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Miami, FL 33173-3033
1-800-428-1708
Fax: (303) 306-6036

TO: Client Name

Attn: Client Contact

INSURANCE BILLING

Invoice Date : 04/01/2011
Account Number :
Invoice Number :
Reference Number :

Yolo Family Resource Center - Employee Detail for April 2011 — Account Number:

Emplid	Employee Name	Provider - Plan Name - Type of Coverage	Amount	Premium Due
		52/26 Life- $10,000	$ 1.50	$ 397.52
		VSP-Vision Plan-A-Employee	$ 5.70	
		LTD1 50% $1,000/mo-180-A	$ 2.53	
		KAI-HMO 30-North-A-Employee	$ 352.00	
		Guardian-ENAP West-A-Employee	$ 35.79	
		52/26 Life- $10,000	$ 1.50	$ 397.52
		Guardian-ENAP West-A-Employee	$ 35.79	
		VSP-Vision Plan-A-Employee	$ 5.70	
		LTD1 50% $1,000/mo-180-A	$ 2.53	
		KAI-HMO 30-North-A-Employee	$ 352.00	
		52/26 Life- $10,000	$ 1.50	$ 401.60
		LTD1 50% $1,000/mo-180-A	$ 2.53	
		KAI-HMO 30-North-A-Employee	$ 352.00	
		VSP-Vision Plan-A-Employee	$ 5.70	
		Guardian-Managed Care Calif-A-Employee Family	$ 39.87	
		52/26 Life- $10,000	$ 1.50	$ 4.03
		LTD1 50% $1,000/mo-180-A	$ 2.53	
		52/26 Life- $10,000	$ 1.50	$ 15.44
		LTD1 50% $1,000/mo-180-A	$ 2.53	
		VSP-Vision Plan-A-Employee Spouse	$ 11.41	
		52/26 Life- $10,000	$ 1.50	$ 375.46
		LTD1 50% $1,000/mo-180-A	$ 2.53	
		KAI-HMO 30-North-A-Employee	$ 352.00	
		Guardian-Managed Care Calif-A-Employee	$ 13.73	
		VSP-Vision Plan-A-Employee	$ 5.70	
		52/26 Life- $10,000	$ 1.50	$ 397.52
		Guardian-ENAP West-A-Employee	$ 35.79	
		VSP-Vision Plan-A-Employee	$ 5.70	
		KAI-HMO 30-North-A-Employee	$ 352.00	
		LTD1 50% $1,000/mo-180-A	$ 2.53	
		52/26 Life- $10,000	$ 1.50	$ 435.46
		VSP-Vision Plan-A-Employee	$ 5.70	
		AET-HMO 30/100%-N-CA-A-Employee	$ 412.00	
		Guardian-Managed Care Calif-A-Employee	$ 13.73	
		LTD1 50% $1,000/mo-180-A	$ 2.53	
		52/26 Life- $10,000	$ 1.50	$ 478.52
		Guardian-ENAP West-A-Employee	$ 35.79	
		AET-HMO 20/100%-N-CA-A-Employee	$ 433.00	
		LTD1 50% $1,000/mo-180-A	$ 2.53	
		VSP-Vision Plan-A-Employee	$ 5.70	
		52/26 Life- $10,000	$ 1.50	$ 394.60
		Guardian-Managed Care Calif-A-Employee Spouse	$ 27.16	
		VSP-Vision Plan-A-Employee Spouse	$ 11.41	
		KAI-HMO 30-North-A-Employee	$ 352.00	
		LTD1 50% $1,000/mo-180-A	$ 2.53	

COBRA participation is not reflected on this benefits invoice.