

Manage your Account: www.uhceservices.com

Invoice No: 672295481398 Invoice Date: 10/12/2024

Consolidated Customer No: 0158954635 Customer Numbers: 1636404;09Q2621 Coverage Period: 11/01/2024 - 11/30/2024

Due Date: 11/01/2024

Thank you for your business.

Account Summary

Previous Balance	\$3,382.55
Payments (-)	-\$3,382.55
Account Adjustments (+/-)	\$0.00
Current Charges (+)	\$3,385.55
Other:	
Fees/Credits	-\$3.00

Total Balance Due \$3,382,55

About Your Payment

We offer several payment options to help you manage your account.

Pay Online. Go to **www.uhceservices.com** to make a one-time payment or . schedule monthly payments directly from your bank account.

Pay By Phone. Call **1-866-764-7736**, TTY 711, 24 hours a day, 7 days a week, to make a payment directly from your bank account. Please reference your customer number 1636404 and bill group number 2042922 when prompted.

Pay By Check. Send a check to the address listed below. Checks returned for lack of funds or checks that can't be cashed for any reason are not considered payment.

Payment is due in full on or before the due date above. If full payment is not received by the end of your grace period, your coverage may be terminated as stated in your policy requirements. If a premium payment is deposited late, it does not automatically mean we will accept the premium.

This invoice combines the information from both of your customer billing account details.

Please detach and return with your payment.

Customer Name
ENCLAVE AT NAPLES CONDOMINIUM
ASSOC.

Customer Number
0158954635

Payment Due Date
11/01/2024
672295481398

Send payment to:

Do not mail/submit payment. A request for fund withdrawal will be initiated from your bank account on the 11th of the month.

Amount due: \$3,382.55

Amo	unt E	nclos	ed	_		 			
\$									

ENCLAVE AT NAPLES CONDOMINIUM ASSOC.

Customer No: 1636404

Invoice No: 260595982520 Invoice Date: 10/12/2024

Bill Group: 2042922 Coverage Period: 11/01/2024 - 11/30/2024 Due Date: 11/01/2024

Summary

Description	Employee Count	Total Volume (000's)	Net Amount
1334097-ENCLAVE AT NAPLES CONDOMINIUM ASSOC. FL G CHC + NG 25/50/2000/80 POS 24 CWAD			
Employee	3		\$3,323.78
Subtotal, FL G CHC + NG 25/50/2000/80 POS 24 CWAD	3		\$3,323.78
Vision 100% Voluntary SH425			
Employee	3		\$19.02
Subtotal, Vision 100% Voluntary SH425	3		\$19.02
Non-Contributory 25K Flat Basic Life EE Only			
Employee	3	75.00	\$41.25
Subtotal, Non-Contributory 25K Flat Basic Life EE Only	3	75.00	\$41.25
Non-Contributory25K Flat AD&D EE Only			
Employee	3	75.00	\$1.50
Subtotal, Non-Contributory25K Flat AD&D EE Only	3	75.00	\$1.50
Subtotal 1334097-ENCLAVE AT NAPLES CONDOMINIUM ASSOC.			\$3,385.55
Fees/Credits			
Fee/Credit Description			
Packaged Savings Credit			-\$3.00
Subtotal, Fees/Credits			-\$3.00
Adjustments			
Account Adjustments			\$0.00
Current Adjustments			\$0.00
Subtotal, Adjustments			\$0.00
Subtotal Plan Charges			\$3,382.55
Grand Total			\$3,382.55





Consolidated Customer No: 0158954635

ENCLAVE AT NAPLES CONDOMINIUM ASSOC.

Customer No: 1636404

Invoice No: 260595982520 Invoice Date: 10/12/2024

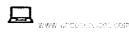
Bill Group: 2042922 Coverage Period: 11/01/2024 - 11/30/2024 Due Date: 11/01/2024

Details

	Coverage Period: 11/01/2024 - 11/30/2024 Due Date: 11/01/2024												
Details	etails												
	Current Detail - 11/01-11/30/2024									Adjustment Detail			
Policy No.	Name	Plan	ID	Coverage	Status	Voi (000's)	Charge Amount	Period	Period Code	Amount	- Totals Total \$1,297.23		
1334097	COLOSIMO, JOAN	FL G CHC + NG 25/50/2000/80 POS 24 CWAD	*****028800	E	А		\$1,276.64				\$1,297.23		
1334097	COLOSIMO, JOAN	Non-Contributory 25K Flat Basic Life EE Only	*****028800	E	A	25	\$13.75						
1334097	COLOSIMO, JOAN	Non-Contributory25K Flat AD&D EE Only	*****028800	E	A	25	\$0.50			1	1		
1334097	COLOSIMO, JOAN	Vision 100% Voluntary SH425	*****028800	E	A		\$6.34			1	1		
1334097	Damaso, Frank	FL G CHC + NG 25/50/2000/80 POS 24 CWAD	*****507600	E	А		\$599.33				\$619.92		
1334097	Damaso, Frank	Non-Contributory 25K Flat Basi¢ Life EE Only	*****507600	E	A	25	\$13.75						
1334097	Damaso, Frank	Non-Contributory25K Flat AD&D EE Only	*****507600	E	A	25	\$0.50				1		
1334097	Damaso, Frank	Vision 100% Voluntary SH425	*****507600	E	A		\$6.34			1			
1334097	RODRIGUEZ, JOSE	FL G CHC + NG 25/50/2000/80 POS 24 CWAD	*****052200	E	A		\$1,447.81				\$1,468.40		
1334097	RODRIGUEZ, JOSE	Non-Contributory 25K Flat Basic Life EE Only	*****052200	E	A	25	\$13.75			1	1		

Cove	rage Type			Sta	tus	Code	
E	Employee Only	E3D	Employee and Three Dependents	Α	Active	ADD	Retroactive Addition
ES	Employee and Spouse	E5D	Employee & One or More Dependent	С	Cobra	TRM	Retroactive Termination
ESC	Employee and Family	E6D	Employee & Two or More Dependents	P	Pre 65 Retiree	CHG	Retroactive Change
EC	Employee and Child(ren)	E7D	Employee & Three or More Dependents	R	Post 65 Retiree		
E1D	Employee and One Dependent	E8D	Employee & Four or More Dependents	S	Surviving Insured		
E2D	Employee and Two Dependents	E9D	Employee & Five or More Dependents		_		







Consolidated Customer No: 0158954635

ENCLAVE AT NAPLES CONDOMINIUM ASSOC.

Customer No: 1636404

Invoice No: 260595982520 Invoice Date: 10/12/2024

Bill Group: 2042922

Coverage Period: 11/01/2024 - 11/30/2024 Due Date: 11/01/2024

Details

		Adjustment Detail			Totals						
Policy No.	Name	Plan	ID	Coverage	Status	Vol (000's)	Charge Amount	Period	Code	Amount	Total
1334097	RODRIGUEZ, JOSE	Non-Contributory25K Flat AD&D EE Only	*****052200	E	Α	25	\$0.50				
1334097	RODRIGUEZ, JOSE	Vision 100% Voluntary SH425	*****052200	E	Α		\$6.34				
1334097	Packaged Savings Credit						-\$3.00				-\$3.00
Subtotal Plan Charges \$3,382.55										\$0.00	\$3,382.55
Grand To	Grand Total										\$3,382.55