



2018 – 2019 Early Learning Coalition of Broward County Health Care Plan and Rate Cost Sheet

FLORIDA BLUE PLANS AND RATE COSTS						
	Blue Options PPO 03559		Blue Options PPO 05770		Blue Care HMO 56	
	Total Monthly Cost	Employee Deduction Per Pay Period (26 Pay Periods)	Total Monthly Cost	Employee Deduction Per Pay Period (26 Pay Periods)	Total Monthly Cost	Employee Deduction Per Pay Period (26 Pay Periods)
Employee Only	770.20	0	756.92	0	671.20	0
Employee + Spouse	1,833.08	245.28	1801.48	241.04	1597.46	213.75
Employee + Children	1,417.17	29.86	1392.74	29.34	1235.01	26.02
Family Plan	2403.03	257.37	2361.60	252.93	2094.60	224.28
GUARDIAN DENTAL PLAN AND RATE COSTS						
	Guardian PPO Dental					
	Total Monthly Cost			Employee Deduction Per Pay Period (26 Pay Periods)		
Employee Only	40.64			0		
Employee + Spouse	82.50			9.66		
Employee + Children	98.23			2.66		
Family Plan	148.94			17.99		
HUMANA VISION PLAN AND RATE COSTS						
	Humana Vision 130 Plan					
	Total Monthly Cost			Employee Deduction Per Pay Period (26 Pay Periods)		
Employee Only	5.07			0		
Employee + Spouse	10.15			1.17		
Employee + Children	9.64			0		
Family Plan	15.15			1.48		

ADDITIONAL EMPLOYER PAID BENEFITS INCLUDE:

- *SHORT TERM DISABILITY INSURANCE
- *LONG TERM DISABILITY INSURANCE
- *TRAVEL INSURANCE COVERAGE
- *EMPLOYEE ASSISTANCE PLAN
- *100,000.00 TERM LIFE INSURANCE WITH AD&D COVERAGE

ADDITIONAL EMPLOYEE PAID BENEFITS INCLUDE:

- *COLONIAL LIFE ANXILARLY BENEFITS
- *COLONIAL LIFE - LIFE INSURANCE BENEFITS
- *MEDICAL FLEXIBLE SPENDING ACCOUNTS
- *DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

Invoice Due Date 03/01/2019	Invoice # 73832712	Invoiced Amount \$31,424.21	Invoice Date 02/19/2019	Billing Period 03/01/2019-04/01/2019
Org Id 88750221430	Group 02667	Division 001		

BILLING SUMMARY	
Original Totals	
TOTAL BILLED AMOUNT	\$31,424.21
ON-BILL ADJUSTMENTS	\$0.00
AMOUNT DUE	\$31,424.21
Cash Balance	
Non-System Payment	\$31,424.21
Outstanding Balance	\$0.00

For questions about your invoice, please contact your Florida Blue Service Advocate.

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. HMO coverage is offered by Health Options Inc., D/B/A Florida Blue HMO, an HMO subsidiary of Blue Cross and Blue Shield of Florida. Dental, Life and Disability are offered by Florida Combined Life, an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

INVOICE DETAIL

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Product	Coverage	Location	Life Class	Message	Employee ID	Total
							BLUEOPT COPAY PLAN 03559-R7	EMPLOYEE/C HILDREN					\$1,417.17
							BLUEOPT COPAY PLAN 03559-R7	SINGLE					\$770.20
							BLUEOPT COPAY PLAN 03559-R7	FAMILY					\$2,403.03
							BLUEOPT COPAY PLAN 03559-R7	FAMILY					\$2,403.03
							BLUEOPT COPAY PLAN 03559-R7	EMPLOYEE/C HILDREN					\$1,417.17
							BLUEOPT COPAY PLAN 03559-R7	EMPLOYEE/C HILDREN					\$1,417.17
							BLUEOPT COPAY PLAN 03559-R7	EMPLOYEE/C HILDREN					\$1,417.17
							BLUEOPT COPAY PLAN 03559-R7	EMPLOYEE/S POUSE					\$1,833.08
							BLUEOPT COPAY PLAN 03559-R7	SINGLE					\$770.20
							BLUEOPT COPAY PLAN 03559-R7	FAMILY					\$2,403.03
							BLUEOPT COPAY PLAN 03559-R7	EMPLOYEE/C HILDREN					\$1,417.17
							BLUEOPT COPAY PLAN 03559-R7	SINGLE					\$770.20
							BLUEOPT COPAY PLAN 03559-R7	FAMILY					\$2,403.03
							BLUEOPT COPAY PLAN 03559-R7	EMPLOYEE/S POUSE					\$1,833.08
							BLUEOPT COPAY PLAN 03559-R7	SINGLE					\$770.20
							BLUEOPT COPAY PLAN 03559-R7	SINGLE					\$770.20

