

US POSTAL WORKERS / KAISER /STATE OF CA/ FEDERAL WORKERS/ USC

| | | | | | |
|---------------------|----------------------|-----------------------|------------|--------------------|-------------------|
| Account Name | US POSTAL CALIFORNIA | Issue Date | 1988-02-01 | Plan Administrator | FEDERAL ALLOTMENT |
| BCN | E9878513 | Last Sales Date | 2024-07-18 | Address | 6558 ORION AVE |
| Sales Contact | ABRAMS, MICHAEL | Next Enrollment Date | 2025-02-01 | City | VAN NUYS |
| Number of Employees | 101000 | Enrollment Start Date | **** | State | CA |
| Number of Payers | 657 | Enrollment Stop Date | **** | Zip Code | 91406-6314 |
| | | Last Paid Date | 2024-07-31 | Telephone | 000-000-0000 |
| | | Bill Frequency | BI-WEEKLY | Web Member | Yes |
| | | Variable Monthly | Y | | |

| Section Name | Section Number | Payer Name | EE Number | Policy Number | Product | Plan Code | Benefit Period | Benefit Amount | Units | Tax Status | CED | PED | Policy PTD | Policy Premium | Who's Covered | Total Policy Premium | | | |
|--------------------|----------------------|-------------|---------------|-------------------|--------------|-------------|----------------|----------------|----------|------------|------------|------------|------------|----------------|----------------|----------------------|-------|----------------|--|
| 0000 | ACEVES, YVONNE | 4883281625 | ****.**-7366 | Accident Care | CE1C | - | | 0 | 1.0000 | Post-Tax | 02/01/2018 | 06/13/2018 | 08/14/2024 | 13.85 | ACEVES, YVO... | | | | |
| | | | | | CEHC | - | | 0 | 1.0000 | Post-Tax | 02/01/2018 | 06/13/2018 | 08/14/2024 | 1.27 | ACEVES, YVO... | | | | |
| | | | | | CESC | - | | 0 | 1.0000 | Post-Tax | 02/01/2018 | 06/13/2018 | 08/14/2024 | 2.77 | ACEVES, YVO... | | | | |
| | | | | | EANY | 6 MONTH 0/7 | | 0 | 30.0000 | Post-Tax | 02/01/2018 | 06/13/2018 | 08/14/2024 | 85.29 | ACEVES, YVO... | | | | |
| | | | | | C4W1 | - | | 0 | 1.0000 | Post-Tax | 09/10/2018 | 10/17/2018 | 08/14/2024 | 17.19 | ACEVES, YVO... | | | | |
| | | | | | WDX1 | - | | 0 | 1.0000 | Post-Tax | 09/10/2018 | 10/17/2018 | 08/14/2024 | 0.76 | ACEVES, YVO... | | | | |
| | | 4939916990 | Cancer Assist | WPP1 | - | | 0 | 1.0000 | Post-Tax | 09/10/2018 | 10/17/2018 | 08/14/2024 | 3.72 | ACEVES, YVO... | | | | | |
| | | | | WSD1 | - | | 0 | 1.0000 | Post-Tax | 09/10/2018 | 10/17/2018 | 08/14/2024 | 0.60 | ACEVES, YVO... | | | | | |
| | | | | Payer Total | | | | | | | | | | | | | | 125.45 | |
| | | | | ACQUAAH, TRACY | ****.**-2655 | 5310220360 | Accident Care | CE1N | - | | 0 | 1.0000 | Post-Tax | 06/08/2021 | 08/04/2021 | 08/14/2024 | 8.31 | ACQUAAH, TR... | |
| | | | | | | | | CEHN | - | | 0 | 1.0000 | Post-Tax | 06/08/2021 | 08/04/2021 | 08/14/2024 | 1.27 | ACQUAAH, TR... | |
| | | | | | | | | CESN | - | | 0 | 1.0000 | Post-Tax | 06/08/2021 | 08/04/2021 | 08/14/2024 | 1.85 | ACQUAAH, TR... | |
| EANY | 6 MONTH 0/7 | | 0 | | | | | 15.0000 | Post-Tax | 06/08/2021 | 08/04/2021 | 08/14/2024 | 42.65 | ACQUAAH, TR... | | | | | |
| Payer Total | | | | | | | | | | | | | | 54.08 | | | | | |
