



000051 J132DQPX 000080
 AETNA
 ATTN: KEY BILLING U21S
 1425 UNION MEETING ROAD
 BLUE BELL, PA 19422

Summary Statement

Aetna's Administrative System

SCD: 3

PAGE 001

J5J KAN 128
 STATE OF NEBRASKA
 ATTN: [REDACTED]
 1526 K STREET, SUITE 110
 LINCOLN NE 68508-2732

Control Number: [REDACTED]
 Due Date: NOV 01, 2018
 Account Name: BASIC LIFE BILL
 Account Phone: 402-471-4116
 Serv. Field Office: 128/KANSAS CITY
 Customer Team: N/A
 Prep Date: OCT 26, 2018

The total amount is due on the first day of the monthly coverage period. If not received by the end of the grace period, the contract will be terminated. If you intend to terminate, you must provide written notice 30 days in advance.

IF YOU HAVE ANY QUESTIONS ABOUT THE STATEMENT, PLEASE CALL AETNA PLAN SPONSOR SER AT 888-981-2881

**** SEE REVERSE SIDE FOR ILLUSTRATION AND COMPLETE INSTRUCTIONS ****

* Please provide explanations for any large fluctuations in total figures and/or adjustments in this space. (I.E. rate revisions, terminations, schedule changes, etc.) Enter the adjustment amounts opposite the appropriate billing lines.

BILLING LINE		TOTAL INSURED	X	RATE	=	AMOUNT	*ADJUSTMENT
NAME	CODE	NO. OF EMPLOYEES	VOLUME				
IN ADDITION TO PREMIUMS, YOUR "TOTAL AMOUNT DUE" INCLUDES ANY FEES YOU HAVE AGREED TO PAY YOUR PRODUCER. THOSE FEES ARE SEPARATE FROM COMMISSIONS PAYABLE BY AETNA.							
BASIC LIFE	100 *	14	759,000	X	.167/\$1000	126.75	
BASIC AD&PL	200 *	14	759,000	X	.013/\$1000	9.87	
						* TOTAL AMOUNT DUE	

To properly credit your account, send statement with payment.

AETNA

P.O. BOX 88860
 CHICAGO

IL 60695-1860

136.62 ESTIMATED

Please provide control number on your check

Signature of Customer's Representative

Instructions (Refer to the Summary Billing section of your administration manual for detailed instructions.)

1. Please make an entry in **No. of Employees**, **Volume**, and **Amount** columns above the **Estimated** figures for each billing line. **No. of Employees** and/or **Volume** should be entered according to information available for the **Current Statement Date**. If no one is insured for a specific billing line, enter zero (0) in the appropriate columns. (**Do not** cross out applicable billing lines, even when there are no lives to report.
2. Please use the **Adjustment** column by each billing line to enter any back charge (+) or credit (-) for prior months. An **Explanation** for each adjustment is required in the space provided at the top of the statement. Credits for retroactive terminations may be limited:

NOTE: The difference between the actual Amount due and the Estimated amount due in the shaded area should not be placed in the Adjustment column.
3. Calculate the net total of your **Amount(s) Due** and **Adjustment(s)** and enter this result in the **Total Amount Due** box only, located in the lower right corner of the statement, or enter the **Total Amount Due** on the last page if there are multiple pages.
4. Please return this statement along with your payment and retain a copy for your records.

Illustration

A sample statement is used for purposes of this illustration. Refer to the Summary Billing section of your administration manual for additional examples.

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Termination of 15 Employees effective 1/31 for Life and Employee Comp Med.

