



# Premium Statement

Worldwide Headquarters  
 1932 Wynnton Road, Columbus, Georgia 31999  
 1.800.99.AFLAC (1.800.992.3522)

## Account At-A-Glance

A Bed Of Roses Attn: Katrina Do Not Use 307 Carbon City Rd Morganton NC, 28655-4151	<b>Account Number:</b> D5548	<b>Payment Due Date:</b> 05/01/12
	<b>Invoice Number:</b> 940580	<b>Current Amount Billed:</b> \$764.31

**To help you review this month's statement, please follow these steps:**

1. Refer to last month's statement to help with reconciliation.
2. Match each employee's premium amount due with the amount deducted from their payroll.
3. Mark through any mismatched deduction and write the correct amount in the adjusted premium column. Write the change request code in the CR column.
4. Total the adjusted premium and enter the Adjustments Total and the Amount Enclosed on the payment coupon on page 1 of the invoice.
5. Return the coupon portion on page 1 and copies of the pages with any adjustments shown. Make your check payable to Aflac and note your Account Number on the check.

NAME	DEPT	EMPLOYEE #	POLICY	POLICY TYPE	CT	PREMIUM DUE	EMPLOYEE SUB-TOTAL	ADJUSTED PREMIUM	CR	LINE NUMBER
Adkinson, Eddie			A5375521	CANCER	I	17.50	17.50			0000001
Anders, Wally O			A5375821	ACC	S	15.50	15.50			
Annette, Jolane A			A5375521	CANCER	I	17.11	17.11			
Garden, Olive A			P8723400	CANCER	S	20.99	20.99			
Gustov, Frank O			A5375221	ACC	S	11.20	11.20			
Hutch, David			A5375512	CANCER	S	13.55	13.55			
Jason, Kim			A5567899	ACC	F	17.01	17.01			
Jay, Simon			P5375521	ACC	I	23.45	23.45			
Kris, Tye			A5375530	ACC	I	16.88	16.88			
Lee, Hally Y			A5325521	ACC	F	22.11	22.11			
Lenor, Francis			A5375331	CANCER	I	15.08	15.08			
Leonard, Joshue			A5375532	PSI	I	14.11	14.11			
Loise, Olive			A5375561	ACC	F	15.22	15.22			
Maggi, Poula W			A5375700	ACC	S	17.11	17.11			
Nelmia, Aurthur			A5375531	ACC	I	22.11	22.11			
Patkinson, Bill			A5375521	CANCER	I	14.11	14.11			
Perkins, Rossy			A5374521	CANCER	F	15.13				
Perkins, Rossy			A5375321	ACC	F	32.02	32.02			
Pokson, Lisa			A5375521	VISION	F	14.11	14.11			
Richardson, Pat			A5375881	HOSP	S	17.22	17.22			
Short, Samy T			A5375901	CANCER	S	19.00	19.00			
Smith, Jon			A5375996	VISION	I	19.22	19.22			

<b>PAGE AMOUNT BILLED</b>	\$764.31
<b>ADJUSTMENTS (+/-)</b>	
<b>ADJUSTED TOTAL</b>	

Thank you for your business.

<b>Legend</b>	<b>COVERAGE TYPE (CT)</b> I - Individual F - Family S - Single Parent Family P - Primary-Spouse	<b>CHANGE REQUEST (CR)</b> For a more detailed explanation of the codes, please see the last page of the invoice. A - Add Person To Policy C - Cancel Coverage D - Deceased E - Not Our Employee	F - Family Medical Leave H - Name Change I - Delete Person From Policy L - Non-Family Medical Leave M - Missed Deduction O - Other R - Retired	T - No Longer Employed Here W - Transfer To Another Account Y - Military Leave
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