPONSOR NAME: AMERICAN FUNDS  
 TRADE ENTRY METHOD: CLIENT FRONT-END  
 COMPANY NAME: COUNCIL ON SEXUAL ASSAULT  
 AND DOMESTIC VIOLENCE

CONTACT: PO BOX 15665  
 STOUX CITY  
 KATHY DYNES  
 (712) 277-0131  
 (712) 258-8790

GROUP NUMBER  
 EMPLOYER CONTRIBUTION - SEP IRA

EMPLOYEE NAME

LAST PAYME CHECK

| FUND NAME | TAX ID      | ACCOUNT NO. | REG TYPE YEAR | PLAN TYPE PERCENT | INVESTMENT AMOU. |
|-----------|-------------|-------------|---------------|-------------------|------------------|
| FI-A      | XXX-XX-4478 |             | C             | ER 100            |                  |
| GFA-A     | XXX-XX-6032 |             | C             | ER 100            |                  |
| FI-A      | XXX-XX-4166 |             | C             | ER 100            |                  |
| AMF-A     | XXX-XX-2814 |             | C             | ER                |                  |
| CIB-A     |             |             |               |                   |                  |
| MMF-A     |             |             |               |                   |                  |
| GFA-A     |             |             |               |                   |                  |
| NPF-A     |             |             |               |                   |                  |
| FI-A      |             |             |               |                   |                  |
| ICA-A     |             |             |               |                   |                  |

Sep 13/CAASA/SEP Retirement  
 Sep 13/CAASA/SEP Retirement

Sep 13/DA-14-83-DAC/SEP Retirement

94.76  
 67.06  
 Total 161.82  
 63%  
 97% = 117.76

SEP Retirement  
 001  
 117.76\*  
 117.76\*

CSADV

American Funds Service Company

| Date      | Type | Reference     | Original Amt. | Balance Due | Discount     | Payment  |
|-----------|------|---------------|---------------|-------------|--------------|----------|
| 9/30/2013 | Bill | Gp# 181388241 | 1,526.79      | 1,526.79    |              | 1,526.79 |
|           |      |               |               |             | Check Amount | 1,526.79 |

*[Handwritten signature]*

1,526.79

Security Checking