Group Insurance Premium Statement

ASSURANT Employee Benefits

PREMIUM DUE DATE 12/01/2009
MONTHLY BILLING PERIOD 12/01/2009 TO 01/01/2010
PREMIUM DUE $4608.45

THE CITY OF FALLS CHURCH
POLICY NO. 4027243-3
CREATE DATE 11/20/2009

Premium must be paid within 31 days of the due date to ensure that coverage will remain in force.
Your policy will lapse and all insurance will terminate if any premium remains unpaid at the end of the grace period.

CERT NO	EMPLOYEE NAME	EE/SP AGE	PLAN TYPE	PLAN ID	TYPE CODE	COVERAGE AMOUNT	CURRENT PREMIUM	ADJ PREMIUM	ADJ EFF DATE	ADJ RSN/PRD	TOTAL PREM DUE
154		30	LIF	VOL9	E	40000	4.08				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			5.88		CERT TOTAL	5.88				5.88
2		43	LIF	VOL9	E	120000	26.40				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			28.20		CERT TOTAL	28.20				28.20
4		49	LIF	VOL9	E	30000	10.02				
		46	LIF	VOLU	S	10000	3.26				
	PAYROLL DEDUCT			13.28		CERT TOTAL	13.28				13.28
177		30	LIF	VOL9	E	300000	30.60				
		27	LIF	VOLU	S	75000	6.00				
	PAYROLL DEDUCT			36.60		CERT TOTAL	36.60				36.60
6		40	LIF	VOL9	E	180000	39.60				
		36	LIF	VOLU	S	90000	12.06				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			53.46		CERT TOTAL	53.46				53.46
167		27	LIF	VOL9	E	100000	8.20				
		27	LIF	VOLU	S	50000	4.00				
	PAYROLL DEDUCT			12.20		CERT TOTAL	12.20				12.20
8		41	LIF	VOL9	E	20000	4.40				
	PAYROLL DEDUCT			4.40		CERT TOTAL	4.40				4.40
138		38	LIF	VOL9	E	50000	6.80				
		38	LIF	VOLU	S	25000	3.35				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			11.95		CERT TOTAL	11.95				11.95
10		51	LIF	VOL9	E	250000	152.00				
		52	LIF	VOLU	S	125000	75.00				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			228.80		CERT TOTAL	228.80				228.80
11		60	LIF	VOL9	E	20000	33.96				
	PAYROLL DEDUCT			33.96		CERT TOTAL	33.96				33.96
12		49	LIF	VOL9	E	210000	70.14				
		39	LIF	VOLU	S	100000	13.40				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			85.34		CERT TOTAL	85.34				85.34
14		38	LIF	VOL9	E	300000	40.80				
		41	LIF	VOLU	S	75000	16.35				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			58.95		CERT TOTAL	58.95				58.95
15		53	LIF	VOL9	E	20000	12.16				
		55	LIF	VOLU	S	10000	11.26				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			25.22		CERT TOTAL	25.22				25.22
16		52	LIF	VOL9	E	20000	12.16				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			13.96		CERT TOTAL	13.96				13.96
136		44	LIF	VOL9	E	120000	26.40				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			28.20		CERT TOTAL	28.20				28.20
18		48	LIF	VOL9	E	500000	167.00				
		49	LIF	VOLU	S	245000	79.87				