| ADAMS, CHRISTOPHER | ****.**-8717 | 5456814620 | Accident Care | CE1N | - | | 0 | 1.0000 | Post-Tax | 09/01/2023 | 10/12/2023 | 08/16/2024 | 8.41 | ADAMS, CHRI... | | | | | |
| | | | | CEHN | - | | 0 | 1.0000 | Post-Tax | 09/01/2023 | 10/12/2023 | 08/16/2024 | 1.27 | ADAMS, CHRI... | | | | | |
| | | | | CESN | - | | 0 | 1.0000 | Post-Tax | 09/01/2023 | 10/12/2023 | 08/16/2024 | 1.85 | ADAMS, CHRI... | | | | | |
| | | | | EAPE | 12 MONTH 0/7 | | 0 | 15.0000 | Post-Tax | 09/01/2023 | 10/12/2023 | 08/16/2024 | 54.07 | ADAMS, CHRI... | | | | | |
| | | | | Payer Total | | | | | | | | | | | | | | 65.60 | |
| AIKEN, INGER M | ****.**-8929 | 4045652280 | Cancer 1000 | C041 | - | | 0 | 1.0000 | Post-Tax | 03/02/2009 | 05/02/2009 | 09/24/2024 | 18.69 | AIKEN, INGER M | | | | | |
| | | | | RDX1 | - | | 0 | 1.0000 | Post-Tax | 03/02/2009 | 05/02/2009 | 09/24/2024 | 0.69 | AIKEN, INGER M | | | | | |
| | | | | RPP1 | - | | 0 | 1.0000 | Post-Tax | 03/02/2009 | 05/02/2009 | 09/24/2024 | 1.85 | AIKEN, INGER M | | | | | |
| | | | | RSP1 | - | | 0 | 1.0000 | Post-Tax | 03/02/2009 | 05/02/2009 | 09/24/2024 | 0.58 | AIKEN, INGER M | | | | | |
| | | 5928223085 | Accident Care | CE1C | - | | 0 | 1.0000 | Post-Tax | 04/25/2023 | 07/19/2023 | 08/14/2024 | 13.84 | AIKEN, INGER M | | | | | |
| | | | | CEHC | - | | 0 | 1.0000 | Post-Tax | 04/25/2023 | 07/19/2023 | 08/14/2024 | 1.27 | AIKEN, INGER M | | | | | |
| | | | | CESC | - | | 0 | 1.0000 | Post-Tax | 04/25/2023 | 07/19/2023 | 08/14/2024 | 2.77 | AIKEN, INGER M | | | | | |
| | | | | EAPE | 12 MONTH 0/7 | | 0 | 25.0000 | Post-Tax | 04/25/2023 | 07/19/2023 | 08/14/2024 | 116.77 | AIKEN, INGER M | | | | | |
| | | | | Payer Total | | | | | | | | | | | | | | 156.46 | |
| | | | | ALEXANDER, LESHUN | ****.**-9582 | 4879478300 | Cancer Assist | C4W2 | - | | 0 | 1.0000 | Post-Tax | 01/10/2018 | 04/04/2018 | 08/08/2024 | 28.51 | ALEXANDER, ... | |
| WDX2 | - | | 0 | | | | | 1.0000 | Post-Tax | 01/10/2018 | 04/04/2018 | 08/08/2024 | 1.25 | ALEXANDER, ... | | | | | |
| WPP2 | - | | 0 | | | | | 1.0000 | Post-Tax | 01/10/2018 | 04/04/2018 | 08/08/2024 | 8.10 | ALEXANDER, ... | | | | | |
| WSD2 | - | | 0 | | | | | 1.0000 | Post-Tax | 01/10/2018 | 04/04/2018 | 08/08/2024 | 0.83 | ALEXANDER, ... | | | | | |
| 5666755000 | Critical Illness 1.0 | 1BNF | - | | | | 0 | 50.0000 | Post-Tax | 09/19/2022 | 09/28/2022 | 08/17/2024 | 38.54 | ALEXANDER, ... | | | | | |
| | | CICF | - | | | | 0 | 1.0000 | Post-Tax | 09/19/2022 | 09/28/2022 | 08/17/2024 | 2.82 | ALEXANDER, ... | | | | | |
| | | CIIF | - | | | | 0 | 1.0000 | Post-Tax | 09/19/2022 | 09/28/2022 | 08/17/2024 | 0.46 | ALEXANDER, ... | | | | | |
| 5666755185 | Accident Care | CE1F | - | | | | 0 | 1.0000 | Post-Tax | 09/19/2022 | 09/28/2022 | 08/17/2024 | 16.62 | ALEXANDER, ... | | | | | |
| | | CEHF | - | | | | 0 | 1.0000 | Post-Tax | 09/19/2022 | 09/28/2022 | 08/17/2024 | 1.96 | ALEXANDER, ... | | | | | |
| | | CESF | - | | | | 0 | 1.0000 | Post-Tax | 09/19/2022 | 09/28/2022 | 08/17/2024 | 4.62 | ALEXANDER, ... | | | | | |
| | | Payer Total | | | | | | | | | | | | | | | | | |
| | | Payer Total | | | | | | | | | | | | | | | | | |

