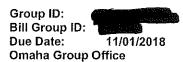


PERSONAL & CONFIDENTIAL STATE OF NEBRASKA

EMPLOYEE BENEFITS 1526 K STREET, SUITE 110 LINCOLN NE 68508-2732



DETACH HERE AND RETURN THIS SLIP AND BILLING DETAIL WITH YOUR PAYMENT

Billing Statement Premium Remittance Slip Invoice Number: Please make check or money order payable to Mutual of Omaha. Return this premium remittance with your payment to ensure proper credit.



STATE OF NEBRASKA

LIM LOTEE BENEFITS 1526 K STREET, SUITE 110 LINCOLN NE 68508-2732

Due Date:	11/01/2018
	all a marganet dat all

Due Date: 11/01/201 Omaha Group Office

r¹**I**

TOTAL AMOUNT DUE: \$



<u> .</u>	and the second states		
Invo	ice Num	ber:	
Oma	ha Grou	p Office	

Due Date: Billing Date: Coverage Period From: Through: 11/01/2018 10/08/2018 11/01/2018 11/30/2018

ACCOUNT SUMMARY

OUTSTANDING BALANCES	 ,
CURRENT PREMIUM DUE	 4
TOTAL DUE	

*Enter CURRENT PREMIUM and ADJUSTMENTS DUE from the Billing Detail. Add to this number any OUTSTANDING BALANCE for TOTAL DUE. PLEASE RETURN THIS ENTIRE DOCUMENT WITH YOUR REMITTANCE

PLEASE NOTE:

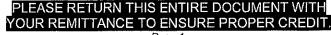
ł

Visit www.mutualofomaha.com/customer-service, our secure plan administration website, to calculate your premiums, request reports and get plan specific documents. You can even pay your premium online if you wish. To register, visit www.mutualofomaha.com/customer-service.

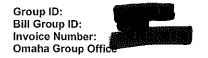
NOTICE: Your group policy(ies) will terminate if premium is not paid by the end of the grace period shown in your policy. If you elect not to pay premiums and allow coverage to terminate, please notify your covered employee/members immediately of the date when the group contract will terminate. We will not be liable for claims for losses incurred after such date (unless otherwise provided in the contract). If your employees/members are paying part of the premium and you continue to collect from them beyond the termination date, you may be solely liable for claims incurred after the policy termination date with respect to which contributions were collected. Information regarding your responsibilities in the event of termination due to nonpayment of premium, including a sample notice form for distribution to covered employees/members, can be found at www.mutualofomaha.com/forms or by calling your dedicated service team at the number listed below.

Have a question for us? Contact your dedicated service team at 1-800-369-3809 between 7:00 a.m. and 7:00 p.m. CT. For your convenience, information may be sent via email to Omaha.Service@MutualofOmaha.com or faxed to 402-997-1998.





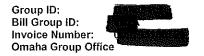
Page 1



Due Date:11Billing Date:10Coverage Period From:11Through:11

BILLING DETAIL

PLAN				CURRENT LIVES		RATE	
CLASS AX01		-					
LTD Vol						Age Banded	<u> </u>
	RETROACTIVE	# MOS.			<u> </u>		
	TOTALS						
CLASS AX02		_					
_TD Vol						Age Banded	
	RETROACTIVE	# MOS.				Age banded	
	TOTALS		·				· · · ·
CLASS AX03				<u> </u>			
		-					
TD Vol				<u></u>		Age Banded	
	RETROACTIVE	# MOS.					
	TOTALS						
CLASS AX04		-					
TD Vol						Age Banded	
	RETROACTIVE	# MOS.					
	TOTALS						
			ΤΟΤΑ	L CURRENT PREI	MIUM AND ADJUS"	IMENTS DUE	*
	enter this amount on the store the output of				NT SUMMARY on p	age 1.	
LASS LISTING							
	Eligible Employees ele Eligible Employees ele						
				HIS ENTIRE D	OCUMENT WI	TH.	
	Y	OUR REI	MITTANCE	TO ENSURE Page 2	PROPER CREE	DIT.	



Due Date:11Billing Date:10Coverage Period From:11Through:11

11/01/2018 10/08/2018 11/01/2018 11/30/2018

BILLING DETAIL

	CURRENT	CURRENT		CURRENT	
PLAN	LIVES	VOLUME	RATE	PREMUM	

AX03 All Eligible Employees electing Option 3

AX04 All Eligible Employees electing Option 4



PLEASE RETURN THIS ENTIRE DOCUMENT WITH YOUR REMITTANCE TO ENSURE PROPER CREDIT.

Page 3