Assurant Employee Benefits 2323 Grand Boulevard Kansas City MO 64108-2670

Group Insurance Premium Statement

ASSURANT Employee Benefits

PREMIUM DUE DATE 12/01/2009
MONTHLY BILLING PERIOD 12/01/2009 TO 01/01/2010
PREMIUM DUE $4608.45

THE CITY OF FALLS CHURCH
POLICY NO. 4027243-3
CREATE DATE 11/20/2009

CERT NO	EMPLOYEE NAME	EE/SP AGE	PLAN TYPE	PLAN ID	TYPE CODE	COVERAGE AMOUNT	CURRENT PREMIUM	ADJ PREMIUM	ADJ EFF DATE	ADJ RSN/PRD	TOTAL PREM DUE
18			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			248.67		CERT TOTAL	248.67				248.67
128		29	LIF	VOL9	E	100000	8.20				
		27	LIF	VOLU	S	50000	4.00				
	PAYROLL DEDUCT			12.20		CERT TOTAL	12.20				12.20
19		66	LIF	VOL9	E	50000	133.90				
	PAYROLL DEDUCT			133.90		CERT TOTAL	133.90				133.90
173		58	LIF	VOL9	E	100000	114.40				
		59	LIF	VOLU	S	50000	56.30				
	PAYROLL DEDUCT			170.70		CERT TOTAL	170.70				170.70
21		51	LIF	VOL9	E	120000	72.96				
		55	LIF	VOLU	S	10000	11.26				
	PAYROLL DEDUCT			84.22		CERT TOTAL	84.22				84.22
27		55	LIF	VOL9	E	50000	57.20				
		55	LIF	VOLU	S	10000	11.26				
	PAYROLL DEDUCT			68.46		CERT TOTAL	68.46				68.46
145		26	LIF	VOL9	E	100000	8.20				
		24	LIF	VOLU	S	50000	3.30				
	PAYROLL DEDUCT			11.50		CERT TOTAL	11.50				11.50
30		42	LIF	VOL9	E	40000	8.80				
	PAYROLL DEDUCT			8.80		CERT TOTAL	8.80				8.80
31		58	LIF	VOL9	E	30000	34.32				
		61	LIF	VOLU	S	10000	16.70				
	PAYROLL DEDUCT			51.02		CERT TOTAL	51.02				51.02
57		52	LIF	VOL9	E	70000	42.56				
	PAYROLL DEDUCT			42.56		CERT TOTAL	42.56				42.56
32		52	LIF	VOL9	E	20000	12.16				
		49	LIF	VOLU	S	10000	3.26				
	PAYROLL DEDUCT			15.42		CERT TOTAL	15.42				15.42
170		49	LIF	VOL9	E	120000	40.08				
		48	LIF	VOLU	S	50000	16.30				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			58.18		CERT TOTAL	58.18				58.18
33		46	LIF	VOL9	E	50000	16.70				
		49	LIF	VOLU	S	25000	8.15				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			26.65		CERT TOTAL	26.65				26.65
36		52	LIF	VOL9	E	70000	42.56				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			44.36		CERT TOTAL	44.36				44.36
174		24	LIF	VOL9	E	150000	10.20				
	PAYROLL DEDUCT			10.20		CERT TOTAL	10.20				10.20
38		31	LIF	VOL9	E	270000	27.54				
		34	LIF	VOLU	S	120000	12.00				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			41.34		CERT TOTAL	41.34				41.34
39		52	LIF	VOL9	E	50000	30.40				
	PAYROLL DEDUCT			30.40		CERT TOTAL	30.40				30.40
37		55	LIF	VOL9	E	90000	102.96				
		63	LIF	VOLU	S	40000	66.80				
	PAYROLL DEDUCT			169.76		CERT TOTAL	169.76				169.76
176		41	LIF	VOL9	E	120000	26.40				
	PAYROLL DEDUCT			26.40		CERT TOTAL	26.40				26.40

