

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

1/3/2022 10:20 AM Page 1 of 16



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 \$0.00

Total:

Client Remittance Grand Total: \$9,386.04

1/3/2022 10:20 AM Page 2 of 16

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:

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

Page 3 of 16 1/3/2022 10:20 AM

Division Name:	The San	nple Com	pany									
							Admin Fee	Paid by	Membe	r Paid		
Member Name	<u>SSN</u>	<u>Premium</u>	Admin Fee	<u>Member</u> <u>Paid</u>	Subsidy	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	Premium To Remit	Admin Fee To Remit	Total To Carrier	Total To Client
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
Premiu	m 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 Amount	s and Subsidize	d Admin Fe	es To Rer	mit for Prem	nium Mont	th: 5 / 2021						
Plan: Sample M Policy Number:	edical Plan				Carrier:	Discovery	y Benefits			_		
							Admin Fee	Paid by	Membe	r Paid		
Member Name	<u>SSN</u>	<u>Premium</u>	Admin Fee	<u>Member</u> <u>Paid</u>	<u>Subsidy</u>	AEI Subsidy	<u>Member</u>	<u>Subsidy</u>	Premium To Remit	Admin Fee To Remit	Total To Carrier	Total To Client
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 Denta					Carrier:	Discovery	y Benefits					
Policy Number:	D3NT@L											
							Admin Fee	Paid by	<u>Membe</u>	<u>r Paid</u>		
Member Name	<u>SSN</u>	<u>Premium</u>	Admin Fee	<u>Member</u> <u>Paid</u>	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	Premium To Remit	Admin Fee To Remit	Total To Carrier	Total To Client
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

1/3/2022 10:20 AM Page 4 of 16

Division Name: The Sample Company

Plan: Test Med

Carrier:

Discovery Benefits

Policy Number:

							Admin Fee	Paid by	<u>Membe</u>	<u>r Paid</u>		
Member Name	<u>SSN</u>	<u>Premium</u>	Admin Fee	Member Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	Premium To Remit	Admin Fee To Remit	Total To Carrier	Total To Client
Sample II, John M	1 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
Pre	emium 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:

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

1/3/2022 10:20 AM Page 5 of 16

Division Name:	The San	nple Com	oany									
							Admin Fee	Paid by	Membe	r Paid		
Member Name	<u>SSN</u>	<u>Premium</u>	Admin Fee	Member Paid	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	Premium To Remit	Admin Fee To Remit	Total To Carrier	Total To Client
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 Policy Number:					Carrier:	Discovery	y Benefits					
							Admin Fee	Paid by	<u>Membe</u>	<u>r Paid</u>		

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

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

1/3/2022 10:20 AM Page 6 of 16

Division Name: The Sample Company

Plan: Test Dental

Carrier:

Discovery Benefits

Policy Number:

D3NT@L

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

							Admin Fee	Paid by	<u>Membe</u>	<u>r Paid</u>		
Member Name	<u>SSN</u>	<u>Premium</u>	Admin Fee	Member Paid	Subsidy	<u>AEI</u> Subsidy	<u>Member</u>	Subsidy	Premium To Remit	Admin Fee To Remit	Total To Carrier	Total To Client
Sample II, John	n 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
ı	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 San	nple Com	pany									
							Admin Fee	Paid by	Membe	<u>r Paid</u>		
Member Name	<u>SSN</u>	<u>Premium</u>	Admin Fee	<u>Member</u> <u>Paid</u>	<u>Subsidy</u>	AEI Subsidy	<u>Member</u>	<u>Subsidy</u>	Premium To Remit	Admin Fee To Remit	Total To Carrier	Total To Client
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 Denta Policy Number:	al D3NT@L				Carrier:	Discovery	y Benefits					
_							Admin Fee	Paid by	<u>Membe</u>	r Paid		
<u>Member Name</u>	<u>SSN</u>	<u>Premium</u>	Admin Fee	Member <u>Paid</u>	Subsidy	<u>AEI</u> Subsidy	Member	Subsidy		Admin Fee To Remit	Total To Carrier	Total To Client
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 Policy Number:					Carrier:	Discovery	y Benefits					
							Admin Fee	Paid by	<u>Membe</u>	r Paid		
Member Name	SSN	Premium	Admin Fee	Member Paid	Subsidy	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	Premium To Remit	Admin Fee To Remit	Total To Carrier	Total To Client
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
Premiun	n Month Total:	\$867.11	\$15.00	\$882.11	\$0.00	\$0.00	\$15.00	\$0.00	\$867.11	\$0.00	\$0.00	\$867.11

