

How to Read Your Statement



5373 South Green Street, Suite 400
 Salt Lake City, UT 84123
 Phone: (801) 495-3000 * Toll Free (800) 999-9789
 Fax: (801) 495-3368 * Toll Free Fax: (888) 673-5328

Group #: 10000000
 Invoice Number: 111111
 Invoice Date: 10/25/2005
 Page: 1
Total Due: \$ 423.07
Payment Total:

Total Amount Due on this Statement, Including any Balance Forward Amount

1098471 - INV

Please Make Checks Payable to Dental Select.
 Mail to:
 Dental Select
 P.O. Box 29661-2035
 Phoenix, Az 85038-9661

ABC Company
 PO Box 0000
 DRAPER, UT 84020

Name and Address of Employer Group

Current Month's Billing Activity by Member

Detach here and send with payment

Plan	Employee Name	**RSN	Member #	Coverage Type	Eligible Date	Dental Premium	Vision Premium	Life Premium	AD & D Premium	Total Premium
GOLD 1/	Brown, Bill		222222	FAM	1/1/2005	49.00	13.89	9.45	11.76	84.10
GOLD 1/	Garcia, Joe	A	222201	EMP	11/1/2005	15.00	0.00	3.90	0.00	18.90
GOLD 1/	Jones, Mary		222001	E1D	1/1/2005	31.00	0.00	0.00	0.00	31.00
GOLD 1/	Lewis, Linda	Family Coverage for Dental & Vision, Employee Only Coverage for Life & AD & D	222212	FAM	1/1/2005	49.00	5.45	0.00	0.00	54.45
GOLD 1/	Lewis, Linda		222212	EMP	6/1/2005	0.00	0.00	3.90	5.47	9.37
GOLD 1/	Smith, John		222412	E1D	1/1/2005	31.00	0.00	0.00	8.79	39.79
GOLD 1/	Williams, Sue	A	222004	FAM	11/1/2005	49.00	13.89	0.00	0.00	62.89
PLAT 2/	Douglas, Barbara		222612	EMP	1/1/2005	28.00	0.00	7.68	0.00	35.68
PLAT 2/	Sandoval, Tom		222009	FAM	10/1/2005	90.00	16.95	0.00	0.00	106.95
Sub Total						342.00	50.18	24.93	26.02	443.13

Member Adjustments for the Period. Each Line Represents One Month of Credits or Debits. If a Member Changes Coverage Retroactively, There Will be an Entry for the Prior Credit and a Debit Entry for the New Coverage

ADJUSTMENTS

Plan	Employee Name	**RSN	Member #	Coverage Type	Adjustment Date	Dental Premium	Vision Premium	Life Premium	AD & D Premium	Total Premium
GOLD 1/	Chavez, Mike	T	222202	E1D	9/1/2005	-31.00	0.00	0.00	0.00	-31.00
GOLD 1/	Chavez, Mike	T	222202	E1D	10/1/2005	-31.00	0.00	0.00	0.00	-31.00
PLAT 2/	Douglas, Barbara	T	222612	FAM	10/1/2005	-90.00	0.00	-13.74	0.00	-103.74
PLAT 2/	Douglas, Barbara	A	222612	EMP	10/1/2005	28.00	0.00	7.68	0.00	35.68
PLAT 2/	Sandoval, Tom	A	222009	FAM	10/1/2005	90.00	0.00	0.00	0.00	90.00
Sub Total						(34.00)	81.02	26.55	26.02	-40.06

SUMMARY

Plan	QTY	Dental Premium	Vision Premium	Life Premium	AD & D Premium	Total Premium
GOLD 1	6	224.00	33.23	17.25	26.02	300.50
PLAT 2	2	118.00	16.95	7.68	0.00	142.63

ACCOUNT SUMMARY

Date	Transaction Description	Debit	Credit	Balance
	Beginning Balance		417.00	417.00
10/25/2005	Total Premium Amount (Current Month, COBRA, Retroactive)	403.07		820.07
10/25/2005	Total Admin Amount	20.00		840.07
10/25/2005	Total Miscellaneous Amount	0.00		840.07
10/25/2005	Total Cash Applied		417.00	423.07
Total Amount Due:				423.07

CURRENT MONTH'S MESSAGE

Bulletin Board for any Announcements or Notifications

Terms and Conditions Regarding Premium Payments and Adjustments to Account

*****IMPORTANT MESSAGES*****