

# **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
Su	ubsidized Bookable Admin Fee Grand Total:	(\$1.70)
AEI Su	ubsidized Bookable Admin Fee Grand Total:	\$0.00
	Remit To Client Adjustment Grand Total:	\$0.00
Remit To Ca	rrier - Adjust with Client Adjustment Grand Total:	\$0.00
	Client Remittance Grand Total:	\$30,033.23

# **Client Remittance Report**

Client DBA Name: Client Name: Client Alternate:	Concord Concord	Designs Designs		Remittance Period Beginning: Ending: Includes Through Premium Due Date: Includes Through Deposit Date:						11/18/2021 10:46:14 AM 7/28/2022 2:00:28 PM 07/28/2022 07/28/2022		
Division Name: Division EIN:	Concord	Design										
<u>Remit To: Client</u> <u>Member Paid Amounts</u>	s and Subsidize	d Admin Fe	<u>es To Rei</u>	<u>mit for Prem</u>	nium Mont	:h: 7 / 2022						
Plan: Dental Policy Number:					Carrier:	Demo De	ental					
							Admin Fee	<u>Paid by</u>	Membe	<u>r Paid</u>		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To Remit	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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

# Division EIN:

Policy	Number:	
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							Admin Fee	Paid by	<u>Membe</u>	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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

Demo Medical

Carrier:

Plan:	Medical
Policy	Number:

							Admin Fee	<u>Paid by</u>	<u>Membe</u>	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To Remit	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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

### **Division EIN:**

Treamer, SM	514-36-6005	\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	<u>Remit</u> \$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:

							Admin Fee	Paid by	Membe	<u>r Paid</u>		
Member Name	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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, Hei	di 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, Jenn	y 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, Patric	k 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

### **Division EIN:**

							<u>Admin Fee I</u>	<u>Paid by</u>	Membe	<u>r Paid</u>		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To Remit	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 SP Policy Number:	PM				Carrier:	Demo De	ental					
							Admin Fee	<u>Paid by</u>	Member	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 Policy Number:					Carrier:	Demo Me	edical					

### **Division EIN:**

							Admin Fee	<u>Paid by</u>	<u>Membe</u>	<u>r Paid</u>		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 S Policy Number:	PM				Carrier:	Demo Me	dical					
							Admin Fee F	Paid by	Member	r Paid		
Member Name	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> <u>Paid</u>	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To Remit	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 **Policy Number:**  Carrier: Demo Vision

### **Division EIN:**

							Admin Fee	<u>Paid by</u>	<u>Membe</u>	<u>r Paid</u>		
Member Name	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</u>
										<u>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, Hei	di 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, Jenn	y 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 Policy Number:

Carrier: Demo Dental

							Admin Fee	<u>Paid by</u>	Membe	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 SP Policy Number:	Μ				Carrier:	Demo De	ntal					
							Admin Fee	Paid by	Membe	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 Policy Number:					Carrier:	Demo Me	edical <u>Admin Fee</u>	Paid by	Membe	<u>r Paid</u>		
Member Name	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> <u>Subsidy</u>	Member	<u>Subsidy</u>	<u>Premium</u> To Remit	<u>Admin</u> Fee To Remit	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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

Division EIN:		U										
							Admin Fee	Paid by	<u>Membe</u>	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> <u>Fee To</u> <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 Policy Number:					Carrier:	Demo Vis	sion					
							Admin Fee	Paid by	<u>Membe</u>	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> <u>Fee To</u> <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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
Premiu	m 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

**Concord Design** 

Plan: Dental

**Division Name:** 

Carrier: Demo Dental

### **Division EIN:**

							Admin Fee	<u>Paid by</u>	Member	<u>r Paid</u>		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To Remit	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 SF Policy Number:	M				Carrier:	Demo De	ental					
							Admin Fee	Paid by	<u>Membe</u>	<u>r Paid</u>		
Member Name	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 Policy Number:					Carrier:	Demo Me	edical					

### **Division EIN:**

							Admin Fee	<u>Paid by</u>	<u>Membe</u>	<u>r Paid</u>		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> <u>Subsidy</u>	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> <u>Fee To</u> <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 S Policy Number:							dical					
							Admin Fee F	Paid by	Member	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 Policy Number: Carrier: Demo Vision

### **Division EIN:**

	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
	Plan Total:	\$95.00	\$1.90	\$96.90	\$0.00	\$0.00	\$1.90	\$0.00	\$95.00	\$0.00	\$0.00	\$95.00
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
McGraw, Jenny	y 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
Jacobson, Heid	di 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
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
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
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</u>
							<u>Admin Fee</u>	Paid by	<u>Membe</u>	<u>r Paid</u>		