INVOICE DETAIL

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Product	Coverage	Location	Life Class	Message	Employee ID	Total
							BLUEOPT COPAY PLAN 03559-R7	EMPLOYEE/C HILDREN					\$1,417.17
							BLUEOPT COPAY PLAN 03559-R7	EMPLOYEE/C HILDREN					\$1,417.17
							BLUEOPT COPAY PLAN 03559-R7	SINGLE					\$770.20
							BLUEOPT COPAY PLAN 03559-R7	EMPLOYEE/C HILDREN					\$1,417.17
							BLUEOPT COPAY PLAN 03559-R7	SINGLE					\$770.20
							BLUEOPT COPAY PLAN 03559-R7	EMPLOYEE/C HILDREN					\$1,417.17

ON-BILL ADJUSTMENTS

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Coverage Level	Action Code	Premium	Posted Date	Eff/Cancel Date	Post Bill Adjustments
THIS INVOICE DOES NOT CONTAIN ANY DATA FOR ON-BILL ADJUSTMENTS												

ROSTER ADJUSTMENTS

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Product	Reason	Effective Date	Old Premium	Prorated Premium	Login ID	Adjustment Date
THIS INVOICE DOES NOT CONTAIN ANY DATA FOR ROSTER ADJUSTMENTS													

Invoice Due Date 03/01/2019	Invoice # 73832713	Invoiced Amount \$30,177.18	Invoice Date 02/19/2019	Billing Period 03/01/2019-04/01/2019
Org Id 88750221430	Group 02667	Division 003		

BILLING SUMMARY	
Original Totals	
TOTAL BILLED AMOUNT	\$28,834.78
ON-BILL ADJUSTMENTS	\$1,342.40
AMOUNT DUE	\$30,177.18
Cash Balance	
Non-System Payment	\$30,177.18
Outstanding Balance	\$0.00

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INVOICE DETAIL

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Product	Coverage	Location	Life Class	Message	Employee ID	Total
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	EMPLOYEE/C HILDREN					\$1,235.01
							BLUECARE NFQ LG GRP PLAN 56-R5	EMPLOYEE/C HILDREN					\$1,235.01
							BLUECARE NFQ LG GRP PLAN 56-R5	EMPLOYEE/C HILDREN					\$1,235.01
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	EMPLOYEE/C HILDREN					\$1,235.01
							BLUECARE NFQ LG GRP PLAN 56-R5	FAMILY					\$2,094.15
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20

INVOICE DETAIL

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Product	Coverage	Location	Life Class	Message	Employee ID	Total
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	EMPLOYEE/C HILDREN					\$1,235.01
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	FAMILY					\$2,094.15
							BLUECARE NFQ LG GRP PLAN 56-R5	EMPLOYEE/C HILDREN					\$1,235.01
							BLUECARE NFQ LG GRP PLAN 56-R5	EMPLOYEE/C HILDREN					\$1,235.01
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	EMPLOYEE/C HILDREN					\$1,235.01
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20
							BLUECARE NFQ LG GRP PLAN 56-R5	SINGLE					\$671.20

ON-BILL ADJUSTMENTS

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Coverage Level	Action Code	Premium	Posted Date	Eff/Cancel Date	Post Bill Adjustments
							SINGLE	ADD	\$671.20			No
							SINGLE	ADD	\$671.20			No

ROSTER ADJUSTMENTS

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Product	Reason	Effective Date	Old Premium	Prorated Premium	Login ID	Adjustment Date
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THIS INVOICE DOES NOT CONTAIN ANY DATA FOR ROSTER ADJUSTMENTS

Invoice Due Date 03/01/2019	Invoice # 73832714	Invoiced Amount \$46,959.42	Invoice Date 02/19/2019	Billing Period 03/01/2019-04/01/2019
Org Id 88750221430	Group 02667	Division 004		

BILLING SUMMARY	
Original Totals	
TOTAL BILLED AMOUNT	\$46,959.42
ON-BILL ADJUSTMENTS	\$0.00
AMOUNT DUE	\$46,959.42
Cash Balance	
Non-System Payment	\$46,959.42
Outstanding Balance	\$0.00

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INVOICE DETAIL

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Product	Coverage	Location	Life Class	Message	Employee ID	Total
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	EMPLOYEE/CHILDREN					\$1,392.74
							PREDICTABLE COST PLAN 05770-R8	EMPLOYEE/CHILDREN					\$1,392.74
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	EMPLOYEE/CHILDREN					\$1,392.74
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92

