



CLARK COUNTY

JUN 07 2016

Human Resources

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MAY 26 2016

Auditor's Office

CLARK COUNTY
ATTN AUDITOR FINANCIAL SRVCS
PO BOX 5000
VANCOUVER, WA 98666-5000

Premium Statement

Policy Number 00 606122 0010

REMINDER -- Payment is due on June 01, 2016
Contact: ebpremiums@standard.com / (800) 348-3226

Benefit Plan	Rate	Per				
LTD	.725	%PAYROLL				
			<u>LIVES</u>	<u>INSURED AMOUNT</u>	<u>Bill Category</u>	
Prior Figures :			29	127,724	0100	
Actual Figures This Period :			_____	_____		
Totals and Adjustments :			_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due

Please fold and return all pages to The Standard in the window envelope provided.

Policy Number 00 606122 0010

PREMIUM DUE DATE June 01, 2016

Benefit Premium Totals :

Total Amount Due	\$	_____
Outstanding Balance	\$	+1,668.24
Total Billing Fees	\$	
Amount Paid	= \$	_____

STANDARD INSURANCE COMPANY
 PO BOX 3789
 PORTLAND, OR 97208-3789

May 23, 2016

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Human Resources

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CLARK COUNTY
ATTN AUDITOR-FINANCIAL SVCS
PO BOX 5000
VANCOUVER, WA 98666-5000

Premium Statement

Policy Number 00 606122 0011

REMINDER -- Payment is due on June 01, 2016
Contact: ebpremiums@standard.com / (800) 348-3226

Benefit Plan	Rate	Per				
LTD1	.385	%PAYROLL				
Prior Figures :			<u>LIVES</u> 146	<u>INSURED AMOUNT</u> 846,722	<u>Bill Category</u> 0100	
Actual Figures This Period :			_____	_____		
Totals and Adjustments :			_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due

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Policy Number 00 606122 0011

PREMIUM DUE DATE June 01, 2016

Benefit Premium Totals :

Total Amount Due	\$	_____
Outstanding Balance	\$	+6,513.44
Total Billing Fees	\$	
Amount Paid	= \$	_____


 STANDARD INSURANCE COMPANY
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HUMAN RESOURCES

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SW BEHAVIORAL HEALTH
ATTN AUDITOR-FINANCIAL SVCS
PO BOX 5000
VANCOUVER, WA 98666-5000

Premium Statement

Policy Number 00 606122 0013

REMINDER — Payment is due on June 01, 2016
Contact: ebpremiums@standard.com / (800) 348-3226

Benefit Premium Totals :

Total Amount Due	\$	_____
Outstanding Balance	\$	+3,205.98
Total Billing Fees	\$	
Amount Paid	= \$	_____

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Policy Number 00 606122 0013

PREMIUM DUE DATE June 01, 2016



STANDARD INSURANCE COMPANY
PO BOX 3789
PORTLAND, OR 97208-3789

May 23, 2016

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Policy Number: 00 606122 0013

Benefit Plan	Rate	Per					
BLIFE	\$.240	\$1,000	<u>LIVES</u>	<u>INSURED AMOUNT</u>	<u>Bill Category</u>		
Prior Figures			24	1,813,000	0100		
Actual Figures This Period :			_____	_____			
Totals and Adjustments :			_____	_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due	
BAD&D	\$.040	\$1,000	<u>LIVES</u>	<u>INSURED AMOUNT</u>	<u>Bill Category</u>		
Prior Figures			24	1,813,000	0100		
Actual Figures This Period :			_____	_____			
Totals and Adjustments :			_____	_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due	
LTD	.725	%PAYROLL	<u>LIVES</u>	<u>INSURED AMOUNT</u>	<u>Bill Category</u>		
Prior Figures			24	151,083	0100		
Actual Figures This Period :			_____	_____			
Totals and Adjustments :			_____	_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due	

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CLARK COUNTY
ATTN AUDITOR-FINANCIAL SVCS
PO BOX 5000
VANCOUVER, WA 98666-5000

Premium Statement

Policy Number 00 606122 0005

REMINDER -- Payment is due on June 01, 2016
Contact: ebpremiums@standard.com / (800) 348-3226

Benefit Premium Totals :

Total Amount Due	\$	_____
Outstanding Balance	\$	+123,994.60
Total Billing Fees	\$	
Amount Paid	= \$	_____

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Policy Number 00 606122 0005

PREMIUM DUE DATE June 01, 2016



STANDARD INSURANCE COMPANY
PO BOX 3789
PORTLAND, OR 97208-3789

May 23, 2016

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Policy Number: 00 606122 0005

Benefit Plan	Rate	Per				
BLIFE	\$.240	\$1,000	<u>LIVES</u>	<u>INSURED AMOUNT</u>	<u>Bill Category</u>	
Prior Figures			392	35,331,000	0100	
Actual Figures This Period :			_____	_____		
Totals and Adjustments :			_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due
BAD&D	\$.040	\$1,000	<u>LIVES</u>	<u>INSURED AMOUNT</u>	<u>Bill Category</u>	
Prior Figures			392	35,331,000	0100	
Actual Figures This Period :			_____	_____		
Totals and Adjustments :			_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due
LTD	.725	%PAYROLL	<u>LIVES</u>	<u>INSURED AMOUNT</u>	<u>Bill Category</u>	
Prior Figures			1,315	7,064,919	0100	
Actual Figures This Period :			_____	_____		
Totals and Adjustments :			_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due
LTDBU	.130	%PAYROLL	<u>LIVES</u>	<u>INSURED AMOUNT</u>	<u>Bill Category</u>	
Prior Figures			88	603,277	0100	
Actual Figures This Period :			_____	_____		
Totals and Adjustments :			_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due

