



Mutual of Omaha
Mutual of Omaha Plaza
Omaha, NE 68175

PERSONAL & CONFIDENTIAL
STATE OF NEBRASKA

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

Group ID: [REDACTED]
Bill Group ID: [REDACTED]
Due Date: 11/01/2018
Omaha Group Office

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

Billing Statement

Premium Remittance Slip

Invoice Number: [REDACTED]

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

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

Due Date: 11/01/2018
Omaha Group Office

6P1P-F181006225454000446
0204000000000000100



Mutual of Omaha



MUTUAL OF OMAHA
PAYMENT PROCESSING CENTER
PO BOX 2147
OMAHA NE 68103-2147

TOTAL AMOUNT DUE: \$



Invoice Number: [REDACTED]
Omaha Group Office

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

ACCOUNT SUMMARY

OUTSTANDING BALANCES	_____	*
CURRENT PREMIUM DUE	_____	*
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:

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.

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



Group ID: 
 Bill Group ID: 
 Invoice Number: 
 Omaha Group Office

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

BILLING DETAIL

PLAN			CURRENT LIVES	CURRENT VOLUME	RATE	CURRENT PREMIUM
<hr/> CLASS AX01 <hr/>						
LTD Vol					Age Banded	
	RETROACTIVE	# MOS.				
	TOTALS					
<hr/> CLASS AX02 <hr/>						
LTD Vol					Age Banded	
	RETROACTIVE	# MOS.				
	TOTALS					
<hr/> CLASS AX03 <hr/>						
LTD Vol					Age Banded	
	RETROACTIVE	# MOS.				
	TOTALS					
<hr/> CLASS AX04 <hr/>						
LTD Vol					Age Banded	
	RETROACTIVE	# MOS.				
	TOTALS					

TOTAL CURRENT PREMIUM AND ADJUSTMENTS DUE _____ *

* Please enter this amount on the Current Premium Due line of the ACCOUNT SUMMARY on page 1. Add this to the OUTSTANDING BALANCE for TOTAL DUE.

 CLASS LISTING

AX01 All Eligible Employees electing Option 1
 AX02 All Eligible Employees electing Option 2

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Omaha Group Office

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Through: 11/30/2018

BILLING DETAIL

PLAN		CURRENT LIVES	CURRENT VOLUME	RATE	CURRENT PREMIUM
AX03	All Eligible Employees electing Option 3				
AX04	All Eligible Employees electing Option 4				

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