BILLING LINE		TOTAL INSURED		X	RATE	=	AMOUNT	*ADJUSTMENT
NAME	CODE	NO. OF EMPLOYEES	VOLUME					
Life	100	*426	*2,715,000		.40/1000		1,086.00	-344.76
		441	2,785,000			1114.00		
Disability	300	*390	*44,928		.48/10		2,156.54	
		390	44,928			2156.54		
Empl Comp Med	400	*426	X <i>not applicable</i>		53.21/EE		22,667.46	-798.15
		441				23,465.61		
Dep Comp Med	500	*153	X <i>not applicable</i>		119.47/EE		18,278.91	
		153				18,278.91		
* TOTAL AMOUNT DUE							\$43,046.00	
\$45,015.60 ESTIMATED								

Important Reminders

- 1) In order to ensure that your payment is received within the grace period in effect under your contract, please allow 5 to 7 days for receipt of your payment at Aetna.
- 2) Entries in the Volume column should be rounded to the **nearest** dollar amount and **should not** include cents (correct: 2,175,001/incorrect: 2,1175,000.50). The volume reflects the total amount of coverage for all covered employees. For example, if you have 10 employees and each has \$10,000 worth of life insurance, your total volume would be \$100,000. For questions regarding volumes, including for short- or long-term disability, please contact your Aetna account representative.

Assistance

If you need to contact your billing representative for any questions, and/or problems, his/her **name and phone number** will appear on the top portion of your statement.



000051 J132DQPX 000081
 AETNA
 ATTN: KEY BILLING U21S
 1425 UNION MEETING ROAD
 BLUE BELL, PA 19422

Summary Statement

Aetna's Administrative System

SCD: 2

PAGE 001

J5J KAN 128
 STATE OF NEBRASKA
 ATTN: [REDACTED]
 1526 K STREET, SUITE 110
 LINCOLN NE 68508-2732

Control Number: [REDACTED]
 Due Date: NOV 01, 2018
 Account Name: RETIREE LIFE BI
 Account Phone: 402-471-4116
 Serv. Field Office: 128/KANSAS CITY
 Customer Team: N/A
 Prep Date: OCT 26, 2018

The total amount is due on the first day of the monthly coverage period. If not received by the end of the grace period, the contract will be terminated. If you intend to terminate, you must provide written notice 30 days in advance.

IF YOU HAVE ANY QUESTIONS ABOUT THE STATEMENT, PLEASE CALL AETNA PLAN SPONSOR SER AT 888-981-2881

**** SEE REVERSE SIDE FOR ILLUSTRATION AND COMPLETE INSTRUCTIONS ****

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BILLING LINE	NAME	CODE	NO. OF EMPLOYEES	TOTAL INSURED VOLUME	X	RATE	=	AMOUNT	*ADJUSTMENT
IN ADDITION TO PREMIUMS, YOUR "TOTAL AMOUNT DUE" INCLUDES ANY FEES YOU HAVE AGREED TO PAY YOUR PRODUCER. THOSE FEES ARE SEPARATE FROM COMMISSIONS PAYABLE BY AETNA.									
BASIC LIFE		100 *	15,160	303,210,000	X	.096/\$1000	*	29,108.16	
BASIC LIFE		104 *	156	2,151,760	X	.190/\$1000	*	408.83	
								* TOTAL AMOUNT DUE	

To properly credit your account, send statement with payment.
 AETNA

P.O. BOX 88860
 CHICAGO IL 60695-1860

29,516.99 ESTIMATED

Please provide control number on your check

Signature of Customer's Representative

Instructions (Refer to the Summary Billing section of your administration manual for detailed instructions.)

1. Please make an entry in **No. of Employees, Volume, and Amount** columns above the **Estimated** figures for each billing line. **No. of Employees** and/or **Volume** should be entered according to information available for the **Current Statement Date**. If no one is insured for a specific billing line, enter zero (0) in the appropriate columns. (**Do not** cross out applicable billing lines, even when there are no lives to report.

2. Please use the **Adjustment** column by each billing line to enter any back charge (+) or credit (-) for prior months. An **Explanation** for each adjustment is required in the space provided at the top of the statement. Credits for retroactive terminations may be limited.

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Illustration

A sample statement is used for purposes of this illustration. Refer to the Summary Billing section of your administration manual for additional examples.

