

Bill for 04/01/2022 - 04/30/2022 | 47416_040122

| SUMMARY | ADMIN DETAILS | REFERENCES | PAYMENT | PROCESSING |
|-------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------|
| Due Date 04/30/2022 | Bill status PUBLISHED | Billing account name COUNTY OF ROANOKE | Payment date 04/05/2022 | Payment status Offline Payment Selected |
| Bill total \$9,328.70 | Client County of Roanoke | Billing account ID 47416 | Bank account - | |
| Commission \$0.00 | Billing frequency Monthly | Bill ref 47416_040122 | Submitted by Elijah Daly | DELINQUENCY |
| Receivables total \$9,328.70 | Generation date 04/01/2022 05:23 | Version 001 | Online payment amount - | Tracking setting Automatically tracked Automated setting Bill currently tracked for delinquency |
| Applied total \$9,328.70 | | | | |
| Published date 04/01/2022 05:23 | | | | |
| Current coverage period 04/01/2022 - 04/30/2022 | | | | |

Current Coverage Period Total for Current Coverage Period
\$9,328.70
04/01/2022 - 04/30/2022

| Product Long Term Disability | | | | | | Subtotal \$9,328.70 | |
|---------------------------------|-------|--------------------------|--------------------------------------|-----------------------------------------------|-----------------------------|----------------------------|------------|
| Insured Tier | Class | Benefit | Level Of Coverage | Rate per 100 of Monthly Covered Payroll | No. of Insured Employees | Monthly Covered Payroll | Amount |
| Employee | 001 | % of covered earnings | 60.0% of monthly covered earnings | 0.305 | 676 | \$3,058,589.92 | \$9,328.70 |

Adjustments

| Product | Policy Ref | Benefit Type | Adjust To Zero | Amount Before | Adjustment Amount | Amount After | Reason | Comment | Adjustment Amount |
|-------------------------|-------------|--------------|-------------------|------------------|----------------------|--------------|--------|---------|-------------------|
| Long Term Disability | LK -0964127 | Basic | No | \$9,328.70 | \$0.00 | \$9,328.70 | - | - | \$0.00 |

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|--|----------------------------------------|------------|
| | Current Coverage Period | \$9,328.70 |
| | Adjustments for Prior Coverage Periods | \$0.00 |
| | Bill Total | \$9,328.70 |
| | Variance -0.72 % | |

Bill for 04/01/2022 - 04/30/2022 | 48231_040122

| SUMMARY | ADMIN DETAILS | REFERENCES | PAYMENT | PROCESSING |
|-------------------------------------------------------|---------------------------------------------|----------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------|
| Due Date 04/30/2022 | Bill status PUBLISHED | Billing account name RVRA | Payment date 04/05/2022 | Payment status Offline Payment Selected |
| Bill total \$290.70 | Client County of Roanoke | Billing account ID 48231 | Bank account - | |
| Commission \$0.00 | Billing frequency Monthly | Bill ref 48231_040122 | Submitted by Elijah Daly | DELINQUENCY |
| Receivables total \$290.70 | Generation date 04/01/2022 05:24 | Version 001 | Online payment amount - | Tracking setting Automatically tracked Automated setting Bill currently tracked for delinquency |
| Applied total \$290.70 | | | | |
| Published date 04/01/2022 05:24 | | | | |
| Current coverage period 04/01/2022 - 04/30/2022 | | | | |

Current Coverage Period
04/01/2022 - 04/30/2022

Total for Current Coverage Period
\$290.70

| Product Long Term Disability | Policy Ref LK -0964127 | | | | | | Subtotal \$290.70 |
|---------------------------------|---------------------------|----------------------------------|--------------------------------------------------------|--------------------------------------------------------|-----------------------------------|-------------------------------------------|----------------------|
| Insured Tier Employee | Class 001 | Benefit % of covered earnings | Level Of Coverage 60.0% of monthly covered earnings | Rate per 100 of Monthly Covered Payroll 0.305 | No. of Insured Employees 21 | Monthly Covered Payroll \$95,312.67 | Amount \$290.70 |
| | | | | | | | |

Adjustments

| Product | Policy Ref | Benefit Type | Adjust To Zero | Amount Before | Adjustment Amount | Amount After | Reason | Comment | Adjustment Amount |
|-------------------------|-------------|--------------|-------------------|------------------|----------------------|--------------|--------|---------|-------------------|
| Long Term Disability | LK -0964127 | Basic | No | \$290.70 | \$0.00 | \$290.70 | - | - | \$0.00 |

| | | |
|--|----------------------------------------|-----------------|
| | Current Coverage Period | \$290.70 |
| | Adjustments for Prior Coverage Periods | \$0.00 |
| | Bill Total | \$290.70 |
| | Variance -2.14% | |

