



Remittance Report

Client Group: N/A

Broker: N/A

Client: ALL

Division: ALL

Remittance Report ID: 123

Remittance Period Beginning: 08/13/2014 10:36 AM

Ending: 04/09/2021 01:38 PM

Includes Through Premium Due Date: 06/30/2021

Includes Through Deposit Date: 04/09/2021

Remittance Group: ALL CLIENTS



Client Remittance Report

Client Group: N/A

Broker: N/A

Client: ALL

Division: ALL

Remittance Report ID: 123

Remittance Period Beginning: 08/13/2014 10:36 AM

Ending: 04/09/2021 01:38 PM

Includes Through Premium Due Date: 06/30/2021

Includes Through Deposit Date: 04/09/2021

Remittance Group: ALL CLIENTS

Grand Totals:	Remit To Client Grand Total:	\$9,386.04
	Subsidized Bookable Admin Fee Grand Total:	\$0.00
	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:	\$9,386.04

Client Remittance Report

Client DBA Name:	The Sample Company	Remittance Period Beginning:	8/13/2014 10:36:01 AM
Client Name:	The Sample Company	Ending:	4/9/2021 1:38:19 PM
Client Alternate:		Includes Through Premium Due Date:	06/30/2021
		Includes Through Deposit Date:	04/09/2021

Division Name: The Sample Company

Remit To: Client

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 6 / 2021

Plan:	Sample Medical Plan	Carrier:	Discovery Benefits
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>		
Non-Zero Tester, Remittance	xxx-xx-1561	\$700.00	\$14.00	\$714.00	\$0.00	\$0.00	\$14.00	\$0.00	\$700.00	\$0.00	\$0.00	\$700.00
Plan Total:		\$700.00	\$14.00	\$714.00	\$0.00	\$0.00	\$14.00	\$0.00	\$700.00	\$0.00	\$0.00	\$700.00

Plan:	Test Dental	Carrier:	Discovery Benefits
Policy Number:	D3NT@L		

Division Name: The Sample Company

<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>		
Non-Zero Tester, Remittance	xxx-xx-1561	\$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
Premium Month Total:		\$750.00	\$15.00	\$765.00	\$0.00	\$0.00	\$15.00	\$0.00	\$750.00	\$0.00	\$0.00	\$750.00

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 5 / 2021

Plan: Sample Medical Plan

Carrier: Discovery Benefits

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>		
Non-Zero Tester, Remittance	xxx-xx-1561	\$700.00	\$14.00	\$714.00	\$0.00	\$0.00	\$14.00	\$0.00	\$700.00	\$0.00	\$0.00	\$700.00
Plan Total:		\$700.00	\$14.00	\$714.00	\$0.00	\$0.00	\$14.00	\$0.00	\$700.00	\$0.00	\$0.00	\$700.00

Plan: Test Dental

Carrier: Discovery Benefits

Policy Number: D3NT@L

<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>		
Non-Zero Tester, Remittance	xxx-xx-1561	\$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

Division Name: The Sample Company

Plan: Test Med

Carrier: Discovery Benefits

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>		
Sample II, John M	xxx-xx-5632	\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Plan Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Premium Month Total:		\$867.11	\$15.00	\$882.11	\$0.00	\$0.00	\$15.00	\$0.00	\$867.11	\$0.00	\$0.00	\$867.11

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 4 / 2021

Plan: Sample Medical Plan

Carrier: Discovery Benefits

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>		
Non-Zero Tester, Remittance	xxx-xx-1561	\$700.00	\$14.00	\$714.00	\$0.00	\$0.00	\$14.00	\$0.00	\$700.00	\$0.00	\$0.00	\$700.00
Plan Total:		\$700.00	\$14.00	\$714.00	\$0.00	\$0.00	\$14.00	\$0.00	\$700.00	\$0.00	\$0.00	\$700.00

Plan: Test Dental

Carrier: Discovery Benefits

Policy Number: D3NT@L

Division Name: The Sample Company

<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>		
Non-Zero Tester, Remittance	xxx-xx-1561	\$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: Test Med

Carrier: Discovery Benefits

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>		
Sample II, John M	xxx-xx-5632	\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Plan Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Premium Month Total:		\$867.11	\$15.00	\$882.11	\$0.00	\$0.00	\$15.00	\$0.00	\$867.11	\$0.00	\$0.00	\$867.11

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 3 / 2021

Plan: Sample Medical Plan

Carrier: Discovery Benefits

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>		
Non Legacy Drop Test, John	xxx-xx-8111	\$700.00	\$14.00	\$714.00	\$0.00	\$0.00	\$14.00	\$0.00	\$700.00	\$0.00	\$0.00	\$700.00
Non-Zero Tester, Remittance	xxx-xx-1561	\$700.00	\$14.00	\$714.00	\$0.00	\$0.00	\$14.00	\$0.00	\$700.00	\$0.00	\$0.00	\$700.00
Plan Total:		\$1,400.00	\$28.00	\$1,428.00	\$0.00	\$0.00	\$28.00	\$0.00	\$1,400.00	\$0.00	\$0.00	\$1,400.00

