



Entity Retroactive Adjustment Report

Entity Name

Invoice Number: #####0720
 Invoice Date: 7/2/2020
 Payment Due Date: 7/10/2020

####

Contact Name
 Email Address

Member Name	SDID	Enum	EC	30 Day	Medical	Vision	Dental	Life	AD&D	STD	LTD	LTC	Surcharge	Misc.	Total Adj
				60 Day	Medical	Vision	Dental	Life	AD&D	STD	LTD	LTC	Surcharge		
				90 Day	Medical	Vision	Dental	Life	AD&D	STD	LTD	LTC	Surcharge		
Person 1	####	E000000000	CF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20.84
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Person 2	####	E000000000	CF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20.84
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Retroactive Adjustment Monthly Totals				0.00	0.00	0.00	0.00	20.84	0.00	0.00	0.00	0.00	20.84	0.00	20.84