



500 Summer Street NE, E-88
 Salem, Oregon 97301-1063
 888-469-6322

Email: OEBB.FinancialServices@state.or.us
 Federal ID #41-2246536

Monthly Premium Billing Statement

Entity Number: #####

Entity Name

Primary Contact: NAME

Address

City, ST Zip

Email: Contact Email address

Invoice Number: #####0620

Invoice Date: 6/2/2020

Coverage Period From: 6/1/2020

Payment Due Date: 6/9/2020

Coverage Period To: 6/30/2020

ACH Elect: ACH Debit

ACCOUNT SUMMARY

Previous Balance \$0.00

Misc. Charges \$0.00

Kaiser Current Month Premium	\$0.00	Moda Current Month Premium	\$0.00
Kaiser 30 Day Retroactive Adjustments	\$0.00	Moda 30 Day Retroactive Adjustments	\$0.00
Kaiser 60 Day Retroactive Adjustments	\$0.00	Moda 60 Day Retroactive Adjustments	\$0.00
Kaiser 90 Day Retroactive Adjustments	\$0.00	Moda 90 Day Retroactive Adjustments	\$0.00

Willamette Current Month Premium	\$0.00	Standard Current Month Premium	\$0.00
Willamette 30 Day Retroactive Adjustments	\$0.00	Standard 30 Day Retroactive Adjustments	\$0.00
Willamette 60 Day Retroactive Adjustments	\$0.00	Standard 60 Day Retroactive Adjustments	\$0.00
Willamette 90 Day Retroactive Adjustments	\$0.00	Standard 90 Day Retroactive Adjustments	\$0.00

Unum Current Month Premium	\$0.00	VSP Current Month Premium	\$0.00
Unum 30 Day Retroactive Adjustments	\$0.00	VSP 30 Day Retroactive Adjustments	\$0.00
Unum 60 Day Retroactive Adjustments	\$0.00	VSP 60 Day Retroactive Adjustments	\$0.00
Unum 90 Day Retroactive Adjustments	\$0.00	VSP 90 Day Retroactive Adjustments	\$0.00

Reliant Behavioral Health Premium	EAP Member Count 0	\$0.00
EAP Additional Hours @ \$125/Hr divided by 12 Months	Hrs Purchase 0	\$0.00
EAP Additional Hours @ \$150/Hr Lump Sum in Month of Purchase	Hrs Purchase 0	\$0.00
Total EAP Monthly Premium		\$0.00

OEBB Surcharge Premium	\$0.00
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Total Surcharge Monthly Premium	\$0.00

Ending Balance \$0.00

Note: Payments made by ACH Credit should be initiated at least one day prior to payment date
 ACH Debit entities will be debited on payment due date

