

Bill To	Quote				Biller
	Invoice Date	Invoice	Due Date	Coverage Period	CTSI 800 GRANT ST, SUITE 400 Denver, CO 80203
	3/17/2011	22376	4/10/2011	04/01/2011 - 04/30/2011	
Send Payments To	Terms and Conditions				Biller Contact
CTSI 800 GRANT ST, SUITE 400 Denver, CO 80203	INVOICES ARE DUE THE10TH DAY OF THE MONTH				
Make Check Payable To					Invoice Total
CHP					\$6,753.71

Bill To	Quote				Billers
	Invoice Date	Invoice	Due Date	Coverage Period	CTSI 800 GRANT ST, SUITE 400 Denver, CO 80203
	3/17/2011	22376	4/10/2011	04/01/2011 - 04/30/2011	

GENERAL FUND Charge Detail 04/01/2011 - 04/30/2011

Member ID	Name	Indiv. Coverage Period	AD&D	Basic Life	Dental A Single	Medical A	Vision	Total Amount	
Employee SSN	Last name, First Name	N/A	\$0.20	\$2.20	Employee Only	\$27.65	Employee Only \$515.00	Employee Only \$5.70	\$550.75
Employee SSN	Last name, First Name	Employee Only	\$0.20	\$2.20		\$0.00	0	\$0.00	\$2.40
Employee SSN	Last name, First Name	Employee Only	\$0.20	\$2.20	Employee Only	\$27.65	Employee Only \$515.00	Employee Only \$5.70	\$550.75
Employee SSN	Last name, First Name	Employee Only	\$0.20	\$2.20	Employee Only	\$27.65	Employee Only \$515.00	Employee Only \$5.70	\$550.75
Employee SSN	Last name, First Name	N/A	\$0.20	\$2.20	Employee Only	\$27.65	Employee Only \$515.00	Employee Only \$5.70	\$550.75
Employee SSN	Last name, First Name	N/A	\$0.20	\$2.20	Family	\$71.85	Family \$1,243.00	Family \$14.75	\$1,332.00
Employee SSN	Last name, First Name	N/A	\$0.20	\$2.20	Family	\$71.85	Family \$1,243.00	Family \$14.75	\$1,332.00
Employee SSN	Last name, First Name	Employee Only	\$0.20	\$2.20	Employee Only	\$27.65	Employee Only \$515.00	Employee Only \$5.70	\$550.75
Employee SSN	Last name, First Name	Employee Only	\$0.13	\$1.43		\$0.00	0	\$0.00	\$1.56
Employee SSN	Last name, First Name	Employee Only	\$0.20	\$2.20	Family	\$71.85	Family \$1,243.00	Family \$14.75	\$1,332.00
Count:	10	Total	\$1.93	\$21.23		\$353.80	\$6,304.00	\$72.75	\$6,753.71

GENERAL FUND Charge Summary

Product	Coverage	Count	Volume	Charges	Adj. Count	Adj. Volume	Adj. Charges	Total
AD&D	Employee Only	6		\$1.13			\$0.00	\$1.13
AD&D	N/A	4		\$0.80			\$0.00	\$0.80
Basic Life	N/A	10		\$21.23			\$0.00	\$21.23
Dental A Single	Employee Only	5		\$138.25			\$0.00	\$138.25
Dental A Single	Family	3		\$215.55			\$0.00	\$215.55
Medical A	Employee Only	5		\$2,575.00			\$0.00	\$2,575.00
Medical A	Family	3		\$3,729.00			\$0.00	\$3,729.00
Vision	Employee Only	5		\$28.50			\$0.00	\$28.50
Vision	Family	3		\$44.25			\$0.00	\$44.25
Total				\$6,753.71			\$0.00	\$6,753.71

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Active Charge Rollup								
Product	Coverage	Count	Volume	Charges	Adj. Count	Adj. Volume	Adj. Charges	Total
AD&D	Employee Only	6		\$1.13			\$0.00	\$1.13
AD&D	N/A	4		\$0.80			\$0.00	\$0.80
Basic Life	N/A	10		\$21.23			\$0.00	\$21.23
Dental A Single	Employee Only	5		\$138.25			\$0.00	\$138.25
Dental A Single	Family	3		\$215.55			\$0.00	\$215.55
Medical A	Employee Only	5		\$2,575.00			\$0.00	\$2,575.00
Medical A	Family	3		\$3,729.00			\$0.00	\$3,729.00
Vision	Employee Only	5		\$28.50			\$0.00	\$28.50
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Charge Rollup								
Product	Coverage	Count	Volume	Charges	Adj. Count	Adj. Volume	Adj. Charges	Total
AD&D	Employee Only	6		\$1.13			\$0.00	\$1.13
AD&D	N/A	4		\$0.80			\$0.00	\$0.80
Basic Life	N/A	10		\$21.23			\$0.00	\$21.23
Dental A Single	Employee Only	5		\$138.25			\$0.00	\$138.25
Dental A Single	Family	3		\$215.55			\$0.00	\$215.55
Medical A	Employee Only	5		\$2,575.00			\$0.00	\$2,575.00
Medical A	Family	3		\$3,729.00			\$0.00	\$3,729.00
Vision	Employee Only	5		\$28.50			\$0.00	\$28.50
Vision	Family	3		\$44.25			\$0.00	\$44.25
Total				\$6,753.71			\$0.00	\$6,753.71

Total Due	\$6,753.71
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