

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 <a href="#">COUNTY OF ROANOKE</a>	Payment date 04/05/2022	Payment status Offline Payment Selected
Bill total \$9,328.70	Client <a href="#">County of Roanoke</a>	Billing account ID 47416	Bank account -	<b>DELINQUENCY</b>
Commission \$0.00	Billing frequency Monthly	Bill ref 47416_040122	Submitted by Elijah Daly	Tracking setting Automatically tracked
Receivables total \$9,328.70	Generation date 04/01/2022 05:23	Version 001	Online payment amount -	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  
04/01/2022 - 04/30/2022

Total for Current Coverage Period  
**\$9,328.70**

Product	Policy Ref	Subtotal
Long Term Disability	LK -0964127	\$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

<b>Current Coverage Period</b>		\$9,328.70
Adjustments for Prior Coverage Periods		\$0.00
<b>Bill Total</b>		<b>\$9,328.70</b>
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 <a href="#">RVRA</a>	Payment date 04/05/2022	Payment status Offline Payment Selected
Bill total \$290.70	Client <a href="#">County of Roanoke</a>	Billing account ID 48231	Bank account -	
Commission \$0.00	Billing frequency Monthly	Bill ref 48231_040122	Submitted by Elijah Daly	<b>DELINQUENCY</b>
Receivables total \$290.70	Generation date 04/01/2022 05:24	Version 001	Online payment amount -	Tracking setting Automatically tracked
Applied total \$290.70				Automated setting Bill currently tracked for delinquency
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	Policy Ref	Subtotal
Long Term Disability	LK -0964127	\$290.70

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	21	\$95,312.67	\$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

<b>Current Coverage Period</b>		\$290.70
Adjustments for Prior Coverage Periods		\$0.00
<b>Bill Total</b>		<b>\$290.70</b>
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 <a href="#">COUNTY OF ROANOKE SHD</a>	Payment date 04/26/2022	Payment status Offline Payment Selected
Bill total \$2,695.00	Client <a href="#">County of Roanoke</a>	Billing account ID 85582	Bank account -	
Commission \$0.00	Billing frequency Monthly	Bill ref 85582_030122	Submitted by Lori Hancock	<b>DELINQUENCY</b>
Receivables total \$2,695.00	Generation date 03/01/2022 01:25	Version 001	Online payment amount -	Tracking setting Automatically tracked
Applied total \$2,695.00				Automated setting Bill currently tracked for delinquency
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

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

		<b>Current Coverage Period</b>	\$2,695.00
		Adjustments for Prior Coverage Periods	\$0.00
		<b>Bill Total</b>	<b>\$2,695.00</b>



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 <a href="#">WESTERN VIRGINIA REGIONAL JAIL SHD</a>	Payment date 02/15/2022	Payment status Offline Payment Selected
Bill total \$539.00	Client <a href="#">County of Roanoke</a>	Billing account ID 85588	Bank account -	<b>DELINQUENCY</b>
Commission \$0.00	Billing frequency Monthly	Bill ref 85588_010122	Submitted by Lori Hancock	
Receivables total \$539.00	Generation date 01/10/2022 08:38	Version 002	Online payment amount -	Tracking setting Automatically tracked
Applied total \$539.00				Automated setting Bill currently tracked for delinquency
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

Product		Policy Ref					Subtotal
Short Term Disability ASO		SHD-0962456					\$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	
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	
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	
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	
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	
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	
Employee	001	13 to 59 months service: 125 business days at 60%	60.0% of weekly covered earnings	539.00	0	\$0.00	
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	
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	
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

		<b>Current Coverage Period</b>	\$539.00
		Adjustments for Prior Coverage Periods	\$0.00
		<b>Bill Total</b>	<b>\$539.00</b>





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 <a href="#">WESTERN VIRGINIA REGIONAL JAIL</a>	Payment date 04/20/2022	Payment status Offline Payment Selected
Bill total \$1,799.61	Client <a href="#">County of Roanoke</a>	Billing account ID 48229	Bank account -	
Commission \$0.00	Billing frequency Monthly	Bill ref 48229_040122	Submitted by Kim Thompson	<b>DELINQUENCY</b>
Receivables total \$1,799.61	Generation date 04/14/2022 11:21	Version 002	Online payment amount -	Tracking setting Automatically tracked
Applied total \$1,799.61				Automated setting Bill currently tracked for delinquency
Published date 04/14/2022 11:21				
Current coverage period 04/01/2022 - 04/30/2022				

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

Total for Current Coverage Period  
**\$1,799.61**

Product	Policy Ref	Subtotal
Long Term Disability	LK -0964127	\$1,799.61

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	149	\$590,035.58	\$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

<b>Current Coverage Period</b>		\$1,799.61
Adjustments for Prior Coverage Periods		\$0.00
<b>Bill Total</b>		<b>\$1,799.61</b>
Variance		0.00 %