



Remittance Report

Client Group: N/A

Broker: N/A

Client: Concord Designs

Division: ALL

Remittance Report ID: 10

Remittance Period Beginning: 11/18/2021 10:46 AM

Ending: 07/28/2022 02:00 PM

Includes Through Premium Due Date: 07/28/2022

Includes Through Deposit Date: 07/28/2022

Remittance Group: ALL CLIENTS



Client Remittance Report

Client Group: N/A

Broker: N/A

Client: Concord Designs

Division: ALL

Remittance Report ID: 10

Remittance Period Beginning: 11/18/2021 10:46 AM

Ending: 07/28/2022 02:00 PM

Includes Through Premium Due Date: 07/28/2022

Includes Through Deposit Date: 07/28/2022

Remittance Group: ALL CLIENTS

Grand Totals:	Remit To Client Grand Total:	\$30,034.93
	Subsidized Bookable Admin Fee Grand Total:	(\$1.70)
	AEI Subsidized Bookable Admin Fee Grand Total:	\$0.00
	Remit To Client Adjustment Grand Total:	\$0.00
	Remit To Carrier - Adjust with Client Adjustment Grand Total:	\$0.00
	Client Remittance Grand Total:	\$30,033.23

Client Remittance Report

Client DBA Name:	Concord Designs	Remittance Period Beginning:	11/18/2021 10:46:14 AM
Client Name:	Concord Designs	Ending:	7/28/2022 2:00:28 PM
Client Alternate:		Includes Through Premium Due Date:	07/28/2022
		Includes Through Deposit Date:	07/28/2022

Division Name: Concord Design

Division EIN:

Remit To: Client

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 7 / 2022

Plan: Dental **Carrier:** Demo Dental

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Grant, Tanner	424-46-9516	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Jacobson, Heidi	601-65-7925	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
McGraw, Jenny	321-65-4987	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Ronaldi, Jenny	454-55-5555	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Tobbler, Patrick	901-12-2555	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Plan Total:		\$510.00	\$10.20	\$520.20	\$0.00	\$0.00	\$10.20	\$0.00	\$510.00	\$0.00	\$0.00	\$510.00

Plan: Dental SPM **Carrier:** Demo Dental

Division Name: Concord Design

Division EIN:

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00

Plan: Medical

Carrier: Demo Medical

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$750.00	\$15.00	\$765.00	\$0.00	\$0.00	\$15.00	\$0.00	\$750.00	\$0.00	\$0.00	\$750.00
Grant, Tanner	424-46-9516	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Jacobson, Heidi	601-65-7925	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
McGraw, Jenny	321-65-4987	\$750.00	\$15.00	\$765.00	\$0.00	\$0.00	\$15.00	\$0.00	\$750.00	\$0.00	\$0.00	\$750.00
Ronaldi, Jenny	454-55-5555	\$750.00	\$15.00	\$765.00	\$0.00	\$0.00	\$15.00	\$0.00	\$750.00	\$0.00	\$0.00	\$750.00
Tobbler, Patrick	901-12-2555	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Plan Total:		\$4,500.00	\$90.00	\$4,290.00	\$300.00	\$0.00	\$90.00	\$0.00	\$4,200.00	\$0.00	\$0.00	\$4,200.00

Plan: Medical SPM

Carrier: Demo Medical

Policy Number:

Division Name: Concord Design

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$180.00
Plan Total:		\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$180.00

Plan: Vision

Carrier: Demo Vision

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Grant, Tanner	424-46-9516	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Jacobson, Heidi	601-65-7925	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
McGraw, Jenny	321-65-4987	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Ronaldi, Jenny	454-55-5555	\$15.00	\$0.30	\$15.30	\$0.00	\$0.00	\$0.30	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Tobbler, Patrick	901-12-2555	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Plan Total:		\$115.00	\$2.30	\$117.30	\$0.00	\$0.00	\$2.30	\$0.00	\$115.00	\$0.00	\$0.00	\$115.00
Premium Month Total:		\$5,320.00	\$102.50	\$5,122.50	\$300.00	\$0.00	\$102.50	\$0.00	\$5,020.00	\$0.00	\$0.00	\$5,020.00

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 6 / 2022

Plan: Dental

Carrier: Demo Dental

Policy Number:

Division Name: Concord Design

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Grant, Tanner	424-46-9516	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Jacobson, Heidi	601-65-7925	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
McGraw, Jenny	321-65-4987	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Ronaldi, Jenny	454-55-5555	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Plan Total:		\$425.00	\$8.50	\$433.50	\$0.00	\$0.00	\$8.50	\$0.00	\$425.00	\$0.00	\$0.00	\$425.00

Plan: Dental SPM

Carrier: Demo Dental

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00

Plan: Medical

Carrier: Demo Medical

Policy Number:

Division Name: Concord Design

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$750.00	\$15.00	\$765.00	\$0.00	\$0.00	\$15.00	\$0.00	\$750.00	\$0.00	\$0.00	\$750.00
Grant, Tanner	424-46-9516	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Jacobson, Heidi	601-65-7925	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
McGraw, Jenny	321-65-4987	\$750.00	\$15.00	\$765.00	\$0.00	\$0.00	\$15.00	\$0.00	\$750.00	\$0.00	\$0.00	\$750.00
Ronaldi, Jenny	454-55-5555	\$750.00	\$15.00	\$765.00	\$0.00	\$0.00	\$15.00	\$0.00	\$750.00	\$0.00	\$0.00	\$750.00
Plan Total:		\$3,750.00	\$75.00	\$3,625.00	\$200.00	\$0.00	\$75.00	\$0.00	\$3,550.00	\$0.00	\$0.00	\$3,550.00

Plan: Medical SPM

Carrier: Demo Medical

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$180.00
Plan Total:		\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$180.00

Plan: Vision

Carrier: Demo Vision

Policy Number:

Division Name: Concord Design

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Grant, Tanner	424-46-9516	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Jacobson, Heidi	601-65-7925	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
McGraw, Jenny	321-65-4987	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Ronaldi, Jenny	454-55-5555	\$15.00	\$0.30	\$15.30	\$0.00	\$0.00	\$0.30	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$95.00	\$1.90	\$96.90	\$0.00	\$0.00	\$1.90	\$0.00	\$95.00	\$0.00	\$0.00	\$95.00
Premium Month Total:		\$4,465.00	\$85.40	\$4,350.40	\$200.00	\$0.00	\$85.40	\$0.00	\$4,265.00	\$0.00	\$0.00	\$4,265.00

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 5 / 2022

Plan: Dental

Carrier: Demo Dental

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Grant, Tanner	424-46-9516	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Jacobson, Heidi	601-65-7925	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
McGraw, Jenny	321-65-4987	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Ronaldi, Jenny	454-55-5555	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Plan Total:		\$425.00	\$8.50	\$433.50	\$0.00	\$0.00	\$8.50	\$0.00	\$425.00	\$0.00	\$0.00	\$425.00

Division Name: Concord Design

Division EIN:

Plan: Dental SPM

Carrier: Demo Dental

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00

Plan: Medical

Carrier: Demo Medical

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$750.00	\$15.00	\$762.53	\$2.47	\$0.00	\$15.00	\$0.00	\$747.53	\$0.00	\$0.00	\$747.53
Grant, Tanner	424-46-9516	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Jacobson, Heidi	601-65-7925	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
McGraw, Jenny	321-65-4987	\$750.00	\$15.00	\$765.00	\$0.00	\$0.00	\$15.00	\$0.00	\$750.00	\$0.00	\$0.00	\$750.00
Ronaldi, Jenny	454-55-5555	\$750.00	\$15.00	\$765.00	\$0.00	\$0.00	\$15.00	\$0.00	\$750.00	\$0.00	\$0.00	\$750.00
Plan Total:		\$3,750.00	\$75.00	\$3,622.53	\$202.47	\$0.00	\$75.00	\$0.00	\$3,547.53	\$0.00	\$0.00	\$3,547.53

Plan: Medical SPM

Carrier: Demo Medical

Policy Number:

Division Name: Concord Design

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$180.00
Plan Total:		\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$180.00

Plan: Vision

Carrier: Demo Vision

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Grant, Tanner	424-46-9516	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Jacobson, Heidi	601-65-7925	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
McGraw, Jenny	321-65-4987	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Ronaldi, Jenny	454-55-5555	\$15.00	\$0.30	\$15.30	\$0.00	\$0.00	\$0.30	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$95.00	\$1.90	\$96.90	\$0.00	\$0.00	\$1.90	\$0.00	\$95.00	\$0.00	\$0.00	\$95.00
Premium Month Total:		\$4,465.00	\$85.40	\$4,347.93	\$202.47	\$0.00	\$85.40	\$0.00	\$4,262.53	\$0.00	\$0.00	\$4,262.53