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

Plan: Dental

Carrier: Demo Dental

							<u>Admin Fee</u>	<u>Paid by</u>	<u>Membe</u>	<u>r Paid</u>		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> <u>Fee To</u> <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 EIN:**

Plan: Dental SP Policy Number:	Μ				Carrier:	Demo De	ntal					
							Admin Fee	Paid by	Membe	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> <u>Subsidy</u>	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 Policy Number:					Carrier:	Demo Me	edical <u>Admin Fee</u>	Paid by	Membe	<u>r Paid</u>		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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

## **Division EIN:**

							Admin Fee I	<u>Paid by</u>	Membe	<u>r Paid</u>		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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:

							Admin Fee	<u>Paid by</u>	Membe	<u>r Paid</u>		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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, Heic	di 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

## Division EIN:

							<u>Admin Fee I</u>	<u>Paid by</u>	<u>Membe</u>	<u>r Paid</u>		
Member Name	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> <u>Paid</u>	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 SF Policy Number:	M				Carrier:	Demo De	ntal					

							Admin Fee I	<u>Paid by</u>	Membe	<u>r Paid</u>		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> <u>Paid</u>	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 Policy Number:					Carrier:	Demo Me	dical					
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u>	Member	<u>Subsidy</u>	<u>AEI</u>	<u>Admin Fee F</u> <u>Member</u>	Paid by Subsidy	<u>Member</u> Premium	<u>Paid</u> Admin	<u>Total To</u>	<u>Total To</u>
			<u>Fee</u>	<u>Paid</u>		<u>Subsidy</u>			<u>To Remit</u>	<u>Fee To</u> <u>Remit</u>	Carrier	<u>Client</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: Division EIN:	Concor	d Design										
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 S Policy Number:	PM				Carrier:	Demo Me	edical					
							Admin Fee	<u>Paid by</u>	Membe	r Paid		
Member Name	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To Remit	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 Policy Number:					Carrier:	Demo Vis	sion					
							Admin Fee	Paid by	Membe	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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

Division Nar Division EIN		d Design										
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: Den Policy Numb					Carrier:	Demo De	ental					
							Admin Fee	Paid by	<u>Membe</u>	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> <u>Fee To</u> <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 Policy Number:	-				Carrier:	Demo De	ental					
							Admin Fee	Paid by	<u>Membe</u>	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> <u>Paid</u>	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 Policy Number:					Carrier:	Demo Me	edical					
							Admin Fee	<u>Paid by</u>	Membe	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 S Policy Number:	PM				Carrier:	Demo Me	edical <u>Admin Fee</u>	Paid by	Membe	r Paid		
Member Name	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Admin Fee</u> <u>Member</u>	<u>Paid by</u> <u>Subsidy</u>	<u>Membe</u> <u>Premium</u> <u>To Remit</u>	<u>r Paid</u> Admin Fee To	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</u>
			1.66	<u>r aiu</u>		<u>Subsidy</u>			<u>10 Kenni</u>	Remit	Carrier	
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
<b>Plan:</b> Vision					Carrier:	Demo Vis						

#### **Division EIN:**

							Admin Fee	<u>Paid by</u>	<u>Membe</u>	<u>r Paid</u>		
Member Name	<u>ssn</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> <u>Subsidy</u>	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> <u>Fee To</u> <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 Policy Number:				(	Carrier:	Demo De	ntal					
							Admin Fee	Paid by	Membe	r Paid		
Member Name	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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

## **Division EIN:**

Plan:

Medical

Treamer, SM	514-36-6005	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	<u>Remit</u> \$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

Policy Number:												
							Admin Fee	Paid by	Membe	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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

Demo Medical

Carrier:

Plan: Medical FSA Policy Number:					Carrier:	Demo FS	A					
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> <u>Paid</u>	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Admin Fee</u> <u>Member</u>	<u>Paid by</u> <u>Subsidy</u>	<u>Member</u> Premium To Remit	<u>r Paid</u> <u>Admin</u> <u>Fee To</u> <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 Policy Number:	SPM				Carrier:	Demo Me	edical					
							Admin Fee	Paid by	<u>Membe</u>	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid		<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 Policy Number:					Carrier:	Demo Vis	sion					
							Admin Fee	<u>Paid by</u>	<u>Membe</u>	<u>r Paid</u>		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> <u>Paid</u>	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> To Remit	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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
Premi	um 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

- - -

Policy Number:

Carrier: Demo Dental

6/3/2025 2:23 PM

#### **Division EIN:**

							Admin Fee I	<u>Paid by</u>	<u>Membe</u>	<u>r Paid</u>		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> <u>Paid</u>	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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

**Policy Number:** 

Carrier: Demo Medical

							Admin Fee	<u>Paid by</u>	<u>Membe</u>	<u>r Paid</u>		
Member Name	<u>e SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> <u>Subsidy</u>	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To Remit	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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: Remittance Period Beginning: Concord Designs** 11/18/2021 10:46:14 AM Ending: **Client Name: Concord Designs** 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 Carrier: Plan: Demo Dental Dental **Policy Number:** Admin Fee Paid by Member Paid Member Name SSN Admin Member Subsidy Premium Total To Total To Premium AEI Member Subsidy Admin F<u>ee</u> Subsidy To Remit Fee To Paid Client Carrier Remit Downs, Sam \$1.00 \$0.00 \$50.00 \$50.00 488-13-5968 \$0.00 \$0.00 \$50.00 \$51.00 \$1.00 \$0.00 \$0.00 \$50.00 Plan Total: \$1.00 \$51.00 \$0.00 \$0.00 \$1.00 \$0.00 \$50.00 \$0.00 \$0.00 \$50.00 Carrier: Plan: Medical Demo Medical

# Division Name: NorthWest Division EIN:

							Admin Fee F	Paid by	Membe	r Paid		
Member Name	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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
Policy	Number:

Carrier: Demo Vision

	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
	Plan Total:	\$20.00	\$0.40	\$20.40	\$0.00	\$0.00	\$0.40	\$0.00	\$20.00	\$0.00	\$0.00	\$20.00
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
Member Nam	ne <u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid		<u>AEI</u> <u>Subsidy</u>	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> <u>Fee To</u> <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</u>
							Admin Fee	Paid by	Membe	r Paid		

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

Plan: Dental

Carrier: Demo Dental

# Division Name: NorthWest Division EIN:

Medical

	Plan Total:	\$50.00	\$1.00	\$51.00	\$0.00	\$0.00	\$1.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00
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
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> Fee	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To Remit	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</u>
							Admin Fee I	<u>Paid by</u>	<u>Membe</u>	<u>r Paid</u>		

Policy Number:												
							Admin Fee	Paid by	Membe	<u>r Paid</u>		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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

Demo Medical

Carrier:

Plan: ∨ Policy Nur	ïsion n <b>ber:</b>				Carrier:	Demo Vis	sion					
							Admin Fee	Paid by	<u>Membe</u>	<u>r Paid</u>		
Member Name	<u>e SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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

Plan:

#### **Division Name:** NorthWest

**Division EIN:** 

#### Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 5 / 2022 Plan: Carrier: Demo Dental Dental **Policy Number:** Admin Fee Paid by Member Paid SSN Subsidy Premium Member Name Premium Admin Member Subsidy <u>AEI</u> Member Admin Total To Total To Paid To Remit Fee To Client Fee Subsidy Carrier <u>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 \$1.00 \$0.00 \$50.00 \$0.00 \$50.00 \$0.00 \$0.00 Carrier: Plan: Demo Medical Medical **Policy Number:** Admin Fee Paid by Member Paid SSN AEI Premium\_ Total To Member Name Premium Admin Member Subsidy Member Subsidy Admin Total To Fee Subsidy To Remit Fee To Paid Carrier Client Remit 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 \$650.00 \$0.00 \$650.00 \$0.00 \$15.00 \$0.00 \$0.00 Plan:

Vision **Policy Number:**  Carrier: **Demo Vision** 

# Division Name: NorthWest Division EIN:

							Admin Fee	<u>Paid by</u>	Membe	r Paid		
Member Name	<u>e SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 Policy Number:					Carrier:	Demo De	ntal					
							Admin Fee	Paid by	Membe	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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 N	Number:		

# Division Name: NorthWest Division EIN:

Vision

Plan:

							Admin Fee F	<u>Paid by</u>	Membe	<u>r Paid</u>		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To Remit	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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

Carrier:

Policy Nur	mber:											
							Admin Fee	Paid by	<u>Membe</u>	r Paid		
<u>Member Nam</u>	e <u>SSN</u>	<u>Premium</u>	<u>Admin</u> <u>Fee</u>	<u>Member</u> Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u> <u>To Remit</u>	<u>Admin</u> Fee To <u>Remit</u>	<u>Total To</u> <u>Carrier</u>	<u>Total To</u> <u>Client</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

Demo Vision

- 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: Division EIN:	NorthWest	NorthWest			
				Remit To Carrier Total:	

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

\$0.00