Division Name: The Sample Company

Plan: Test Dental

Carrier: Discovery Benefits

Policy Number: D3NT@L

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		
Non Legacy Drop Test, John	xxx-xx-8111	\$50.00	\$1.00	\$51.00	\$0.00	\$0.00	\$1.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00
Non-Zero Tester, Remittance	xxx-xx-1561	\$50.00	\$1.00	\$51.00	\$0.00	\$0.00	\$1.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00
Plan Total:		\$100.00	\$2.00	\$102.00	\$0.00	\$0.00	\$2.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00

Plan: Test Med

Carrier: Discovery Benefits

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		
Sample II, John M	xxx-xx-5632	\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Plan Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Premium Month Total:		\$1,617.11	\$30.00	\$1,647.11	\$0.00	\$0.00	\$30.00	\$0.00	\$1,617.11	\$0.00	\$0.00	\$1,617.11

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 2 / 2021

Plan: Sample Medical Plan

Carrier: Discovery Benefits

Policy Number:

Division Name: The Sample Company

<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>		
Non Legacy Drop Test, John	xxx-xx-8111	\$700.00	\$14.00	\$714.00	\$0.00	\$0.00	\$14.00	\$0.00	\$700.00	\$0.00	\$0.00	\$700.00
Plan Total:		\$700.00	\$14.00	\$714.00	\$0.00	\$0.00	\$14.00	\$0.00	\$700.00	\$0.00	\$0.00	\$700.00

Plan: Test Dental

Carrier: Discovery Benefits

Policy Number: D3NT@L

<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>		
Non Legacy Drop Test, John	xxx-xx-8111	\$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: Test Med

Carrier: Discovery Benefits

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>		
Sample II, John M	xxx-xx-5632	\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Plan Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Premium Month Total:		\$867.11	\$15.00	\$882.11	\$0.00	\$0.00	\$15.00	\$0.00	\$867.11	\$0.00	\$0.00	\$867.11

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 1 / 2021

Division Name: **The Sample Company**

Plan: Sample Medical Plan

Carrier: Discovery Benefits

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>		
Non Legacy Drop Test, John	xxx-xx-8111	\$700.00	\$14.00	\$714.00	\$0.00	\$0.00	\$14.00	\$0.00	\$700.00	\$0.00	\$0.00	\$700.00
Plan Total:		\$700.00	\$14.00	\$714.00	\$0.00	\$0.00	\$14.00	\$0.00	\$700.00	\$0.00	\$0.00	\$700.00

Plan: Test Dental

Carrier: Discovery Benefits

Policy Number: D3NT@L

<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>		
Non Legacy Drop Test, John	xxx-xx-8111	\$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: Test Med

Carrier: Discovery Benefits

Policy Number:

Division Name: The Sample Company

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		
Sample II, John M	xxx-xx-5632	\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Plan Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Premium Month Total:		\$867.11	\$15.00	\$882.11	\$0.00	\$0.00	\$15.00	\$0.00	\$867.11	\$0.00	\$0.00	\$867.11

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 12 / 2020

Plan: Test Med

Carrier: Discovery Benefits

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		
Sample II, John M	xxx-xx-5632	\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Plan Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Premium Month Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 11 / 2020

Plan: Test Med

Carrier: Discovery Benefits

Policy Number:

Division Name: The Sample Company

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		
Sample II, John M	xxx-xx-5632	\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Plan Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Premium Month Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 10 / 2020

Plan: Test Med

Carrier: Discovery Benefits

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		
Sample II, John M	xxx-xx-5632	\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Plan Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Premium Month Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 9 / 2020

Plan: Test Med

Carrier: Discovery Benefits

Policy Number:

Division Name: The Sample Company

<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>		
Sample II, John M	xxx-xx-5632	\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Plan Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Premium Month Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 8 / 2020

Plan: Test Med

Carrier: Discovery Benefits

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>		
Sample II, John M	xxx-xx-5632	\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Plan Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11
Premium Month Total:		\$117.11	\$0.00	\$117.11	\$0.00	\$0.00	\$0.00	\$0.00	\$117.11	\$0.00	\$0.00	\$117.11

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 7 / 2020

Plan: Sample Med

Carrier: Discovery Benefits

Policy Number:

Division Name: The Sample Company

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		
Test, SGP T	xxx-xx-7189	\$615.00	\$0.00	\$615.00	\$0.00	\$0.00	\$0.00	\$0.00	\$615.00	\$0.00	\$0.00	\$615.00
Plan Total:		\$615.00	\$0.00	\$615.00	\$0.00	\$0.00	\$0.00	\$0.00	\$615.00	\$0.00	\$0.00	\$615.00
Premium Month Total:		\$615.00	\$0.00	\$615.00	\$0.00	\$0.00	\$0.00	\$0.00	\$615.00	\$0.00	\$0.00	\$615.00

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 6 / 2020

Plan: Sample Med

Carrier: Discovery Benefits

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		
Test, SGP T	xxx-xx-7189	\$615.00	\$0.00	\$615.00	\$0.00	\$0.00	\$0.00	\$0.00	\$615.00	\$0.00	\$0.00	\$615.00
Plan Total:		\$615.00	\$0.00	\$615.00	\$0.00	\$0.00	\$0.00	\$0.00	\$615.00	\$0.00	\$0.00	\$615.00
Premium Month Total:		\$615.00	\$0.00	\$615.00	\$0.00	\$0.00	\$0.00	\$0.00	\$615.00	\$0.00	\$0.00	\$615.00

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 10 / 2019

Plan: Sample Medical Plan

Carrier: Discovery Benefits

Policy Number:

Division Name: The Sample Company

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		
Sample, Sam S	xxx-xx-7876	\$90.32	\$1.81	\$92.13	\$0.00	\$0.00	\$1.81	\$0.00	\$90.32	\$0.00	\$0.00	\$90.32
Plan Total:		\$90.32	\$1.81	\$92.13	\$0.00	\$0.00	\$1.81	\$0.00	\$90.32	\$0.00	\$0.00	\$90.32
Premium Month Total:		\$90.32	\$1.81	\$92.13	\$0.00	\$0.00	\$1.81	\$0.00	\$90.32	\$0.00	\$0.00	\$90.32

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 9 / 2019

Plan: Sample Medical Plan

Carrier: Discovery Benefits

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		
Sample, Sam S	xxx-xx-7876	\$583.33	\$11.67	\$595.00	\$0.00	\$0.00	\$11.67	\$0.00	\$583.33	\$0.00	\$0.00	\$583.33
Sample, Suikoden S	xxx-xx-4321	\$700.00	\$14.00	\$714.00	\$0.00	\$0.00	\$14.00	\$0.00	\$700.00	\$0.00	\$0.00	\$700.00
Plan Total:		\$1,283.33	\$25.67	\$1,309.00	\$0.00	\$0.00	\$25.67	\$0.00	\$1,283.33	\$0.00	\$0.00	\$1,283.33
Premium Month Total:		\$1,283.33	\$25.67	\$1,309.00	\$0.00	\$0.00	\$25.67	\$0.00	\$1,283.33	\$0.00	\$0.00	\$1,283.33

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 8 / 2019

Plan: Sample Medical Plan

Carrier: Discovery Benefits

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		
Sample, John H	xxx-xx-4321	\$316.13	\$6.32	\$322.45	\$0.00	\$0.00	\$6.32	\$0.00	\$316.13	\$0.00	\$0.00	\$316.13

Division Name: The Sample Company

Sample, Suikoden S	xxx-xx-4321	\$45.16	\$0.90	\$46.06	\$0.00	\$0.00	\$0.90	\$0.00	\$45.16	\$0.00	\$0.00	\$45.16
Plan Total:		\$361.29	\$7.22	\$368.51	\$0.00	\$0.00	\$7.22	\$0.00	\$361.29	\$0.00	\$0.00	\$361.29
Premium Month Total:		\$361.29	\$7.22	\$368.51	\$0.00	\$0.00	\$7.22	\$0.00	\$361.29	\$0.00	\$0.00	\$361.29
Client Remit Total:		\$9,386.04	\$139.70	\$9,525.74	\$0.00	\$0.00	\$139.70	\$0.00	\$9,386.04	\$0.00	\$0.00	\$9,386.04

The Sample Company Division Totals:	Remit To Client Adjustment Total	\$0.00
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Remit To Client Total:	\$9,386.04
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Subsidized Bookable Admin Fee:	\$0.00
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AEI Subsidized Bookable Admin Fee:	\$0.00
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Remit To Carrier - Adjust with Client Adjustment Total:	\$0.00
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Client Division Remittance Total:	\$9,386.04
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Remit To Carrier Total:	\$0.00
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The Sample Company Client Totals:	Remit To Client Adjustment Total:	\$0.00
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Remit To Client Total:	\$9,386.04
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Subsidized Bookable Admin Fee:	\$0.00
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AEI Subsidized Bookable Admin Fee:	\$0.00
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Remit To Carrier - Adjust with Client Adjustment Total:	\$0.00
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Client Remittance Total:	\$9,386.04
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Remit To Carrier Total:	\$0.00
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