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Termination of 15 Employees effective 1/31 for Life and Employee Comp Med.

BILLING LINE		TOTAL INSURED		X	RATE	=	AMOUNT	*ADJUSTMENT
NAME	CODE	NO. OF EMPLOYEES	VOLUME					
Life	100	*426	*2,715,000		.40/1000		1,086.00	-344.76
		441	2,785,000			1114.00		
Disability	300	*390	*44,928		.48/10		2,156.54	
		390	44,928			2156.54		
Empl Comp Med	400	*426	X <i>not applicable</i>		53.21/EE		22,667.46	-798.15
		441				23,465.61		
Dep Comp Med	500	*153	X <i>not applicable</i>		119.47/EE		18,278.91	
		153				18,278.91		

* TOTAL AMOUNT DUE
\$43,046.00
\$45,015.60 ESTIMATED

Important Reminders

- 1) In order to ensure that your payment is received within the grace period in effect under your contract, please allow 5 to 7 days for receipt of your payment at Aetna.
- 2) Entries in the Volume column should be rounded to the **nearest** dollar amount and **should not** include cents (correct: 2,175,001/incorrect: 2,1175,000.50). The volume reflects the total amount of coverage for all covered employees. For example, if you have 10 employees and each has \$10,000 worth of life insurance, your total volume would be \$100,000. For questions regarding volumes, including for short- or long-term disability, please contact your Aetna account representative.

Assistance

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000051 J132DQPX 000082
 AETNA
 ATTN: KEY BILLING U21S
 1425 UNION MEETING ROAD
 BLUE BELL, PA 19422

Summary Statement

Aetna's Administrative System

SCD: 1

PAGE 001

J5J KAN 128
 STATE OF NEBRASKA
 ATTN: [REDACTED]
 1526 K STREET, SUITE 110
 LINCOLN NE 68508-2732

Control Number: [REDACTED]
 Due Date: NOV 01, 2018
 Account Name: SUPPLEMENTAL LI
 Account Phone: 402-471-4116
 Serv. Field Office: 128/KANSAS CITY
 Customer Team: N/A
 Prep Date: OCT 26, 2018

The total amount is due on the first day of the monthly coverage period. If not received by the end of the grace period, the contract will be terminated. If you intend to terminate, you must provide written notice 30 days in advance.

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EE SUP LIFE 25		101 *	194	28,531,500	X	.024/\$1000	*	684.76	
EE SUP LIFE 25-29		102 *	533	86,402,000	X	.024/\$1000	*	2,073.65	
EE SUP LIFE 30-34		103 *	748	136,157,000	X	.032/\$1000	*	4,357.02	
EE SUP LIFE 35-39		104 *	854	165,993,000	X	.049/\$1000	*	8,133.66	
EE SUP LIFE 40-44		105 *	865	172,436,500	X	.073/\$1000	*	12,587.86	
EE SUP LIFE 45-49		106 *	1,027	209,029,000	X	.105/\$1000	*	21,948.05	
EE SUP LIFE 50-54		107 *	1,184	233,215,000	X	.178/\$1000	*	41,512.27	
EE SUP LIFE 55-59		108 *	1,355	247,057,000	X	.381/\$1000	*	94,128.72	
EE SUP LIFE 60-64		109 *	1,105	163,525,000	X	.729/\$1000	*	119,209.73	
								* TOTAL AMOUNT DUE	

To properly credit your account, send statement with payment.
 AETNA

P.O. BOX 88860
 CHICAGO IL 60695-1860

* PLEASE ENTER TOTAL *
 **** ON LAST PAGE ****
 CONTINUED

Please provide control number on your check

Signature of Customer's Representative

Instructions (Refer to the Summary Billing section of your administration manual for detailed instructions.)

