



Ameritas Life Insurance Corp.
 5900 O Street / P.O. Box 81889 / Lincoln, NE 68501-1889
 Claims Only 800-487-5553 / Administration & Billing 800-659-2223
 Fax 402-467-7338

XXX
 POLICY 010-000000-00001
 DALLAS ISD
 PAGE: 1 OF 2
 PREPARED: 05-23-2023



ATT: JOHN SMITH
 DALLAS ISD
 123 FAKER STREET
 DALLAS TX 75265-0730

BUSINESS

AMERITAS LIFE INSURANCE CORP.
 PO BOX 650730
 DALLAS TX 75265-0730

STATEMENT OF PREMIUMS FOR COVERAGE FROM 05-01-2023 THROUGH 05-31-2023

 PLEASE RETURN THIS ENTIRE PAGE WITH THIS AMOUNT DUE = = = = = => 236.10

This premium statement reflects payments and employee changes processed as of 05-23-2023. Payments and changes received within 15 days of the due date will be reflected on your next premium statement.

RETURN THIS ENTIRE BILLING STATEMENT WITH YOUR PAYMENT IF THERE ARE ANY CHANGES.

TO ADD AN EMPLOYEE OR CHANGE COVERAGE:
 Attach Enrollment/Change Form.

- TO TERMINATE:
- 1) Call our toll-free Administration & Billing number listed above, or
 - 2) List terminated employees below, or
 - 3) Make indication of termination date on itemized Billing Statement.

CERT #	EMPLOYEE'S NAME	LAST DAY WORKED

Payment Policy: Premium payment is due in our office by the Due date. The due date is the first day of coverage as shown above. If payment is not received within the grace period, the coverage will terminate. Please refer to your Policy or Agreement for specific details regarding the grace period for your premium payment and coverage as well as our rights to terminate for non-payment. Please contact us if you have any questions.



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 PAGE: 1 OF 2
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STATEMENT OF PREMIUMS FOR COVERAGE FROM:
 05-01-2023 THROUGH 05-31-2023

PREVIOUS AMOUNT DUE 2,477.78
 PAYMENT RECEIVED PRIOR 05-23-2023 THANK YOU!. 3,102.87

PLEASE NOTE LAST DAY WORKED OR
 TYPE OF COVERAGE CHANGE AND
 EFFECTIVE DATE (IF APPLICABLE).

CURRENT MONTH'S PREMIUM

CERT #	NAME	CLASS	DEP	EE-	PREMIUMS	TOTAL
					23 DEP- 7	
01	DOCTER, JOHN	01B			34.62	66.12
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01B			34.62	66.12
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01D			34.62	105.97
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01C			34.62	70.22
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01C			34.62	70.22
01	DOCTER, JOHN	01B			34.62	66.12
01	DOCTER, JOHN	01C			34.62	70.22
01	DOCTER, JOHN	01A			34.62	34.62
01	DOCTER, JOHN	01A			34.62	34.62
					PREMIUM TOTAL:	1,068.91

ADJUSTMENTS

CERT #	NAME	DATE	MO	TYPE	TOTAL	
01	DOCTER, JOHN	012023	1	ADDITION	34.62	
01	DOCTER, JOHN	022023	1	ADDITION	34.62	
01	DOCTER, JOHN	032023	1	ADDITION	34.62	
01	DOCTER, JOHN	042023	1	ADDITION	34.62	
01	DOCTER, JOHN	092022	1	TERMINATION	34.62-	
01	DOCTER, JOHN	102022	1	TERMINATION	34.62-	
01	DOCTER, JOHN	112022	1	TERMINATION	34.62-	
01	DOCTER, JOHN	122022	1	TERMINATION	34.62-	
01	DOCTER, JOHN	012023	1	TERMINATION	34.62-	
01	DOCTER, JOHN	022023	1	TERMINATION	34.62-	
01	DOCTER, JOHN	032023	1	TERMINATION	34.62-	
01	DOCTER, JOHN	042023	1	TERMINATION	34.62-	
01	DOCTER, JOHN	012022	1	OTHER	34.62-	
01	DOCTER, JOHN	022022	1	OTHER	34.62-	
					ADJUSTMENT TOTAL:	207.72-
					TOTAL DUE:	236.10