INVOICE DETAIL

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Product	Coverage	Location	Life Class	Message	Employee ID	Total
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	EMPLOYEE/CHILDREN					\$1,392.74
							PREDICTABLE COST PLAN 05770-R8	EMPLOYEE/CHILDREN					\$1,392.74
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	EMPLOYEE/CHILDREN					\$1,392.74
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	EMPLOYEE/CHILDREN					\$1,392.74
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92

INVOICE DETAIL

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Product	Coverage	Location	Life Class	Message	Employee ID	Total
							PREDICTABLE COST PLAN 05770-R8	EMPLOYEE/C HILDREN					\$1,392.74
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	EMPLOYEE/C HILDREN					\$1,392.74
							PREDICTABLE COST PLAN 05770-R8	FAMILY					\$2,361.60
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	EMPLOYEE/C HILDREN					\$1,392.74
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	EMPLOYEE/C HILDREN					\$1,392.74
							PREDICTABLE COST PLAN 05770-R8	EMPLOYEE/C HILDREN					\$1,392.74
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92
							PREDICTABLE COST PLAN 05770-R8	EMPLOYEE/C HILDREN					\$1,392.74

INVOICE DETAIL

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Product	Coverage	Location	Life Class	Message	Employee ID	Total
							PREDICTABLE COST PLAN 05770-R8	SINGLE					\$756.92

ON-BILL ADJUSTMENTS

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Coverage Level	Action Code	Premium	Posted Date	Eff/Cancel Date	Post Bill Adjustments
THIS INVOICE DOES NOT CONTAIN ANY DATA FOR ON-BILL ADJUSTMENTS												

ROSTER ADJUSTMENTS

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Product	Reason	Effective Date	Old Premium	Prorated Premium	Login ID	Adjustment Date
THIS INVOICE DOES NOT CONTAIN ANY DATA FOR ROSTER ADJUSTMENTS													



Billing Statement

For Period 03/01/19 to 03/31/19
Statement Date: 02/14/19

Payment Summary

Payment Received 02/04/19	-6,962.60
No Outstanding Balance As Of 2/14/19	0.00
Current Premium	7,345.31
Total Payment Due 3/01/19	\$7,345.31

Approval:

"Planholder use only"

Summary of Current Premiums by Rate Class

Coverage	Emp	Fam	Emp/Sp	Emp/Ch	Total
Dental	\$2,519.68	\$1,340.46	\$907.50	\$2,455.75	\$7,223.39
TOTAL	\$2,519.68	\$1,340.46	\$907.50	\$2,455.75	\$7,223.39

Premium Adjustments Since Last Bill

NEW

Employee	Eff. Date	Coverage	Ins.	New Volume	New Premium	Premium Adjustment
			Emp		40.64	40.64
					\$40.64	\$40.64
			Emp		40.64	40.64
					\$40.64	*

continued

Planholder Reference

EARLY LEARNING COALITION OF
BROWARD COUNTY
Group ID: 00 552229
Division ID: 0000
RHO: AP
RGO: 046
A/R: AAA

Questions?

Log on to
www.GuardianAnytime.com

Check or make changes to
members' eligibility, view and pay
bills and more.

Log on or register in two minutes
at www.GuardianAnytime.com

Due Date: 03/01/19

Payment Due: \$7,345.31

- Please do not write on payment coupon. If you have changes, please submit them via Guardian Anytime or submit on Change Report.
- For fast and easy payment, submit via www.guardiananytime.com, or detach and send Payment Coupon and your check made payable to Guardian in the enclosed envelope to: GUARDIAN, P O BOX 677458, DALLAS, TX 75267-7458.

Group ID: 00 552229
Division: 0000
A/R: AAA

▲ Please detach and return with payment

Payment Coupon



CHRISTINE KLIMA
EARLY LEARNING COALITION OF
BROWARD COUNTY
6301 NW 5TH WAY STE 3400
FORT LAUDERDALE, FL 33309



Premium Adjustments Since Last Bill (cont'd)

NEW (cont'd)

Employee	Eff. Date	Coverage	Ins.	New Volume	New Premium	Premium Adjustment
		Dental	Emp		40.64	40.64
		Dental	Emp		\$40.64 40.64	\$40.64 40.64
		Dental	Emp/Ch		\$40.64 98.23	\$40.64 98.23
					\$98.23	*

* When the premium is marked with an asterisk, it is shown in the Current Premiums section.

Total Premium Adjustments

\$121.92

Notices For EARLY LEARNING COALITION OF

- To ensure continued coverage and claims service, payments must be received in our office by the end of your grace period.
- For the quickest and easiest way to pay your bill or manage member changes, go to www.GuardianAnytime.com. Simplified, secure benefits administration is available 24/7. If you aren't already registered, go to www.GuardianAnytime.com.