Assurant Employee Benefits 2323 Grand Boulevard Kansas City MO 64108-2670

Group Insurance Premium Statement

ASSURANT Employee Benefits

PREMIUM DUE DATE 12/01/2009
MONTHLY BILLING PERIOD 12/01/2009 TO 01/01/2010
PREMIUM DUE $4608.45

THE CITY OF FALLS CHURCH
POLICY NO. 4027243-3
CREATE DATE 11/20/2009

CERT NO	EMPLOYEE NAME	EE/SP AGE	PLAN TYPE	PLAN ID	TYPE CODE	COVERAGE AMOUNT	CURRENT PREMIUM	ADJ PREMIUM	ADJ EFF DATE	ADJ RSN/PRD	TOTAL PREM DUE
120		40	LIF	VOL9	E	220000	48.40				
		35	LIF	VOLU	S	110000	14.74				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			64.94		CERT TOTAL	64.94				64.94
40		55	LIF	VOL9	E	50000	57.20				
	PAYROLL DEDUCT			57.20		CERT TOTAL	57.20				57.20
41		41	LIF	VOL9	E	80000	17.60				
		39	LIF	VOLU	S	25000	3.35				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			22.75		CERT TOTAL	22.75				22.75
175		39	LIF	VOL9	E	290000	39.44				
		37	LIF	VOLU	S	145000	19.43				
	PAYROLL DEDUCT			58.87		CERT TOTAL	58.87				58.87
123		44	LIF	VOL9	E	120000	26.40				
		41	LIF	VOLU	S	50000	10.90				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			39.10		CERT TOTAL	39.10				39.10
44		56	LIF	VOL9	E	30000	34.32				
		53	LIF	VOLU	S	15000	9.00				
	PAYROLL DEDUCT			43.32		CERT TOTAL	43.32				43.32
29		51	LIF	VOL9	E	100000	60.80				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			62.60		CERT TOTAL	62.60				62.60
129		46	LIF	VOL9	E	140000	46.76				
		45	LIF	VOLU	S	65000	21.19				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			69.75		CERT TOTAL	69.75				69.75
160		43	LIF	VOL9	E	30000	6.60				
		45	LIF	VOLU	S	15000	4.89				
			DLI	VOL1	C		.90				
	PAYROLL DEDUCT			12.39		CERT TOTAL	12.39				12.39
166		29	LIF	VOL9	E	120000	9.84				
		30	LIF	VOLU	S	50000	5.00				
	PAYROLL DEDUCT			14.84		CERT TOTAL	14.84				14.84
45		62	LIF	VOL9	E	20000	12.16				
		62	LIF	VOLU	S	10000	6.00				
	PAYROLL DEDUCT			18.16		CERT TOTAL	18.16				18.16
47		50	LIF	VOL9	E	120000	72.96				
	PAYROLL DEDUCT			72.96		CERT TOTAL	72.96				72.96
46		63	LIF	VOL9	E	60000	101.88				
		56	LIF	VOLU	S	25000	28.15				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			131.83		CERT TOTAL	131.83				131.83
126		42	LIF	VOL9	E	120000	26.40				
	PAYROLL DEDUCT			26.40		CERT TOTAL	26.40				26.40
55		70	LIF	VOLU	S	10000	48.16				
	PAYROLL DEDUCT			48.16		CERT TOTAL	48.16				48.16
58		50	LIF	VOL9	E	20000	12.16				
		52	LIF	VOLU	S	10000	6.00				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			19.96		CERT TOTAL	19.96				19.96
62		54	LIF	VOL9	E	70000	42.56				
	PAYROLL DEDUCT			42.56		CERT TOTAL	42.56				42.56
65		58	LIF	VOL9	E	20000	22.88				