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 4 / 2022

Plan: Dental

Carrier: Demo Dental

Policy Number:

Division Name: Concord Design

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$85.00	\$1.70	\$0.00	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$0.00	\$0.00	(\$1.70)
Grant, Tanner	424-46-9516	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Jacobson, Heidi	601-65-7925	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
McGraw, Jenny	321-65-4987	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Ronaldi, Jenny	454-55-5555	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Plan Total:		\$425.00	\$8.50	\$346.80	\$86.70	\$0.00	\$6.80	\$1.70	\$340.00	\$0.00	\$0.00	\$338.30

Plan: Dental SPM

Carrier: Demo Dental

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00

Plan: Medical

Carrier: Demo Medical

Policy Number:

Division Name: Concord Design

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$750.00	\$15.00	\$688.50	\$76.50	\$0.00	\$15.00	\$0.00	\$673.50	\$0.00	\$0.00	\$673.50
Grant, Tanner	424-46-9516	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Jacobson, Heidi	601-65-7925	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
McGraw, Jenny	321-65-4987	\$750.00	\$15.00	\$765.00	\$0.00	\$0.00	\$15.00	\$0.00	\$750.00	\$0.00	\$0.00	\$750.00
Ronaldi, Jenny	454-55-5555	\$750.00	\$15.00	\$765.00	\$0.00	\$0.00	\$15.00	\$0.00	\$750.00	\$0.00	\$0.00	\$750.00
Plan Total:		\$3,750.00	\$75.00	\$3,548.50	\$276.50	\$0.00	\$75.00	\$0.00	\$3,473.50	\$0.00	\$0.00	\$3,473.50

Plan: Medical SPM

Carrier: Demo Medical

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$180.00
Plan Total:		\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$180.00

Plan: Vision

Carrier: Demo Vision

Policy Number:

Division Name: Concord Design

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Grant, Tanner	424-46-9516	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Jacobson, Heidi	601-65-7925	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
McGraw, Jenny	321-65-4987	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Ronaldi, Jenny	454-55-5555	\$15.00	\$0.30	\$15.30	\$0.00	\$0.00	\$0.30	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$95.00	\$1.90	\$96.90	\$0.00	\$0.00	\$1.90	\$0.00	\$95.00	\$0.00	\$0.00	\$95.00
Premium Month Total:		\$4,465.00	\$85.40	\$4,187.20	\$363.20	\$0.00	\$83.70	\$1.70	\$4,103.50	\$0.00	\$0.00	\$4,101.80

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 3 / 2022

Plan: Dental

Carrier: Demo Dental

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Grant, Tanner	424-46-9516	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Jacobson, Heidi	601-65-7925	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Ronaldi, Jenny	454-55-5555	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Plan Total:		\$340.00	\$6.80	\$346.80	\$0.00	\$0.00	\$6.80	\$0.00	\$340.00	\$0.00	\$0.00	\$340.00

Division Name: Concord Design

Division EIN:

Plan: Dental SPM

Carrier: Demo Dental

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00

Plan: Medical

Carrier: Demo Medical

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$750.00	\$15.00	\$688.50	\$76.50	\$0.00	\$15.00	\$0.00	\$673.50	\$0.00	\$0.00	\$673.50
Grant, Tanner	424-46-9516	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Jacobson, Heidi	601-65-7925	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Ronaldi, Jenny	454-55-5555	\$750.00	\$15.00	\$765.00	\$0.00	\$0.00	\$15.00	\$0.00	\$750.00	\$0.00	\$0.00	\$750.00
Plan Total:		\$3,000.00	\$60.00	\$2,783.50	\$276.50	\$0.00	\$60.00	\$0.00	\$2,723.50	\$0.00	\$0.00	\$2,723.50

Plan: Medical SPM

Carrier: Demo Medical

Policy Number:

Division Name: Concord Design

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$180.00
Plan Total:		\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$180.00

Plan: Vision

Carrier: Demo Vision

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Grant, Tanner	424-46-9516	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Jacobson, Heidi	601-65-7925	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Ronaldi, Jenny	454-55-5555	\$15.00	\$0.30	\$15.30	\$0.00	\$0.00	\$0.30	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$75.00	\$1.50	\$76.50	\$0.00	\$0.00	\$1.50	\$0.00	\$75.00	\$0.00	\$0.00	\$75.00
Premium Month Total:		\$3,610.00	\$68.30	\$3,401.80	\$276.50	\$0.00	\$68.30	\$0.00	\$3,333.50	\$0.00	\$0.00	\$3,333.50