Visit our secure website at www.guardiananytime.com
 ■ View bill online without the wait for mail
 ■ Submit changes and make payments

Please make sure the Guardian address is visible through the return envelope window.

GUARDIAN
 P O BOX 677458
 DALLAS, TX 75267-7458



Current Premiums

Employee	Dental		Total Premium
	Premium	Ins.	
			\$40.64
			\$82.50
			\$82.50
			\$40.64
			\$40.64
			\$40.64
			\$40.64
			\$40.64
			\$40.64
			\$40.64
			\$40.64
			\$40.64
			\$98.23
			\$40.64
			\$40.64
			\$40.64
			\$40.64
			\$148.94
			\$98.23
			\$98.23
			\$98.23

continued

Employee	Dental		Total Premium
	Premium	Ins.	
			\$98.23
			\$98.23
			\$40.64
			\$40.64
			\$40.64
			\$40.64
			\$98.23
			\$98.23
			\$40.64
			\$98.23
			\$40.64
			\$40.64
			\$40.64
			\$82.50
			\$148.94
			\$40.64
			\$82.50
			\$40.64
			\$98.23
			\$98.23

continued



Current Premiums (cont'd.)

Employee	Dental		Total Premium
	Premium	Ins.	
	40.64	Emp	\$40.64
			\$98.23
			\$40.64
			\$40.64
			\$40.64
			\$40.64
			\$148.94
			\$40.64
			\$40.64
			\$40.64
			\$40.64
			\$40.64
			\$98.23
			\$98.23
			\$40.64
			\$98.23
			\$40.64
			\$40.64
			\$40.64
			\$40.64

continued

Employee	Dental		Total Premium
	Premium	Ins.	
			\$40.64
			\$148.94
			\$82.50
			\$40.64
			\$98.23
			\$148.94
			\$148.94
			\$40.64
			\$82.50
			\$98.23
			\$148.94
			\$98.23
			\$148.94
			\$40.64
			\$82.50
			\$98.23
			\$40.64
			\$98.23
			\$40.64
			\$40.64

continued



Current Premiums (cont'd.)

Employee	Dental		Total Premium
	Premium	Ins.	
			\$98.23
			\$40.64
			\$40.64
			\$148.94
			\$82.50
			\$98.23
			\$40.64
			\$40.64
			\$40.64
			\$98.23
			\$82.50
			\$40.64
			\$98.23
			\$40.64
			\$40.64
			\$40.64
			\$40.64
			\$82.50
			\$40.64
			\$82.50
			\$98.23

continued

Employee	Dental		Total Premium
	Premium	Ins.	
			\$40.64
			\$40.64
			\$40.64
TOTAL	\$7,182.75		\$7,182.75

Continued Coverage

Employee	Dental		Total Premium
	Premium	Ins.	
			\$40.64
TOTAL Continued Coverage	\$40.64		\$40.64
Total Current Premiums	\$7,223.39		\$7,223.39



Dependent Changes

<i>Employee Name</i>	<i>ID</i>	<i>Effective Date</i>	<i>Dependent Name</i>	<i>Reason Code</i>	<i>Notes</i>
		/ /			
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Reason Codes For Dependent Changes

- 101.** *Terminate spouse's coverage due to divorce*
- 102.** *Terminate child's coverage due to reaching age limit for eligibility*
- 103.** *Terminate dependent's coverage due to end of COBRA or State Continuation*
- 104.** *Begin COBRA or State Continuation (include completed COBRA/State Continuation form)*
- 105.** *Drop contributory coverage (include Enrollment Form with completed Refuse/Drop coverages section)*





Invoice
For coverage in March 2019

HBSGAFPLETHBSG122A0214201900520044036
EARLY LEARNING COALITION
ROS DESROCHES
6301 NW 5TH WAY STE 3400
FORT LAUDERDALE, FL 33309

EARLY LEARNING COALITION

Billing ID
865143-001

Invoice number - Invoice date
451464027 - February 13, 2019

Billing Contact
1-800-232-2006
GB SOUTHEAST REGION

Payment due
March 1, 2019

Invoice Summary

Amount due from last invoice	\$1,521.18
Total payments received	-\$1,521.18
Amount past due	\$0.00
Premiums this period	\$790.51
Member adjustments	\$45.63
Fees and other adjustments	\$0.00
Please pay total amount due	\$836.14

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

Find out about Humana Pharmacy Solutions plans and resources, as well as our consultative services for employers, at HumanaPharmacySolutions.com.

continued ►



RETURN THIS PORTION WITH YOUR PAYMENT

Payment Coupon

Billing ID: 865143-001
Invoice number: 451464027

Payment due date: March 1, 2019
Amount due: \$836.14
Amount enclosed:

451464024 001 0000083614 03012019 88779 2

HBSGAFPLETHBSG122A0214201900520044036
EARLY LEARNING COALITION

6301 NW 5TH WAY STE 3400
FORT LAUDERDALE, FL 33309

Please remit to:



HUMANA INSURANCE CO
P.O. BOX 3024
MILWAUKEE, WI 53201-3024

For change of address, please contact your Billing Representative.

Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

1. Write your Billing ID on your check.
2. Fill out all information on the remittance stub.
3. Put your check and remittance stub in the envelope provided.

Payments received after the end of your grace period will cause the account to automatically terminate and result in a disruption of coverage for your employees. If your policy terminates, request for reinstatement may be made. Reinstatements are at our discretion. Reinstatement fees may apply.

Humana's Employer Self-Service Center

You can log in anytime to your Self-Service Center to receive personalized information and tools to help you manage your employees' benefits. To register, go to the "Employers" section on [Humana.com](https://www.humana.com), click "Register Today."

Through Humana.com you can:

- View your monthly statement and make a premium payment;
- Complete daily enrollment maintenance tasks like adding a new employee, changing coverage, and terminating an employee's benefits;
- Enjoy features that simplify plan administration, such as links to eligibility information.

Paper Enrollment Submissions

Please ensure that all paper enrollment submissions are completed thoroughly, including group names and numbers associated with your account. Mail your enrollment forms to the following address:

Humana Inc.
P.O. Box 14209
Lexington, Kentucky 40512-4209

There may be a delay in updates on your invoice due to timing and processing. Please continue to pay the "Total Amount Due" to save time and money on reconciliation efforts. Please ensure all adjustments are accurately reflected on your invoice. If not, please contact your Billing Representative.

Group Summary

Payments

Date	Description	Amount	Balance
	Amount due from last invoice		\$1,521.18
Jan 20	Payment received (thank you)	-\$760.59	\$760.59
Feb 7	Payment received (thank you)	-\$760.59	\$0.00
Amount past due			\$0.00

Premiums by Product Type

Product type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
Specialty	63	\$319.41	11	\$111.65	20	\$192.80	11	\$166.65	\$790.51
Total	63	\$319.41	11	\$111.65	20	\$192.80	11	\$166.65	\$790.51

Premiums by Plan Type

Plan type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
VIS	63	\$319.41	11	\$111.65	20	\$192.80	11	\$166.65	\$790.51
Total	63	\$319.41	11	\$111.65	20	\$192.80	11	\$166.65	\$790.51

Plan Type Legend

VIS VISION



Employee Detail:

EARLY LEARNING COALITION

865143-001

EARLY LEARNING COALITION

Member ID	Type	Premium			Total Premium
		Medical	Dental	Specialty	
				\$5.07	\$5.07
				\$15.15	\$15.15
				\$10.15	\$10.15
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$9.64	\$9.64
				\$5.07	\$5.07



Questions about your invoice? Call your Billing Representative at 1-800-232-2006.
 Don't forget, you can pay your invoice online at Humana.com.

EARLY LEARNING COALITION (Continued)

Member ID	Premium			Total Premium
	Type	Medical	Dental	
				\$5.07
				\$5.07
				\$9.64
				\$9.64
				\$5.07
				\$5.07
				\$5.07
				\$5.07
				\$10.15
				\$10.15
				\$15.15
				\$15.15
				\$5.07
				\$5.07
				\$10.15
				\$10.15
				\$5.07
				\$5.07
				\$5.07
				\$5.07
				\$5.07
				\$5.07
				\$35.49
				\$9.64
				\$9.64
				\$5.07
				\$5.07
				\$5.07
				\$5.07
				\$9.64
				\$9.64



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EARLY LEARNING COALITION (Continued)

Member ID	Type	Premium			Total Premium
		Medical	Dental	Specialty	
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$10.15	\$10.15
				\$9.64	\$9.64
				\$5.07	\$5.07
				\$9.64	\$9.64
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$9.64	\$9.64
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$15.15	\$15.15
				\$10.15	\$10.15
				\$9.64	\$9.64



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EARLY LEARNING COALITION (Continued)

Member ID	Premium			Total Premium
	Type	Medical	Dental	
				\$9.64
				\$9.64
				\$5.07
				\$5.07
				\$5.07
				\$9.64
				\$9.64
				\$10.15
				\$10.15
				\$5.07
				\$5.07
				\$9.64
				\$9.64
				\$5.07
				\$5.07
				\$5.07
				\$5.07
				\$5.07
				\$5.07
				\$10.15
				\$10.15
				\$5.07
				\$5.07
				\$10.15
				\$10.15
				\$9.64
				\$9.64



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 Don't forget, you can pay your invoice online at Humana.com.