Assurant Employee Benefits 2323 Grand Boulevard Kansas City MO 64108-2670

Group Insurance Premium Statement

ASSURANT Employee Benefits

PREMIUM DUE DATE 12/01/2009
MONTHLY BILLING PERIOD 12/01/2009 TO 01/01/2010
PREMIUM DUE $4608.45

THE CITY OF FALLS CHURCH
POLICY NO. 4027243-3
CREATE DATE 11/20/2009

CERT NO	EMPLOYEE NAME	EE/SP AGE	PLAN TYPE	PLAN ID	TYPE CODE	COVERAGE AMOUNT	CURRENT PREMIUM	ADJ PREMIUM	ADJ EFF DATE	ADJ RSN/PRD	TOTAL PREM DUE
65		58	LIF	VOLU	S	10000	11.26				
	PAYROLL DEDUCT			34.14		CERT TOTAL	34.14				34.14
152		56	LIF	VOL9	E	240000	274.56				
		53	LIF	VOLU	S	120000	72.00				
	PAYROLL DEDUCT			346.56		CERT TOTAL	346.56				346.56
67		51	LIF	VOL9	E	20000	12.16				
	PAYROLL DEDUCT			12.16		CERT TOTAL	12.16				12.16
56		57	LIF	VOL9	E	20000	22.88				
	PAYROLL DEDUCT			22.88		CERT TOTAL	22.88				22.88
69		56	LIF	VOL9	E	20000	22.88				
		57	LIF	VOLU	S	10000	11.26				
	PAYROLL DEDUCT			34.14		CERT TOTAL	34.14				34.14
121		34	LIF	VOL9	E	150000	15.30				
	PAYROLL DEDUCT			15.30		CERT TOTAL	15.30				15.30
70		43	LIF	VOL9	E	100000	22.00				
		42	LIF	VOLU	S	20000	4.36				
	PAYROLL DEDUCT			26.36		CERT TOTAL	26.36				26.36
74		52	LIF	VOL9	E	60000	36.48				
	PAYROLL DEDUCT			36.48		CERT TOTAL	36.48				36.48
73		52	LIF	VOL9	E	20000	12.16				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			13.96		CERT TOTAL	13.96				13.96
130		66	LIF	VOL9	E	40000	107.12				
	PAYROLL DEDUCT			107.12		CERT TOTAL	107.12				107.12
163		34	LIF	VOL9	E	60000	6.12				
	PAYROLL DEDUCT			6.12		CERT TOTAL	6.12				6.12
156		26	LIF	VOL9	E	100000	8.20				
	PAYROLL DEDUCT			8.20		CERT TOTAL	8.20				8.20
115		25	LIF	VOL9	E	70000	5.74				
	PAYROLL DEDUCT			5.74		CERT TOTAL	5.74				5.74
147		44	LIF	VOL9	E	190000	41.80				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			43.60		CERT TOTAL	43.60				43.60
77		55	LIF	VOL9	E	20000	22.88				
		52	LIF	VOLU	S	10000	6.00				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			30.68		CERT TOTAL	30.68				30.68
79		64	LIF	VOLU	S	10000	16.70				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			18.50		CERT TOTAL	18.50				18.50
162		37	LIF	VOL9	E	100000	13.60				
	PAYROLL DEDUCT			13.60		CERT TOTAL	13.60				13.60
155		31	LIF	VOL9	E	200000	20.40				
		44	LIF	VOLU	S	50000	10.90				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			33.10		CERT TOTAL	33.10				33.10
82		59	LIF	VOL9	E	60000	68.64				
		70	LIF	VOLU	S	10000	48.16				
	PAYROLL DEDUCT			116.80		CERT TOTAL	116.80				116.80
83		64	LIF	VOL9	E	30000	18.24				
		45	LIF	VOLU	S	10000	3.26				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			23.30		CERT TOTAL	23.30				23.30
141		50	LIF	VOL9	E	70000	42.56				

