Group Insurance Premium Remittance Report

Control Number:	92915	**Bill Period:**	12/01/2018 - 12/31/2018
Case Name:	CITY OF WACO	**Bill Due Date:**	12/01/2018
Bill Group:	001 CITY OF WACO (ACTIVE EES)		

Bill Line	Product	Monthly Rate	Current Period Lives	Current Period Volume	Amount
00010 ALL EMPLOYEES 001	Long Term Disability	0.1530	1,497	$6,146,525.00	$9,404.18
00020 All Employees	Short Term Disability	0.2900	622	$294,751.00	$8,547.78
Total Premium for 001 CITY OF WACO (ACTIVE EES)					$17,951.96