

COUNTY HEALTH POOL - BILLING UPDATE

Month: May Entity: Fund: General Fund

*Code	Employee/Participant Name	Sex	Effective Date of Action	Life Options **	Medical *** A, B500, B1000. B2500	Dental *** A or B	Vision ***	Nature of Change	Total Due
A	Jane Doe	F	4/1/2011	EE	A	A	X	New Hire	\$ 550.75

* A = Add new employee
* T = Termination of Employment
* C = Any other change in coverage

** EE = Basic Life & AD&D
** Dep = Dependent Life
** EE Sup = Employee Supplemental
** Sp Sup = Spouse Supplemental

*** EE = Employee Only
*** E+1 = Employee plus One
*** Fam = Family

Comments, etc.

Total Due from Current Month's Statement	\$ 6,753.71
Additions	\$ 550.75
Terminations	
Changes	
Subtotal	\$ 7,304.46
Other Adjustments (Billing Adj, Other)	\$ 550.75
Total (Remit this Amount payable to CHP)	\$ 7,855.21