Assurant Employee Benefits 2323 Grand Boulevard Kansas City MO 64108-2670

Group Insurance Premium Statement

ASSURANT Employee Benefits

PREMIUM DUE DATE 12/01/2009
MONTHLY BILLING PERIOD 12/01/2009 TO 01/01/2010
PREMIUM DUE $4608.45

THE CITY OF FALLS CHURCH
POLICY NO. 4027243-3
CREATE DATE 11/20/2009

CERT NO	EMPLOYEE NAME	EE/SP AGE	PLAN TYPE	PLAN ID	TYPE CODE	COVERAGE AMOUNT	CURRENT PREMIUM	ADJ PREMIUM	ADJ EFF DATE	ADJ RSN/PRD	TOTAL PREM DUE
141			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			44.36		CERT TOTAL	44.36				44.36
84		52	LIF	VOL9	E	20000	12.16				
		47	LIF	VOLU	S	10000	3.26				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			17.22		CERT TOTAL	17.22				17.22
86		26	LIF	VOL9	E	80000	6.56				
	PAYROLL DEDUCT			6.56		CERT TOTAL	6.56				6.56
151		44	LIF	VOL9	E	70000	15.40				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			17.20		CERT TOTAL	17.20				17.20
161		40	LIF	VOL9	E	250000	55.00				
		40	LIF	VOLU	S	125000	27.25				
	PAYROLL DEDUCT			82.25		CERT TOTAL	82.25				82.25
112		52	LIF	VOL9	E	40000	24.32				
		45	LIF	VOLU	S	10000	3.26				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			29.38		CERT TOTAL	29.38				29.38
165		43	LIF	VOL9	E	100000	22.00				
	PAYROLL DEDUCT			22.00		CERT TOTAL	22.00				22.00
168		60	LIF	VOL9	E	100000	169.80				
		60	LIF	VOLU	S	25000	41.75				
	PAYROLL DEDUCT			211.55		CERT TOTAL	211.55				211.55
89		48	LIF	VOL9	E	60000	20.04				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			21.84		CERT TOTAL	21.84				21.84
91		39	LIF	VOL9	E	120000	16.32				
		40	LIF	VOLU	S	50000	10.90				
	PAYROLL DEDUCT			27.22		CERT TOTAL	27.22				27.22
93		53	LIF	VOL9	E	80000	48.64				
		47	LIF	VOLU	S	25000	8.15				
	PAYROLL DEDUCT			56.79		CERT TOTAL	56.79				56.79
94		57	LIF	VOL9	E	20000	22.88				
		58	LIF	VOLU	S	10000	11.26				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			35.94		CERT TOTAL	35.94				35.94
95		59	LIF	VOL9	E	40000	45.76				
		37	LIF	VOLU	S	20000	2.68				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			50.24		CERT TOTAL	50.24				50.24
142		47	LIF	VOL9	E	20000	6.68				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			8.48		CERT TOTAL	8.48				8.48
98		63	LIF	VOL9	E	30000	50.94				
	PAYROLL DEDUCT			50.94		CERT TOTAL	50.94				50.94
100		63	LIF	VOL9	E	70000	118.86				
	PAYROLL DEDUCT			118.86		CERT TOTAL	118.86				118.86
134		38	LIF	VOL9	E	120000	16.32				
		35	LIF	VOLU	S	50000	6.70				
	PAYROLL DEDUCT			23.02		CERT TOTAL	23.02				23.02
146		32	LIF	VOL9	E	180000	18.36				
	PAYROLL DEDUCT			18.36		CERT TOTAL	18.36				18.36
104		51	LIF	VOL9	E	30000	18.24				
		48	LIF	VOLU	S	15000	4.89				

