

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 STATEMENT OF PREMIUMS FOR COVERAGE FROM 05-01-2023 THROUGH 05-31-2023 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 promium 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.	Haalalalalalallalaadil	nlanlladlllad		
**************************************	DALLAS ISD 123 FAKER STREET	BUSINESS	PO BOX 650730	
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Attach Enrollment/Change Form. Description: 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.	ETURN THIS ENTIRE BILLING S	TATEMENT WITH YOUR	PAYMENT IF THERE ARE ANY CHANGE	S.
 Call our toll-free Administration & Billing number listed above, or List terminated employees below, or Make indication of termination date on itemized Billing Statement. 				
ERT # EMPLOYEE'S NAME LAST DAY WO	 Call our toll-free Admi List terminated employe 	es below, or		
ERT # EMPLOYEE'S NAME LAST DAY WO				
	ERT #	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.

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

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

	NAME		
01	DOCTER,	JOHN	
	DOCTER,		
01	DOCTER,	JOHN	

CLASS PREMIUMS TOTAL DEP EE- 23 DEP- 7 01B 34.62 31.50 66.12 01A 34.62 34.62 34.62 01A 34.62 34.62 34.62 01A 34.62 34.62 34.62 01A 34.62 34.62 34.62 01B 34.62 31.50 66.12 01A 34.62 34.62 34.62 01A 34.62 35.60 70.22 01A 34.62 35.60 70.22 01A 34.62 35.60 70.22 01A 34.62 35.60 70.22 01A 34.62 35.60 70.22 <								
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01A 34.62 34.62 01A 34.62 34.62 01A 34.62 34.62 01A 34.62 34.62 01B 34.62 31.50 66.12 01A 34.62 34.62 34.62 01A 34.62 34.62 34.62 01D 34.62 71.35 105.97 01A 34.62 34.62 34.62 01A 34.62 34.62 34.62 01A 34.62 34.62 34.62 01A 34.62 35.60 70.22 01A 34.62 35.60 70.22 01A 34.62 35.60 70.22 01B 34.62 35.60 70.22 01B 34.62 35.60 70.22 01A 34.62 35.60 70.22 01B 34.62 35.60 70.22 01A 34.62 35.60 70.22 01A 34.62 35.60 70.22 01A 34.62 35.60 70.22 </td <td>01A</td> <td></td> <td></td> <td></td> <td></td> <td>34.62</td> <td></td> <td>34.62</td>	01A					34.62		34.62
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01D 34.62 71.35 105.97 01A 34.62 34.62 34.62 01A 34.62 34.62 34.62 01A 34.62 34.62 34.62 01C 34.62 35.60 70.22 01A 34.62 34.62 34.62 01C 34.62 35.60 70.22 01B 34.62 35.60 70.22 01B 34.62 31.50 66.12 01C 34.62 35.60 70.22 01A 34.62 34.62 34.62	01A					34.62		34.62
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01A 34.62 34.62 34.62 01C 34.62 35.60 70.22 01B 34.62 31.50 66.12 01C 34.62 35.60 70.22 01A 34.62 34.62 34.62 01A 34.62 34.62 34.62	01C	-				34.62	35.60	70.22
01C	O1A					34.62		34.62
01B	O1A					34.62		34.62
01C 34.62 35.60 70.22 01A 34.62 34.62 01A 34.62 34.62	01C					34.62	35.60	70.22
01A	01B					34.62	31.50	66.12
O1A 34.62 34.62	01C					34.62	35.60	70.22
	01A					34.62		34.62
PREMIUM TOTAL: 1,068.91	01A					34.62		34.62
						PREMIUM	TOTAL:	1,068.91

ADJUSTMENTS

CERT #	NAME		
01	DOCTER,	JOHN	
01	DOCTER.	JOHN	

DATE MO) TYPE	TOTAL
012023	1 ADDITION	34.62
022023	1 ADDITION	34.62
032023	1 ADDITION	34.62
042023	1 ADDITION	34.62
092022	1 TERMINATION	34.62-
102022	1 TERMINATION	34.62-
112022	1 TERMINATION	34.62-
122022	1 TERMINATION	34.62-
012023	1 TERMINATION	34.62-
022023	1 TERMINATION	34.62-
032023	1 TERMINATION	34.62-
042023	1 TERMINATION	34.62-
012022	1 OTHER	34.62-
022022	1 OTHER	34.62-
	ADJUSTMENT TOTAL:	207.72-

TOTAL DUE: 207.72