May 23, 2016

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PARTNERS IN CAREERS
ATTN AUDITOR-FINANCIAL SVCS
PO BOX 5000
VANCOUVER, WA 98666-5000

Premium Statement

Policy Number 00 606122 0006

REMINDER -- Payment is due on June 01, 2016
Contact: ebpremiums@standard.com / (800) 348-3226

Benefit Premium Totals :

Total Amount Due	\$	_____
Outstanding Balance	\$	+1,066.26
Total Billing Fees	\$	
Amount Paid	= \$	_____

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Policy Number 00 606122 0006

PREMIUM DUE DATE June 01, 2016



STANDARD INSURANCE COMPANY
PO BOX 3789
PORTLAND, OR 97208-3789

May 23, 2016

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Policy Number: 00 606122 0006

Benefit Plan	Rate	Per				
BLIFE	\$.230	\$1,000				
Prior Figures			<u>LIVES</u> 13	<u>INSURED AMOUNT</u> 633,000	<u>Bill Category</u> 0100	
Actual Figures This Period :			_____	_____		
Totals and Adjustments :			_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due
BAD&D	\$.040	\$1,000				
Prior Figures			<u>LIVES</u> 13	<u>INSURED AMOUNT</u> 633,000	<u>Bill Category</u> 0100	
Actual Figures This Period :			_____	_____		
Totals and Adjustments :			_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due
LTD	.725	%PAYROLL				
Prior Figures			<u>LIVES</u> 13	<u>INSURED AMOUNT</u> 54,302	<u>Bill Category</u> 0100	
Actual Figures This Period :			_____	_____		
Totals and Adjustments :			_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due

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CLARK COUNTY UNION EES
ATTN AUDITOR-FINANCIAL SVCS
PO BOX 5000
VANCOUVER, WA 98666-5000

Premium Statement

Policy Number 00 606122 0003

REMINDER -- Payment is due on June 01, 2016
Contact: ebpremiums@standard.com / (800) 348-3226

Benefit Plan	Rate	Per				
BLIFE	\$5.860	MEMBER				
Prior Figures :			<u>LIVES</u> 924	<u>INSURED AMOUNT</u> 0	<u>Bill Category</u> 0100	
Actual Figures This Period :			_____	_____		
Totals and Adjustments :			_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due
BAD&D	\$1.000	MEMBER				
Prior Figures :			<u>LIVES</u> 924	<u>INSURED AMOUNT</u> 0	<u>Bill Category</u> 0100	
Actual Figures This Period :			_____	_____		
Totals and Adjustments :			_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due

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Policy Number 00 606122 0003

PREMIUM DUE DATE June 01, 2016

Benefit Premium Totals :

Total Amount Due	\$	_____
Outstanding Balance	\$	+12,649.84
Total Billing Fees	\$	
Amount Paid	= \$	_____



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Premium Statement

Policy Number 00 606122 0002

CLARK COUNTY UNION EES
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PO BOX 5000
VANCOUVER, WA 98666-5000

REMINDER -- Payment is due on June 01, 2016
Contact: ebpremiums@standard.com / (800) 348-3226

Benefit Plan	Rate	Per				
BLIFE	\$4.660	MEMBER				
Prior Figures :			<u>LIVES</u>	<u>INSURED AMOUNT</u>	<u>Bill Category</u>	
			174	0	0100	
Actual Figures This Period :			_____	_____		
Totals and Adjustments :			_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due
<hr/>						
BAD&D	\$.800	MEMBER				
Prior Figures :			<u>LIVES</u>	<u>INSURED AMOUNT</u>	<u>Bill Category</u>	
			174	0	0100	
Actual Figures This Period :			_____	_____		
Totals and Adjustments :			_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due

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Policy Number 00 606122 0002

PREMIUM DUE DATE June 01, 2016

Benefit Premium Totals :

Total Amount Due	\$	_____
Outstanding Balance	\$	+1,900.08
Total Billing Fees	\$	
Amount Paid	= \$	_____


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CLARK COUNTY
ATTN AUDITOR-FINANCIAL SERVICE
PO BOX 5000
VANCOUVER, WA 98666

Premium Statement

Policy Number 00 606122 0001

REMINDER -- Payment is due on June 01, 2016
Contact: ebpremiums@standard.com / (800) 348-3226

Benefit Premium Totals :

Total Amount Due	\$	_____
Outstanding Balance	\$	69,631.05-
Total Billing Fees	\$	
Amount Paid	= \$	_____

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Policy Number 00 606122 0001

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Policy Number: 00 606122 0001

Benefit Plan	Rate	Per					
BLIFE	\$.230	\$1,000	<u>LIVES</u>	<u>INSURED AMOUNT</u>	<u>Bill Category</u>		
Prior Figures			177	8,485,630	0100		
Actual Figures This Period :			_____	_____			
Totals and Adjustments :			_____	_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due	
BAD&D	\$.040	\$1,000	<u>LIVES</u>	<u>INSURED AMOUNT</u>	<u>Bill Category</u>		
Prior Figures			177	8,485,630	0100		
Actual Figures This Period :			_____	_____			
Totals and Adjustments :			_____	_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due	
LTD	.725	%PAYROLL	<u>LIVES</u>	<u>INSURED AMOUNT</u>	<u>Bill Category</u>		
Prior Figures			55	308,543	0100		
Actual Figures This Period :			_____	_____			
Totals and Adjustments :			_____	_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due	
LTDBU	.230	%PAYROLL	<u>LIVES</u>	<u>INSURED AMOUNT</u>	<u>Bill Category</u>		
Prior Figures			64	290,043	0100		
Actual Figures This Period :			_____	_____			
Totals and Adjustments :			_____	_____	_____	_____	_____
			Amount Due	Back Charge	Back Credit	Total Amount Due	

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