Assurant Employee Benefits 2323 Grand Boulevard Kansas City MO 64108-2670

Group Insurance Premium Statement

ASSURANT Employee Benefits

PREMIUM DUE DATE 12/01/2009
MONTHLY BILLING PERIOD 12/01/2009 TO 01/01/2010
PREMIUM DUE $4608.45

THE CITY OF FALLS CHURCH
POLICY NO. 4027243-3
CREATE DATE 11/20/2009

CERT NO	EMPLOYEE NAME	EE/SP AGE	PLAN TYPE	PLAN ID	TYPE CODE	COVERAGE AMOUNT	CURRENT PREMIUM	ADJ PREMIUM	ADJ EFF DATE	ADJ RSN/PRD	TOTAL PREM DUE
104			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			24.93		CERT TOTAL	24.93				24.93
127		50	LIF	VOL9	E	120000	72.96				
	PAYROLL DEDUCT			72.96		CERT TOTAL	72.96				72.96
105		40	LIF	VOL9	E	250000	55.00				
	PAYROLL DEDUCT			55.00		CERT TOTAL	55.00				55.00
171		42	LIF	VOL9	E	120000	26.40				
	PAYROLL DEDUCT			26.40		CERT TOTAL	26.40				26.40
28		30	LIF	VOL9	E	120000	12.24				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			14.04		CERT TOTAL	14.04				14.04
109		30	LIF	VOL9	E	240000	24.48				
		39	LIF	VOLU	S	120000	16.08				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			42.36		CERT TOTAL	42.36				42.36
108		62	LIF	VOL9	E	50000	84.90				
	PAYROLL DEDUCT			84.90		CERT TOTAL	84.90				84.90
111		46	LIF	VOL9	E	90000	30.06				
			DLI	VOL1	C		1.80				
	PAYROLL DEDUCT			31.86		CERT TOTAL	31.86				31.86
						BILL TOTAL	$ 4844.33	$ .00			$ 4844.33

TYPE CODES:	E = Employee	S = Spouse	C = Child(ren)	F = Family
ADJ REASON/PERIODS:	ADD = Added	CHG = Changed	TRM = Terminated	RE = Reinstated BR = Benefit Reduction

Assurant Employee Benefits 2323 Grand Boulevard Kansas City MO 64108-2670

tatement

ASSURANT Employee Benefits

To: Beverly

page 1 of 2

009 TO 01/01/2010

CITY OF FALLS CHURCH SCHOOLS
POLICY NO. 4027243-4
CREATE DATE 11/20/2009

paid within 31 days of the due date to ensure that coverage will remain in force.
ll insurance will terminate if any premium remains unpaid at the end of the grace period.

EASE GE	PLAN TYPE	PLAN ID	TYPE CODE	COVERAGE AMOUNT	CURRENT PREMIUM	ADJ PREMIUM	ADJ EFF DATE	ADJ RSN/PRD	TOTAL PREM DUE
52	LIF	VOL9	E	40000	24.32				
		24.32		CERT TOTAL	24.32				24.32
53	LIF	VOL9	E	20000	12.16				
		12.16		CERT TOTAL	12.16				12.16
65	LIF	VOL9	E	20000	53.56				
63	LIF	VOLU	S	10000	16.70				
		70.26		CERT TOTAL	70.26				70.26
45	LIF	VOL9	E	60000	20.04				
		20.04		CERT TOTAL	20.04				20.04
52	LIF	VOL9	E	20000	12.16				
52	LIF	VOLU	S	10000	6.00				
	DLI	VOL1	C		1.80				
		19.96		CERT TOTAL	19.96				19.96
41	LIF	VOL9	E	50000	11.00				
		11.00		CERT TOTAL	11.00				11.00
51	LIF	VOL9	E	20000	12.16				
48	LIF	VOLU	S	10000	3.26				
	DLI	VOL1	C		1.80				
		17.22		CERT TOTAL	17.22				17.22
53	LIF	VOL9	E	20000	12.16				
	DLI	VOL1	C		1.80				
		13.96		CERT TOTAL	13.96				13.96
43	LIF	VOL9	E	150000	33.00				
46	LIF	VOLU	S	75000	24.45				
	DLI	VOL1	C		1.80				
		59.25		CERT TOTAL	59.25				59.25
35	LIF	VOL9	E	100000	13.60				
49	LIF	VOLU	S	50000	16.30				
	DLI	VOL1	C		1.80				
		31.70		CERT TOTAL	31.70				31.70
60	LIF	VOL9	E	20000	33.96				
63	LIF	VOLU	S	10000	16.70				
		50.66		CERT TOTAL	50.66				50.66
62	LIF	VOL9	E	20000	33.96				
58	LIF	VOLU	S	10000	11.26				
		45.22		CERT TOTAL	45.22				45.22
64	LIF	VOL9	E	30000	50.94				
59	LIF	VOLU	S	15000	16.89				
		67.83		CERT TOTAL	67.83				67.83
43	LIF	VOL9	E	110000	24.20				
42	LIF	VOLU	S	55000	11.99				
	DLI	VOL1	C		1.80				
		37.99		CERT TOTAL	37.99				37.99
52	LIF	VOL9	E	100000	60.80				
50	LIF	VOLU	S	50000	30.00				
	DLI	VOL1	C		1.80				
		92.60		CERT TOTAL	92.60				92.60
62	LIF	VOL9	E	60000	101.88				
62	LIF	VOLU	S	30000	50.10				
		151.98		CERT TOTAL	151.98				151.98
38	LIF	VOL9	E	150000	20.40				
		20.40		CERT TOTAL	20.40				20.40