EARLY LEARNING COALITION (Continued)

Member ID	Type	Premium			Total Premium
		Medical	Dental	Specialty	
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$5.07	\$5.07
				\$5.07	\$5.07

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



Questions about your invoice? Call your Billing Representative at 1-800-232-2006.
 Don't forget, you can pay your invoice online at Humana.com.



Humana.

The image features the Humana logo in a green, sans-serif font. To the right of the logo is a graphic consisting of three overlapping rounded rectangular shapes: a pink one on the left, a larger green one on top, and a grey one on the bottom right. The shapes are arranged in a staggered, overlapping fashion.

BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
Create Date: 02/15/2019

Due Date: 03/01/2019
Billing Period: 03/01/2019 - 03/31/2019

Remittance Information

Prior Balance Due	\$2,062.18
Current Premium/Fees	\$2,141.38
Member Adjustments	\$39.60
Payment Received	-\$2,062.18
Total Amount Due	\$2,180.98

Call your service representative directly if you should have any questions or need assistance at 1.800.733.7879, 7:00 AM to 7:00 PM, Central Time. You may also report terminations or changes by faxing them to 1.888.208.2323

Products and services are underwritten or provided by Sun Life Assurance Company of Canada, or by affiliated pre-paid dental companies.

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 Visit us at www.sunlife.com/us

Sun Life Financial One Sun Life Executive Park, Wellesley Hills, MA 02481

Printed from: www.sunlife.com/us

Page 1 of 17

(Please detach and return with payment.):

Remittance Stub

Policy Number: 914420
Early Learning Coalition of Broward County, Inc.

Sun Life Assurance Company of Canada
 PO Box 807009
 Kansas City, MO 64184-7009

\$2,180.98 Amount due

03/01/2019 Due Date

Premium/Fees are due on the first day of the billing period and coverage will lapse if premium/fees are not received within the grace period.

914420	0	2138904	0
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BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
Create Date: 02/15/2019

Due Date: 03/01/2019
Billing Period: 03/01/2019 - 03/31/2019

Coverage Summary Totals for Period 03/01/2019 - 03/31/2019

Coverage Description	Coverage Amount	Lives	Payroll Deduction	Premium/Fees
Employee Life (EE LIF)	10,815,000.00	109	0.00	1,979.15
Employee AD&D (EE ADD)	10,815,000.00	109	0.00	162.23
SUBTOTAL			\$0.00	\$2,141.38
TOTAL				\$2,141.38

BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
Create Date: 02/15/2019

Due Date: 03/01/2019
Billing Period: 03/01/2019 - 03/31/2019

Adjustments for Period 03/01/2019 - 03/31/2019

This reflects changes processed as of 02/15/2019. Changes processed after this date will not appear on this bill

Certificate Number Name	Reason	Coverage Description	Payroll Deduction	Premium/ Fees
		EE LIF	0.00	18.30
		EE ADD	0.00	1.50
Adjusted Certificate Subtotals			\$0.00	\$19.80
Total Adjusted Certificate Amount				\$19.80
Adjusted Certificate Subtotals			\$0.00	\$19.80
Total Adjusted Certificate Amount				\$19.80
SUBTOTAL			\$0.00	\$39.60
TOTAL ADJUSTED AMOUNT				\$39.60

Adjustment Reason: ADD = Added CHG = Changed TER = Terminated RE = Reinstated BR = Benefit Reduction

BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
Create Date: 02/15/2019

Due Date: 03/01/2019
Billing Period: 03/01/2019 - 03/31/2019

Certificate Details for Period 03/01/2019 - 03/31/2019

Certificate Number Name	Age Band	Coverage Description	Coverage Amount	Payroll Deduction	Premium/Fees
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80

BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
Create Date: 02/15/2019

Due Date: 03/01/2019
Billing Period: 03/01/2019 - 03/31/2019

Certificate Details for Period 03/01/2019 - 03/31/2019

Certificate Number Name	Age Band	Coverage Description	Coverage Amount	Payroll Deduction	Premium/Fees
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80

BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
Create Date: 02/15/2019

Due Date: 03/01/2019
Billing Period: 03/01/2019 - 03/31/2019

Certificate Details for Period 03/01/2019 - 03/31/2019

Certificate Number Name	Age Band	Coverage Description	Coverage Amount	Payroll Deduction	Premium/Fees
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80

BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
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Due Date: 03/01/2019
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Certificate Details for Period 03/01/2019 - 03/31/2019

Certificate Number Name	Age Band	Coverage Description	Coverage Amount	Payroll Deduction	Premium/Fees
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80

BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
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Certificate Details for Period 03/01/2019 - 03/31/2019