Bill for 03/01/2022 - 03/31/2022 | 85582_030122

| SUMMARY | ADMIN DETAILS | REFERENCES | PAYMENT | PROCESSING |
|-------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------|
| Due Date 03/31/2022 | Bill status PUBLISHED | Billing account name COUNTY OF ROANOKE SHD | Payment date 04/26/2022 | Payment status Offline Payment Selected |
| Bill total \$2,695.00 | Client County of Roanoke | Billing account ID 85582 | Bank account - | |
| Commission \$0.00 | Billing frequency Monthly | Bill ref 85582_030122 | Submitted by Lori Hancock | DELINQUENCY |
| Receivables total \$2,695.00 | Generation date 03/01/2022 01:25 | Version 001 | Online payment amount - | Tracking setting Automatically tracked Automated setting Bill currently tracked for delinquency |
| Applied total \$2,695.00 | | | | |
| Published date 04/14/2022 11:03 | | | | |
| Current coverage period 03/01/2022 - 03/31/2022 | | | | |

Current Coverage Period
03/01/2022 - 03/31/2022

Total for Current Coverage Period
\$2,695.00

| ASO |
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| Product | Policy Ref | | | | | | Subtotal |
|---------------------------|-------------|---------------------------------------------------|----------------------------------------------------|---------------------|---------------------|------------|------------|
| Short Term Disability ASO | SHD-0962456 | | | | | | \$2,695.00 |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 120- 179 months service, 25 business days at 100% | 539.00 | 5 | \$2,695.00 | |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 180 months and up, 25 business days at 100% | 539.00 | 0 | \$0.00 | |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 60 to 119 months service, 25 business days at 100% | 539.00 | 0 | \$0.00 | |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 120- 179 months service, 50 business days at 60% | 539.00 | 0 | \$0.00 | |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 180 months and up, 25 business days at 60% | 539.00 | 0 | \$0.00 | |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 60 to 119 months service, 75 business days at 60% | 539.00 | 0 | \$0.00 | |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 60.0% of weekly covered earnings | 539.00 | 0 | \$0.00 | |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 120- 179 months service, 50 business days at 80% | 539.00 | 0 | \$0.00 | |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 180 months and up, 75 business days at 80% | 539.00 | 0 | \$0.00 | |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 60 to 119 months service, 25 business days at 80% | 539.00 | 0 | \$0.00 | |

Adjustments

| Product | Policy Ref | Benefit Type | Adjust To Zero | Amount Before | Adjustment Amount | Amount After | Reason | Comment | Adjustment Amount |
|---------------------------|-------------|--------------|----------------|---------------|-------------------|--------------|--------|---------|-------------------|
| Short Term Disability ASO | SHD-0962456 | Basic | No | \$2,695.00 | \$0.00 | \$2,695.00 | - | - | \$0.00 |

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|--|----------------------------------------|------------|
| | Current Coverage Period | \$2,695.00 |
| | Adjustments for Prior Coverage Periods | \$0.00 |
| | Bill Total | \$2,695.00 |

Variance 66.67 %

Bill for 01/01/2022 - 01/31/2022 | 85588_010122

| SUMMARY | ADMIN DETAILS | REFERENCES | PAYMENT | PROCESSING |
|-------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------|
| Due Date 01/31/2022 | Bill status PUBLISHED | Billing account name WESTERN VIRGINIA REGIONAL JAIL SHD | Payment date 02/15/2022 | Payment status Offline Payment Selected |
| Bill total \$539.00 | Client County of Roanoke | Billing account ID 85588 | Bank account - | |
| Commission \$0.00 | Billing frequency Monthly | Bill ref 85588_010122 | Submitted by Lori Hancock | DELINQUENCY |
| Receivables total \$539.00 | Generation date 01/10/2022 08:38 | Version 002 | Online payment amount - | Tracking setting Automatically tracked Automated setting Bill currently tracked for delinquency |
| Applied total \$539.00 | | | | |
| Published date 02/15/2022 09:30 | | | | |
| Current coverage period 01/01/2022 - 01/31/2022 | | | | |