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 2 / 2022

Plan: Dental

Carrier: Demo Dental

Policy Number:

Division Name: Concord Design

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Grant, Tanner	424-46-9516	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Jacobson, Heidi	601-65-7925	\$85.00	\$1.70	\$83.60	\$3.10	\$0.00	\$1.70	\$0.00	\$81.90	\$0.00	\$0.00	\$81.90
Ronaldi, Jenny	454-55-5555	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Plan Total:		\$340.00	\$6.80	\$343.70	\$3.10	\$0.00	\$6.80	\$0.00	\$336.90	\$0.00	\$0.00	\$336.90

Plan: Dental SPM

Carrier: Demo Dental

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00

Plan: Medical

Carrier: Demo Medical

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Arbor, Jerry	901-11-1111	\$750.00	\$15.00	\$688.50	\$76.50	\$0.00	\$15.00	\$0.00	\$673.50	\$0.00	\$0.00	\$673.50

Division Name: Concord Design

Division EIN:

Grant, Tanner	424-46-9516	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Jacobson, Heidi	601-65-7925	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Ronaldi, Jenny	454-55-5555	\$750.00	\$15.00	\$765.00	\$0.00	\$0.00	\$15.00	\$0.00	\$750.00	\$0.00	\$0.00	\$750.00
Plan Total:		\$3,000.00	\$60.00	\$2,783.50	\$276.50	\$0.00	\$60.00	\$0.00	\$2,723.50	\$0.00	\$0.00	\$2,723.50

Plan: Medical SPM

Carrier: Demo Medical

Policy Number:

Member Name	SSN	Premium	Admin Fee	Member Paid	Subsidy	AEI Subsidy	Admin Fee Paid by		Member Paid		Total To Carrier	Total To Client
							Member	Subsidy	Premium To Remit	Admin Fee To Remit		
Treamer, SM	514-36-6005	\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$180.00
Plan Total:		\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$180.00

Plan: Vision

Carrier: Demo Vision

Policy Number:

Member Name	SSN	Premium	Admin Fee	Member Paid	Subsidy	AEI Subsidy	Admin Fee Paid by		Member Paid		Total To Carrier	Total To Client
							Member	Subsidy	Premium To Remit	Admin Fee To Remit		
Arbor, Jerry	901-11-1111	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Grant, Tanner	424-46-9516	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Jacobson, Heidi	601-65-7925	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00

Division Name: Concord Design

Division EIN:

Ronaldi, Jenny	454-55-5555	\$15.00	\$0.30	\$15.30	\$0.00	\$0.00	\$0.30	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$75.00	\$1.50	\$76.50	\$0.00	\$0.00	\$1.50	\$0.00	\$75.00	\$0.00	\$0.00	\$75.00
Premium Month Total:		\$3,610.00	\$68.30	\$3,398.70	\$279.60	\$0.00	\$68.30	\$0.00	\$3,330.40	\$0.00	\$0.00	\$3,330.40

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 1 / 2022

Plan: Dental

Carrier: Demo Dental

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Grant, Tanner	424-46-9516	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Ronaldi, Jenny	454-55-5555	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Plan Total:		\$170.00	\$3.40	\$173.40	\$0.00	\$0.00	\$3.40	\$0.00	\$170.00	\$0.00	\$0.00	\$170.00

Plan: Dental SPM

Carrier: Demo Dental

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00

Division Name: Concord Design

Division EIN:

Plan: Medical

Carrier: Demo Medical

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Grant, Tanner	424-46-9516	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Ronaldi, Jenny	454-55-5555	\$750.00	\$15.00	\$765.00	\$0.00	\$0.00	\$15.00	\$0.00	\$750.00	\$0.00	\$0.00	\$750.00
Plan Total:		\$1,500.00	\$30.00	\$1,430.00	\$100.00	\$0.00	\$30.00	\$0.00	\$1,400.00	\$0.00	\$0.00	\$1,400.00

Plan: Medical SPM

Carrier: Demo Medical

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$180.00
Plan Total:		\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$180.00

Plan: Vision

Carrier: Demo Vision

Policy Number:

Division Name: Concord Design

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Grant, Tanner	424-46-9516	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Ronaldi, Jenny	454-55-5555	\$15.00	\$0.30	\$15.30	\$0.00	\$0.00	\$0.30	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$35.00	\$0.70	\$35.70	\$0.00	\$0.00	\$0.70	\$0.00	\$35.00	\$0.00	\$0.00	\$35.00
Premium Month Total:		\$1,900.00	\$34.10	\$1,834.10	\$100.00	\$0.00	\$34.10	\$0.00	\$1,800.00	\$0.00	\$0.00	\$1,800.00

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 12 / 2021

Plan: Dental

Carrier: Demo Dental

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Ronaldi, Jenny	454-55-5555	\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00
Plan Total:		\$85.00	\$1.70	\$86.70	\$0.00	\$0.00	\$1.70	\$0.00	\$85.00	\$0.00	\$0.00	\$85.00

Plan: Dental SPM

Carrier: Demo Dental

Policy Number:

Division Name: Concord Design

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00

Plan: Medical

Carrier: Demo Medical

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Ronaldi, Jenny	454-55-5555	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Plan Total:		\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00

Plan: Medical FSA

Carrier: Demo FSA

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Ronaldi, Jenny	454-55-5555	\$100.00	\$2.00	\$102.00	\$0.00	\$0.00	\$2.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00
Plan Total:		\$100.00	\$2.00	\$102.00	\$0.00	\$0.00	\$2.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00

Division Name: Concord Design

Division EIN:

Plan: Medical SPM

Carrier: Demo Medical

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$180.00	\$0.00	\$80.00	\$100.00	\$0.00	\$0.00	\$0.00	\$80.00	\$0.00	\$0.00	\$80.00
Plan Total:		\$180.00	\$0.00	\$80.00	\$100.00	\$0.00	\$0.00	\$0.00	\$80.00	\$0.00	\$0.00	\$80.00

Plan: Vision

Carrier: Demo Vision

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Ronaldi, Jenny	454-55-5555	\$15.00	\$0.30	\$15.30	\$0.00	\$0.00	\$0.30	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$15.00	\$0.30	\$15.30	\$0.00	\$0.00	\$0.30	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Premium Month Total:		\$1,145.00	\$19.00	\$964.00	\$200.00	\$0.00	\$19.00	\$0.00	\$945.00	\$0.00	\$0.00	\$945.00

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 11 / 2021

Plan: Dental SPM

Carrier: Demo Dental

Policy Number:

Division Name: Concord Design

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00
Plan Total:		\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$15.00

Plan: Medical SPM

Carrier: Demo Medical

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Treamer, SM	514-36-6005	\$180.00	\$0.00	\$80.00	\$100.00	\$0.00	\$0.00	\$0.00	\$80.00	\$0.00	\$0.00	\$80.00
Plan Total:		\$180.00	\$0.00	\$80.00	\$100.00	\$0.00	\$0.00	\$0.00	\$80.00	\$0.00	\$0.00	\$80.00
Premium Month Total:		\$195.00	\$0.00	\$95.00	\$100.00	\$0.00	\$0.00	\$0.00	\$95.00	\$0.00	\$0.00	\$95.00
Client Remit Total:		\$29,175.00	\$548.40	\$27,701.63	\$2,021.77	\$0.00	\$546.70	(\$1.70)	\$27,154.93	\$0.00	\$0.00	\$27,153.23

Concord Design Division Totals: Remit To Client Adjustment Total: \$0.00

Remit To Client Total: \$27,154.93

Subsidized Bookable Admin Fee: (\$1.70)

AEI Subsidized Bookable Admin Fee: \$0.00

Remit To Carrier - Adjust with Client Adjustment Total: \$0.00

Client Division Remittance Total: \$27,153.23

Division EIN:

Remit To Carrier Total: \$0.00

Client Remittance Report

Client DBA Name:	Concord Designs	Remittance Period Beginning:	11/18/2021 10:46:14 AM
Client Name:	Concord Designs	Ending:	7/28/2022 2:00:28 PM
Client Alternate:		Includes Through Premium Due Date:	07/28/2022
		Includes Through Deposit Date:	07/28/2022

Division Name: NorthWest

Division EIN:

Remit To: Client

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 7 / 2022

Plan: Dental	Carrier: Demo Dental
Policy Number:	

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Downs, Sam	488-13-5968	\$50.00	\$1.00	\$51.00	\$0.00	\$0.00	\$1.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00
Plan Total:		\$50.00	\$1.00	\$51.00	\$0.00	\$0.00	\$1.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00

Plan: Medical	Carrier: Demo Medical
Policy Number:	