Certificate Number Name	Age Band	Coverage Description	Coverage Amount	Payroll Deduction	Premium/Fees
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80

BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
Create Date: 02/15/2019

Due Date: 03/01/2019
Billing Period: 03/01/2019 - 03/31/2019

Certificate Details for Period 03/01/2019 - 03/31/2019

Certificate Number Name	Age Band	Coverage Description	Coverage Amount	Payroll Deduction	Premium/Fees
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
019049918 ISAAC, KATHLEEN		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80

BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
Create Date: 02/15/2019

Due Date: 03/01/2019
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Certificate Details for Period 03/01/2019 - 03/31/2019

Certificate Number Name	Age Band	Coverage Description	Coverage Amount	Payroll Deduction	Premium/Fees
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	50,000.00	0.00	9.15
		EE ADD	50,000.00	0.00	0.75
				\$0.00	\$9.90
					\$9.90
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
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BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
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Certificate Details for Period 03/01/2019 - 03/31/2019

Certificate Number Name	Age Band	Coverage Description	Coverage Amount	Payroll Deduction	Premium/Fees
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80

BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
Create Date: 02/15/2019

Due Date: 03/01/2019
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Certificate Details for Period 03/01/2019 - 03/31/2019

Certificate Number Name	Age Band	Coverage Description	Coverage Amount	Payroll Deduction	Premium/Fees
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
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BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
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Certificate Details for Period 03/01/2019 - 03/31/2019

Certificate Number Name	Age Band	Coverage Description	Coverage Amount	Payroll Deduction	Premium/Fees
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80

BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
Create Date: 02/15/2019

Due Date: 03/01/2019
Billing Period: 03/01/2019 - 03/31/2019

Certificate Details for Period 03/01/2019 - 03/31/2019

Certificate Number Name	Age Band	Coverage Description	Coverage Amount	Payroll Deduction	Premium/Fees
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80

BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
Create Date: 02/15/2019

Due Date: 03/01/2019
Billing Period: 03/01/2019 - 03/31/2019

Certificate Details for Period 03/01/2019 - 03/31/2019

Certificate Number Name	Age Band	Coverage Description	Coverage Amount	Payroll Deduction	Premium/Fees
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80

BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
Create Date: 02/15/2019

Due Date: 03/01/2019
Billing Period: 03/01/2019 - 03/31/2019

Certificate Details for Period 03/01/2019 - 03/31/2019

Certificate Number Name	Age Band	Coverage Description	Coverage Amount	Payroll Deduction	Premium/Fees
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
		EE LIF	65,000.00	0.00	11.90
		EE ADD	65,000.00	0.00	0.98
				\$0.00	\$12.88
					\$12.88

BILLING STATEMENT FOR:
Early Learning Coalition of Broward County, Inc.



Policy Number: 914420
Create Date: 02/15/2019

Due Date: 03/01/2019
Billing Period: 03/01/2019 - 03/31/2019

Certificate Details for Period 03/01/2019 - 03/31/2019

Certificate Number Name	Age Band	Coverage Description	Coverage Amount	Payroll Deduction	Premium/Fees
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
<hr/>					
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
<hr/>					
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
<hr/>					
		EE LIF	100,000.00	0.00	18.30
		EE ADD	100,000.00	0.00	1.50
				\$0.00	\$19.80
					\$19.80
<hr/>					
SUBTOTAL				\$0.00	\$2,141.38
TOTAL					\$2,141.38
TOTAL PREMIUM/FEES					\$2,141.38



Premium Statement

Billing Name: EARLY LEARNING COALITION OF BROWARD COUNTY, INC.
Billing Number: 0068696-001 8
Due Date: 3/1/2019
Statement Date: 2/18/2019

Description	Amount
Short Term Disability (STD)	\$1,555.35
Lives: 107	
Coverage: \$55,545	
Monthly Rate: .280 per \$10	
Long Term Disability (LTD)	\$2,605.60
Lives: 107	
Coverage: \$400,843	
Monthly Rate: .650 per \$100	
Current Period Amount:	\$4,160.95
Prior Period Amount Adjustment:	\$56.83
Sub Total:	\$4,217.78
Prior Total Amount Due:	\$3,900.02
Amount Paid:	\$3,844.98
Balance Forward:	\$55.04
Total Amount Due:	\$4,272.82

Payment Instructions:

1. Payment of Total Amount Due must be received on or before 3/1/2019.
2. This Billing Number is set-up with Online Authorization. [Click here](#) to make a payment.

Billing Period:

3/1/2019 - 3/31/2019

Q3-12300 04 N



Employee Adjustments

Billing Name: EARLY LEARNING COALITION OF BROWARD COUNTY, INC.