Current Coverage Period
01/01/2022 - 01/31/2022

Total for Current Coverage Period
\$539.00

| ASO |
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| |

| Product Short Term Disability ASO | Policy Ref SHD-0962456 | | | | | | Subtotal \$539.00 |
|--------------------------------------|---------------------------|---------------------------------------------------|----------------------------------------------------|---------------------|---------------------|--------|----------------------|
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 120- 179 months service, 25 business days at 100% | 539.00 | 1 | | \$539.00 |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 180 months and up, 25 business days at 100% | 539.00 | 0 | | \$0.00 |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 60 to 119 months service, 25 business days at 100% | 539.00 | 0 | | \$0.00 |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 120- 179 months service, 50 business days at 60% | 539.00 | 0 | | \$0.00 |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 180 months and up, 25 business days at 60% | 539.00 | 0 | | \$0.00 |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 60 to 119 months service, 75 business days at 60% | 539.00 | 0 | | \$0.00 |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 60.0% of weekly covered earnings | 539.00 | 0 | | \$0.00 |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 120- 179 months service, 50 business days at 80% | 539.00 | 0 | | \$0.00 |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 180 months and up, 75 business days at 80% | 539.00 | 0 | | \$0.00 |
| Insured Tier | Class | Benefit | Level Of Coverage | Fee per Participant | No. of Participants | Amount | |
| Employee | 001 | 13 to 59 months service: 125 business days at 60% | 60 to 119 months service, 25 business days at 80% | 539.00 | 0 | | \$0.00 |

Adjustments

| Product | Policy Ref | Benefit Type | Adjust To Zero | Amount Before | Adjustment Amount | Amount After | Reason | Comment | Adjustment Amount |
|---------------------------|-------------|--------------|----------------|---------------|-------------------|--------------|--------|---------|-------------------|
| Short Term Disability ASO | SHD-0962456 | Basic | No | \$539.00 | \$0.00 | \$539.00 | - | - | \$0.00 |

| | | |
|--|----------------------------------------|----------|
| | Current Coverage Period | \$539.00 |
| | Adjustments for Prior Coverage Periods | \$0.00 |
| | Bill Total | \$539.00 |

Variance 0.00 %

Bill for 04/01/2022 - 04/30/2022 | 48229_040122

| SUMMARY | ADMIN DETAILS | REFERENCES | PAYMENT | PROCESSING |
|-------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------|
| Due Date 04/30/2022 | Bill status PUBLISHED | Billing account name WESTERN VIRGINIA REGIONAL JAIL | Payment date 04/20/2022 | Payment status Offline Payment Selected |
| Bill total \$1,799.61 | Client County of Roanoke | Billing account ID 48229 | Bank account - | |
| Commission \$0.00 | Billing frequency Monthly | Bill ref 48229_040122 | Submitted by Kim Thompson | DELINQUENCY |
| Receivables total \$1,799.61 | Generation date 04/14/2022 11:21 | Version 002 | Online payment amount - | Tracking setting Automatically tracked Automated setting Bill currently tracked for delinquency |
| Applied total \$1,799.61 | | | | |
| Published date 04/14/2022 11:21 | | | | |
| Current coverage period 04/01/2022 - 04/30/2022 | | | | |

Current Coverage Period Total for Current Coverage Period
\$1,799.61
04/01/2022 - 04/30/2022

| Product Long Term Disability | Policy Ref LK -0964127 | | | | | Subtotal \$1,799.61 | |
|---------------------------------|---------------------------|----------------------------------|--------------------------------------------------------|--------------------------------------------------|---------------------------------|-----------------------------------------|----------------------|
| Insured Tier Employee | Class 001 | Benefit % of covered earnings | Level Of Coverage 60.0% of monthly covered earnings | Rate per 100 of Monthly Covered Payroll 0.305 | No. of Insured Employees 149 | Monthly Covered Payroll \$590,035.58 | Amount \$1,799.61 |

Adjustments

| Product | Policy Ref | Benefit Type | Adjust To Zero | Amount Before | Adjustment Amount | Amount After | Reason | Comment | Adjustment Amount |
|----------------------|-------------|--------------|----------------|---------------|-------------------|--------------|--------|---------|-------------------|
| Long Term Disability | LK -0964127 | Basic | No | \$1,799.61 | \$0.00 | \$1,799.61 | - | - | \$0.00 |

| | | |
|--|----------------------------------------|-------------------|
| | Current Coverage Period | \$1,799.61 |
| | Adjustments for Prior Coverage Periods | \$0.00 |
| | Bill Total | \$1,799.61 |
| | Variance 0.00 % | |