Division Name: NorthWest

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Downs, Sam	488-13-5968	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Plan Total:		\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00

Plan: Vision

Carrier: Demo Vision

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Downs, Sam	488-13-5968	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Plan Total:		\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Premium Month Total:		\$820.00	\$16.40	\$736.40	\$100.00	\$0.00	\$16.40	\$0.00	\$720.00	\$0.00	\$0.00	\$720.00

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 6 / 2022

Plan: Dental

Carrier: Demo Dental

Policy Number:

Division Name: NorthWest

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Downs, Sam	488-13-5968	\$50.00	\$1.00	\$51.00	\$0.00	\$0.00	\$1.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00
Plan Total:		\$50.00	\$1.00	\$51.00	\$0.00	\$0.00	\$1.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00

Plan: Medical

Carrier: Demo Medical

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Downs, Sam	488-13-5968	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Plan Total:		\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00

Plan: Vision

Carrier: Demo Vision

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Downs, Sam	488-13-5968	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Plan Total:		\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Premium Month Total:		\$820.00	\$16.40	\$736.40	\$100.00	\$0.00	\$16.40	\$0.00	\$720.00	\$0.00	\$0.00	\$720.00

Division Name: NorthWest

Division EIN:

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 5 / 2022

Plan: Dental

Carrier: Demo Dental

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Downs, Sam	488-13-5968	\$50.00	\$1.00	\$51.00	\$0.00	\$0.00	\$1.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00
Plan Total:		\$50.00	\$1.00	\$51.00	\$0.00	\$0.00	\$1.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00

Plan: Medical

Carrier: Demo Medical

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Downs, Sam	488-13-5968	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Plan Total:		\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00

Plan: Vision

Carrier: Demo Vision

Policy Number:

Division Name: NorthWest

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Downs, Sam	488-13-5968	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Plan Total:		\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Premium Month Total:		\$820.00	\$16.40	\$736.40	\$100.00	\$0.00	\$16.40	\$0.00	\$720.00	\$0.00	\$0.00	\$720.00

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 4 / 2022

Plan: Dental

Carrier: Demo Dental

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Downs, Sam	488-13-5968	\$50.00	\$1.00	\$51.00	\$0.00	\$0.00	\$1.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00
Plan Total:		\$50.00	\$1.00	\$51.00	\$0.00	\$0.00	\$1.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00

Plan: Medical

Carrier: Demo Medical

Policy Number:

Division Name: NorthWest

Division EIN:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Downs, Sam	488-13-5968	\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00
Plan Total:		\$750.00	\$15.00	\$665.00	\$100.00	\$0.00	\$15.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00

Plan: Vision

Carrier: Demo Vision

Policy Number:

<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin Fee</u>	<u>Member Paid</u>	<u>Subsidy</u>	<u>AEI Subsidy</u>	<u>Admin Fee Paid by</u>		<u>Member Paid</u>		<u>Total To Carrier</u>	<u>Total To Client</u>
							<u>Member</u>	<u>Subsidy</u>	<u>Premium To Remit</u>	<u>Admin Fee To Remit</u>		
Downs, Sam	488-13-5968	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Plan Total:		\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
Premium Month Total:		\$820.00	\$16.40	\$736.40	\$100.00	\$0.00	\$16.40	\$0.00	\$720.00	\$0.00	\$0.00	\$720.00
Client Remit Total:		\$3,280.00	\$65.60	\$2,945.60	\$400.00	\$0.00	\$65.60	\$0.00	\$2,880.00	\$0.00	\$0.00	\$2,880.00

NorthWest Division Totals: Remit To Client Adjustment Total: \$0.00

Remit To Client Total: \$2,880.00

Subsidized Bookable Admin Fee: \$0.00

AEI Subsidized Bookable Admin Fee: \$0.00

Remit To Carrier - Adjust with Client Adjustment Total: \$0.00

Client Division Remittance Total: \$2,880.00

Division Name: NorthWest
Division EIN:

Remit To Carrier Total: \$0.00

Concord Designs Client Totals:	Remit To Client Adjustment Total:	\$0.00
	Remit To Client Total:	\$30,034.93
	Subsidized Bookable Admin Fee:	(\$1.70)
	AEI Subsidized Bookable Admin Fee:	\$0.00
	Remit To Carrier - Adjust with Client Adjustment Total:	\$0.00
	Client Remittance Total:	\$30,033.23
	Remit To Carrier Total:	\$0.00