Billing Number: 0068696-001 8

Due Date: 3/1/2019

Statement Date: 2/18/2019

	TOTAL ADJ \$29.31
	TOTAL ADJ \$27.52



Employee Detail

Billing Name: EARLY LEARNING COALITION OF BROWARD COUNTY, INC.

Billing Number: 0068696-001 8

Due Date: 3/1/2019

Statement Date: 2/18/2019

	TOTAL DUE
	\$30.13
	TOTAL DUE
	\$31.40
	TOTAL DUE
	\$43.25
	TOTAL DUE
	\$28.95
	TOTAL DUE
	\$29.52
	TOTAL DUE
	\$82.15
	TOTAL DUE
	\$29.31
	TOTAL DUE
	\$36.07
	TOTAL DUE
	\$51.88
	TOTAL DUE
	\$28.63
	TOTAL DUE
	\$43.25
	TOTAL DUE
	\$34.72

	TOTAL DUE
	\$43.25
	TOTAL DUE
	\$43.25
	TOTAL DUE
	\$37.40
	TOTAL DUE
	\$51.88
	TOTAL DUE
	\$34.60
	TOTAL DUE
	\$64.85
	TOTAL DUE
	\$29.53
	TOTAL DUE
	\$29.53
	TOTAL DUE
	\$34.60
	TOTAL DUE
	\$29.44
	TOTAL DUE
	\$29.31
	TOTAL DUE
	\$43.25
	TOTAL DUE
	\$29.53

	TOTAL DUE
	\$30.58
	TOTAL DUE
	\$43.25
	TOTAL DUE
	\$52.55
	TOTAL DUE
	\$32.96
	TOTAL DUE
	\$29.53
	TOTAL DUE
	\$64.85
	TOTAL DUE
	\$44.96
	TOTAL DUE
	\$27.52
	TOTAL DUE
	\$29.52
	TOTAL DUE
	\$37.64
	TOTAL DUE
	\$34.53
	TOTAL DUE
	\$34.53
	TOTAL DUE
	\$43.25

	TOTAL DUE \$29.31
	TOTAL DUE \$29.44
	TOTAL DUE \$43.25
	TOTAL DUE \$41.87
	TOTAL DUE \$51.88
	TOTAL DUE \$29.53
	TOTAL DUE \$56.21
	TOTAL DUE \$29.31
	TOTAL DUE \$87.76
	TOTAL DUE \$29.53
	TOTAL DUE \$28.95
	TOTAL DUE \$30.41
	TOTAL DUE \$51.88

	TOTAL DUE \$29.31
	TOTAL DUE \$77.81
	TOTAL DUE \$29.53
	TOTAL DUE \$44.96
	TOTAL DUE \$29.54
	TOTAL DUE \$36.33
	TOTAL DUE \$51.88
	TOTAL DUE \$29.31
	TOTAL DUE \$27.80
	TOTAL DUE \$27.52
	TOTAL DUE \$43.25
	TOTAL DUE \$29.44
	TOTAL DUE \$43.25

	TOTAL DUE
	\$27.52
	TOTAL DUE
	\$64.85
	TOTAL DUE
	\$38.06
	TOTAL DUE
	\$43.25
	TOTAL DUE
	\$29.53
	TOTAL DUE
	\$54.77
	TOTAL DUE
	\$34.30
	TOTAL DUE
	\$34.53
	TOTAL DUE
	\$43.25
	TOTAL DUE
	\$34.99
	TOTAL DUE
	\$30.27
	TOTAL DUE
	\$53.44
	TOTAL DUE
	\$29.53

	TOTAL DUE
	\$43.25
	TOTAL DUE
	\$29.31
	TOTAL DUE
	\$60.53
	TOTAL DUE
	\$29.52
	TOTAL DUE
	\$27.71
	TOTAL DUE
	\$27.52
	TOTAL DUE
	\$30.58
	TOTAL DUE
	\$37.40
	TOTAL DUE
	\$47.57
	TOTAL DUE
	\$29.53
	TOTAL DUE
	\$53.44
	TOTAL DUE
	\$32.83
	TOTAL DUE
	\$43.25

	TOTAL DUE \$53.44
	TOTAL DUE \$43.25
	TOTAL DUE \$29.53
	TOTAL DUE \$46.11
	TOTAL DUE \$43.25
	TOTAL DUE \$43.25
	TOTAL DUE \$29.53
	TOTAL DUE \$30.13
	TOTAL DUE \$27.52
	TOTAL DUE \$27.52
	TOTAL DUE \$29.31
	TOTAL DUE \$30.28
	TOTAL DUE \$43.25

	TOTAL DUE
	\$58.77
	TOTAL DUE
	\$27.91
	TOTAL DUE
	\$43.25
	TOTAL DUE
	\$29.31