1/3/2022 10:20 AM Page 8 of 16

Division Name: The Sample Company

Plan: Sample Medical Plan

Carrier:

Discovery Benefits

Policy Number:

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

							Admin Fee	Paid by	<u>Membe</u>	r Paid		
Member Name	<u>SSN</u>	<u>Premium</u>	<u>Admin</u>	<u>Member</u>	<u>Subsidy</u>	<u>AEI</u>	<u>Member</u>	<u>Subsidy</u>	<u>Premium</u>	<u>Admin</u>	Total To	Total To
			<u>Fee</u>	<u>Paid</u>		<u>Subsidy</u>			To Remit	<u>Fee To</u> <u>Remit</u>	<u>Carrier</u>	<u>Client</u>
Non Legacy Drop Test,	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
John												
	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:

1/3/2022 10:20 AM Page 9 of 16

Division Name:	The Sample Company
----------------	--------------------

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
Premiu	ım 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:

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

1/3/2022 10:20 AM Page 10 of 16

Division Name:	The Sample Company
----------------	--------------------

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

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

1/3/2022 10:20 AM Page 11 of 16

Division Name:	The Sample Company
Division Name:	The Sample Company

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

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

1/3/2022 10:20 AM Page 12 of 16

Division Name:	The Sample Company
----------------	--------------------

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

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

1/3/2022 10:20 AM Page 13 of 16

Division Name:	The Sample Company
----------------	--------------------

							Admin Fee Paid by		Member Paid				
Member Name	<u>SSN</u>	<u>Premium</u>	Admin Fee	Member <u>Paid</u>	<u>Subsidy</u>	<u>AEI</u> Subsidy	<u>Member</u>	<u>Subsidy</u>	Premium To Remit	Admin Fee To Remit	Total To Carrier	Total To Client	
Sample, Sam S	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	
1	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:

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

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

1/3/2022 10:20 AM Page 14 of 16

Division Name:	The Sai	mple Com	npany									
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
Premiu	ım Month Total:	\$361.29	\$7.22	\$368.51	\$0.00	\$0.00	\$7.22	\$0.00	\$361.29	\$0.00	\$0.00	\$361.29
Cli	ent 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: Re	mit To Clie	nt Adjustmen	t Total		\$0.00
								Re	emit To Client	t Total:		\$9,386.04
							Sul	osidized Bo	okable Admi	n Fee:		\$0.00
							AEI Sul	osidized Bo	okable Admi	n Fee:		\$0.00
					Re	emit To Ca	rrier - Adjus	t with Clien	nt Adjustment	t Total:		\$0.00
							CI	ent Divisio	n Remittance	Total:		\$9,386.04
								Rei	mit To Carrie	Total:		\$0.00
· _												
				The Samp	ple Compa	any Client	Totals: Re	mit To Clie	nt Adjustmen	t Total:		\$0.00
								Re	mit To Client	Total:		\$9,386.04
							Sı	bsidized B	ookable Adm	in Fee:		\$0.00
							AEI Su	ıbsidized B	ookable Adm	in Fee:		\$0.00
					Re	emit To Ca	rrier - Adjus	t with Clien	t Adjustment	Total:		\$0.00
								Clie	nt Remittance	e Total:		\$9,386.04
								Re	mit To Carrie	r Total:		\$0.00

1/3/2022 10:20 AM Page 15 of 16

1/3/2022 10:20 AM Page 16 of 16