

Paper List Bill Example

TO: ATMAIL!FAX!+19086559723/NOCOVERSHEET

Metropolitan Life
Voluntary Benefits
Cover Sheet

xxxxx COMPANIES - HIPAA
xxx COMPANIES
PO BOX 5100
xxx, OH 442515001
xxx - SEMIMONTHLY

Location #: 000771688 Invoice #: 006517545 CD: 8 RCN # 002870209

Bill Date: 03/14/2008
Expected Remittance Date: 05/15/2008

		Adjusted Total

0	New ADDS to the billing totaling:	0.00
0	Employees with CHANGES totaling:	0.00
0	Employees with DELETES totaling:	0.00
65	Employees with NO CHANGE totaling:	3,815.76

Total Amount Billed: 3,815.76 Total Due: _____

Group #: 755142-01
Group Name: xxx COMPANIES - HIPAA
Invoice #: 6517545

Please reference group and invoice numbers on your check and any correspondence.

DIRECTIONS ON BILL RECONCILIATION AND COMPLETION.

After reviewing the bill, please make all necessary changes.

IMPORTANT NOTE: Retain a copy for your records.

The following reason codes should be indicated where changes to our bill are applicable. Please indicate on the bill where changes are necessary and fax this original to The MetLife Remittance Service Center at: 813-983-4908.

Reason Codes:

D	Deceased	P	Disabled
E	Error, Invalid SSN/Paypoint	R	Retiree

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I Ineligible Participant S Off payroll, short term
 L Leave of Absence T Termination
 Z Changed payroll systems

Make your check, draft or money order payable in U.S. funds to METLIFE, and mail it with this cover sheet to the following address:

MetLife
 PO Box 8500-3895
 Philadelphia, PA 19178-3895

If you have any questions, please call CRYSTAL ERRICKSON at 908-253-1511

↑
 Location Name: xxx COMPANIES - HIPAA Location #: 771688
 Group Name: xxx COMPANIES - HIPAA Group #: 755142-01
 Bill Date: 03/14/2008 Invoice #: 6517545
 Payroll: xxx - SEMIMONTHLY Section: No Changes
 Note: Deductions for these employees are the same as the last bill.

Employee Name Contract #	SSN Product	Req Amt	Employee ID Ded Amt	Dept Reason
KRISOWATY, ROBERT	123456789 LPM	125.70	_____	_____
KINNAIRD JR, RICHARD	123456789 LPM	24.86	_____	_____
LOWE, ERIC	123456789 LPM	11.40	_____	_____
SMITH, BARBARA	123456789 LPM	29.60	_____	_____
DIGMAN, DAVID	123456789 LPM	29.60	_____	_____
RAGER, KAREN	123456789 LPM	25.20	_____	_____
MC FADDEN, THOMAS	123456789			

Paper List Bill Example
LPM 79.82 _____ | _____

JOHNSON, KATHRYN

123456789

CARY, DALE

123456789
LPM 49.30 _____ | _____

Total 3815.76 _____ | _____