rand Boulevard Kansas City MO 64108-2670

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ASSURANT Employee Benefits

009 TO 01/01/2010

CITY OF FALLS CHURCH SCHOOLS
POLICY NO. 4027243-4
CREATE DATE 11/20/2009

ESP DE	PLAN TYPE	PLAN ID	TYPE CODE	COVERAGE AMOUNT	CURRENT PREMIUM	ADJ PREMIUM	ADJ EFF DATE	ADJ RSN/PRD	TOTAL PREM DUE
40	LIF	VOL9	E	200000	44.00				
37	LIF	VOLU	S	100000	13.40				
	DLI	VOL1	C		1.80				
	59.20			CERT TOTAL	59.20				59.20
51	LIF	VOL9	E	170000	103.36				
53	LIF	VOLU	S	70000	42.00				
	DLI	VOL1	C		1.80				
	147.16			CERT TOTAL	147.16				147.16
52	LIF	VOL9	E	150000	91.20				
49	LIF	VOLU	S	75000	24.45				
	115.65			CERT TOTAL	115.65				115.65
45	LIF	VOL9	E	100000	33.40				
49	LIF	VOLU	S	50000	16.30				
	DLI	VOL1	C		1.80				
	51.50			CERT TOTAL	51.50				51.50
51	LIF	VOL9	E	110000	66.88				
	DLI	VOL1	C		1.80				
	68.68			CERT TOTAL	68.68				68.68
60	LIF	VOL9	E	20000	33.96				
	33.96			CERT TOTAL	33.96				33.96
58	LIF	VOL9	E	20000	22.88				
	22.88			CERT TOTAL	22.88				22.88
50	LIF	VOL9	E	160000	97.28				
51	LIF	VOLU	S	80000	48.00				
	145.28			CERT TOTAL	145.28				145.28
40	LIF	VOL9	E	110000	24.20				
38	LIF	VOLU	S	10000	1.34				
	25.54			CERT TOTAL	25.54				25.54
45	LIF	VOL9	E	20000	6.68				
	6.68			CERT TOTAL	6.68				6.68
48	LIF	VOL9	E	20000	6.68				
53	LIF	VOLU	S	10000	6.00				
	DLI	VOL1	C		1.80				
	14.48			CERT TOTAL	14.48				14.48
52	LIF	VOL9	E	60000	36.48				
55	LIF	VOLU	S	25000	28.15				
	DLI	VOL1	C		1.80				
	66.43			CERT TOTAL	66.43				66.43
54	LIF	VOL9	E	50000	30.40				
	DLI	VOL1	C		1.80				
	32.20			CERT TOTAL	32.20				32.20
43	LIF	VOL9	E	40000	8.80				
	8.80			CERT TOTAL	8.80				8.80
35	LIF	VOL9	E	20000	2.72				
39	LIF	VOLU	S	10000	1.34				
	DLI	VOL1	C		1.80				
	5.86			CERT TOTAL	5.86				5.86
				BILL TOTAL	$ 1550.85	$ .00			$ 1550.85

S=Spouse C=Child(ren) F=Family
CHG=Changed TRM=Terminated RE=Reinstated BR=Benefit Reduction

SM 019

and Boulevard Kansas City MO 64108-2670

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