1. Please make an entry in **No. of Employees**, **Volume**, and **Amount** columns above the **Estimated** figures for each billing line. **No. of Employees** and/or **Volume** should be entered according to information available for the **Current Statement Date**. If no one is insured for a specific billing line, enter zero (0) in the appropriate columns. (**Do not** cross out applicable billing lines, even when there are no lives to report.)
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Termination of 15 Employees effective 1/31 for Life and Employee Comp Med.

BILLING LINE		TOTAL INSURED		X	RATE	=	AMOUNT	*ADJUSTMENT
NAME	CODE	NO. OF EMPLOYEES	VOLUME					
Life	100	*426 441	*2,715,000 2,785,000		.40/1000		1,086.00 1114.00	-344.76
Disability	300	*390 390	*44,928 44,928		.48/10		2,156.54 2156.54	
Empl Comp Med	400	*426 441	X <i>not applicable</i>		53.21/EE		22,667.46 23,465.61	-798.15
Dep Comp Med	500	*153 153	X <i>not applicable</i>		119.47/EE		18,278.91 18,278.91	

* TOTAL AMOUNT DUE
\$43,046.00
\$45,015.60 ESTIMATED

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000051 J132DQPX 000083
 AETNA
 ATTN: KEY BILLING U21S
 1425 UNION MEETING ROAD
 BLUE BELL, PA 19422

Summary Statement

Aetna's Administrative System

SCD: 1

PAGE 002

J5J KAN 128
 STATE OF NEBRASKA
 ATTN: [REDACTED]
 1526 K STREET, SUITE 110
 LINCOLN NE 68508-2732

Control Number: [REDACTED]
 Due Date: NOV 01, 2018
 Account Name: SUPPLEMENTAL LI
 Account Phone: 402-471-4116
 Serv. Field Office: 128/KANSAS CITY
 Customer Team: N/A
 Prep Date: OCT 26, 2018

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EE SUP LIFE 65-69		110	274	35,806,000	X	1.191/\$1000	*	42,644.95	
EE SUP LIFE 70-74		111	42	5,071,000	X	1.620/\$1000	*	8,215.02	
EE SUP LIFE 75-79		112	3	905,000	X	3.677/\$1000	*	3,327.69	
EE SUP LIFE 80		113	0	0	X	7.444/\$1000	*	0.00	
SP/CH SUP LIFE NDOL		120	8	NOT APPLIC.	X	.380/EMPL	*	3.04	
SP/CH SUP LIFE L-OPT 5000		70122	507	NOT APPLIC.	X	1.540/EMPL	*	780.78	
SP/CH SUP LIFE L-OPT 5000		70124	16	NOT APPLIC.	X	4.100/EMPL	*	65.60	
SP/CH SUP LIFE H-OPT 10000		70126	4,760	NOT APPLIC.	X	3.000/EMPL	*	14,280.00	
SP/CH SUP LIFE H-OPT 10000		70128	137	NOT APPLIC.	X	8.220/EMPL	*	1,126.14	
EE SUP AD&D		200	9,459	NOT APPLIC.	X	.100/EMPL	*	945.90	
								* TOTAL AMOUNT DUE	

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AETNA

P.O. BOX 88860
 CHICAGO IL 60695-1860

376,024.84 ESTIMATED

Please provide control number on your check

Signature of Customer's Representative

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Termination of 15 Employees effective 1/31 for Life and Employee Comp Med.

BILLING LINE		TOTAL INSURED		X	RATE	=	AMOUNT	*ADJUSTMENT
NAME	CODE	NO. OF EMPLOYEES	VOLUME					
Life	100	*426	*2,715,000		.40/1000		1,086.00	-344.76
		441	2,785,000				1114.00	
Disability	300	*390	*44,928		.48/10		2,156.54	
		390	44,928				2156.54	
Empl Comp Med	400	*426	X <i>not applicable</i>		53.21/EE		22,667.46	-798.15
		441					23,465.61	
Dep Comp Med	500	*153	X <i>not applicable</i>		119.47/EE		18,278.91	
		153					18,278.91	

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\$45,015.60 ESTIMATED

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