

BILLING SUMMARY

The Lincoln National Life Insurance Company
P.O. Box 0821
Carol Stream IL 60132-0821

Account#: DISLAW-BL-1542253
Amount Due: \$2,037.67
Prem Due By: 09/01/2021
Coverage: 09/01/2021-09/30/2021

***** PAID BY AUTOMATED WITHDRAWAL ON 09/01/2021 - NO PAYMENT REQUIRED. *****

010434 LFPE9JD1 100000
GR-AD
Attn: Jane Campbell
Disability Law Center of Alaska
3330 Arctic Boulevard, Suite 103
Anchorage AK 99503



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01-SEP-2021

(Please remove and return top portion with your check made payable to The Lincoln National Life Insurance Company)

Previous Billed Balance	\$1,994.80	
Premium Processed	-\$1,994.80	
	=====	
Beginning Balance		\$0.00
Current Period Premium	\$2,002.34	
Current Period Adjustments	\$35.33	
	=====	
Current Billed Balance		\$2,037.67

Amount Paid by Automatic Withdrawal \$2,037.67

PREMIUM PAYMENT INSTRUCTIONS

Your premium will be paid by automatic withdrawal. No payment is required

Please do not submit enrollment changes with your premium payment

Use the Adjustment Report to make any of the following changes: termination, class, billing location, salary changes (if benefit is salary based), etc.

The following type of changes need a Group Change Form completed and returned before the change can be processed: name, beneficiary, marital status, or change in dependent coverages

These forms and enrollment forms must be received at least 10 days prior to the next bill's draw date for the change to be reflected. Please fax forms to: 877-573-6177 or visit our website:

www.lincoln4benefits.com

If you have any questions, please call your Client Service Representative at 800-423-2765.

The Lincoln National Life Insurance Company

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800-423-2765

BILLING DETAIL

Attn: Jane Campbell
Disability Law Center of Alaska
3330 Arctic Boulevard, Suite 103
Anchorage AK 99503

Account# DISLAW-BL-1542253

Reference# 4286758864

DENT Policy# 000940029697 00000

LIFE Policy# 000940200637 00000

LIFE Policy# 000950200638 00000

Premium Due By: 09/01/2021

Bill Print Date: 08/10/2021

Coverage Period: 09/01/2021 - 09/30/2021

Current Premium:

CERT NO.	NAME	LI VOLUME	LIFE	AD+D	WI	DENTAL	TOTAL
xxxxx5177	Amber, Jenna C.	50000	11.50	1.25	14.11	252.08	278.94
xxxxx5310	Amphay, Kate	50000	11.50	1.25	13.79	69.99	96.53
xxxxx5853	Berube, David P.	50000	11.50	1.25	21.70	69.99	104.44
xxxxx2976	Campbell, Jane	32500	7.48	0.81	29.18	69.99	107.46
xxxxx0052	Fleurant, David	32500	7.48	0.81	34.82	69.99	113.10
xxxxx1303	Freeman, Patricia	50000	11.50	1.25	18.59	69.99	101.33
xxxxx7513	George, Amy	50000	11.50	1.25	15.90	156.23	184.88
xxxxx3886	Gurguolo, Abigail G.	50000	11.50	1.25	12.93	69.99	95.67
xxxxx0155	Hansen, Chad S.	50000	11.50	1.25	21.41	69.99	104.15
xxxxx6036	Jaehning, Leslie	50000	11.50	1.25	25.57	69.99	108.31
xxxxx4585	Johansson, Molly V.	50000	11.50	1.25	14.11	144.30	171.16
xxxxx5660	Kammermeyer, Jacob	50000	11.50	1.25	27.94	69.99	110.68
xxxxx4647	Regan, Mark	50000	11.50	1.25	35.81	69.99	118.55
xxxxx3177	Smith, Jason	50000	11.50	1.25	18.98	69.99	101.72
xxxxx6761	Stocks, Patrick D.	50000	11.50	1.25	22.05	69.99	104.79
xxxxx2109	Tessandore, Karen	50000	11.50	1.25	17.89	69.99	100.63
Totals		765000	175.96	19.12	344.78	1462.48	2002.34

Total number of Lives: 16

TOTAL CURRENT PREMIUM

\$2,002.34

Current Adjustments:

CERT NO.	NAME	ADJ DATE	LIFE	AD+D	WI	DENTAL	TOTAL	*REASON
xxxxx5310	Amphay, Kate	12/20			6.03		6.03	SC
xxxxx7513	George, Amy	08/21			0.60		0.60	SC
Continued on next page								
								01-SEP-2021

LIFE-Life. AD+D-AD&D. WI-Weekly Income. DENTAL-Dental.

*SC-Salary Change



CERT NO.	NAME	ADJ DATE	LIFE	AD+D	WI	DENTAL				TOTAL	*REASON
xxxxx6036	Jaehning, Leslie	11/20			7.70					7.70	SC
xxxxx5660	Kammermeyer, Jacob	10/20			8.80					8.80	SC
xxxxx4647	Regan, Mark	11/20			12.20					12.20	SC
Totals					35.33					35.33	

TOTAL CURRENT ADJUSTMENTS

\$35.33

CURRENT BILL TOTAL

\$2,037.67

Notice: This bill reflects changes, payments, and adjustments made prior to this bill's generation date of 08/10/2021.

LIFE-Life. AD+D-AD&D. WI-Weekly Income. DENTAL-Dental.

*SC-Salary Change

01-SEP-2021