US POSTAL WORKERS / KAISER /STATE OF CA/ FEDERAL WORKERS/ USC

| | | | | | |
|---------------------|-------------------|-----------------------|------------|--------------------|--------------|
| Account Name | KAISER PERMANENTE | Issue Date | 2023-11-01 | Plan Administrator | TIM JOHNSON |
| BCN | E6056824 | Last Sales Date | 2024-07-05 | Address | PO BOX 940 |
| Sales Contact | ABRAMS, MICHAEL | Next Enrollment Date | 2024-11-01 | City | FORTSON |
| Number of Employees | 5000 | Enrollment Start Date | *** | State | GA |
| Number of Payers | 16 | Enrollment Stop Date | *** | Zip Code | 31808-0000 |
| | | Last Paid Date | 2024-06-01 | Telephone | 866-246-5245 |
| | | Bill Frequency | MONTHLY | Web Member | Yes |
| | | Variable Monthly | N | | |

| Section Name | Section Number | Payer Name | EE Number | Policy Number | Product | Plan Code | Benefit Period | Benefit Amount | Units | Tax Status | CED | PED | Policy PTD | Policy Premium | Who's Covered | Total Policy Premium | |
|--------------------|-----------------------|------------|------------|---------------------------|---------------------------|---------------|----------------|----------------|----------|------------|------------|------------|------------|----------------|-----------------|----------------------|--|
| 0000 | BOONE, STEPHANIE S | | ****-9339 | 5550932360 | Ind Disability - ISTD3000 | HS5R - PK1S | 12 MONTH 0/7 | 0 | 1.0000 | Post-Tax | 07/01/2024 | 07/01/2024 | 08/01/2024 | 2.90 | BOONE, STEP... | | |
| | | | | 5550932440 | Accident 1.0 | AH1N - | | 0 | 1.0000 | Post-Tax | 07/01/2024 | 07/01/2024 | 08/01/2024 | 31.03 | BOONE, STEP... | | |
| | | | | Payer Total | | | | | | | | | | | | | |
| | BRYANT, MICHELLAE S | | ****-5487 | 5555687080 | Critical Illness 1.0 | 1BNC - CICC - | | 0 | 10.0000 | Post-Tax | 07/01/2024 | 07/01/2024 | 07/01/2024 | 3.90 | BRYANT, MICH... | | |
| | | | | 5555687160 | Ind Disability - ISTD3000 | HS5R - PK6O | 6 MONTH 14/14 | 0 | 30.0000 | Post-Tax | 07/01/2024 | 07/01/2024 | 07/01/2024 | 136.20 | BRYANT, MICH... | | |
| | | | | Payer Total | | | | | | | | | | | | | |
| | CARRETO, SHANNON | | ****-8866 | 5537168870 | Ind Disability - ISTD3000 | HS5R - PK1O | 12 MONTH 14... | 0 | 1.0000 | Post-Tax | 06/01/2024 | 06/01/2024 | 07/01/2024 | 2.90 | CARRETO, SH... | | |
| | | | | 5537168950 | Critical Illness 1.0 | 1BNN - CICC - | | 0 | 10.0000 | Post-Tax | 06/01/2024 | 06/01/2024 | 07/01/2024 | 3.90 | CARRETO, SH... | | |
| | | | | Payer Total | | | | | | | | | | | | | |
| | COSTA CASTRO, SILVINA | | ****-1707 | 5552670950 | Ind Disability - ISTD3000 | HS5R - PK1O | 12 MONTH 14... | 0 | 1.0000 | Post-Tax | 07/01/2024 | 07/01/2024 | 07/01/2024 | 2.90 | COSTA CAST... | | |
| | | | | 5552671030 | Critical Illness 1.0 | 1BNC - CICC - | | 0 | 10.0000 | Post-Tax | 07/01/2024 | 07/01/2024 | 07/01/2024 | 7.90 | COSTA CAST... | | |
| | | | | Payer Total | | | | | | | | | | | | | |
| | DUMKA, TAYLOR | | ****-2638 | 5556885710 | Ind Disability - ISTD3000 | HS5R - PK1O | 12 MONTH 14... | 0 | 1.0000 | Post-Tax | 07/01/2024 | 07/01/2024 | 07/01/2024 | 2.90 | DUMKA, TAYLOR | | |
| | | | | 5556885890 | Critical Illness 1.0 | 1BNN - CICC - | | 0 | 10.0000 | Post-Tax | 07/01/2024 | 07/01/2024 | 07/01/2024 | 3.90 | DUMKA, TAYLOR | | |
| | | | | Payer Total | | | | | | | | | | | | | |
| | HICKEY, EMILY | | ****-1775 | 5513562800 | Ind Disability - ISTD3000 | HS5R - PK1S | 12 MONTH 0/7 | 0 | 1.0000 | Post-Tax | 02/01/2024 | 02/01/2024 | 07/01/2024 | 2.90 | HICKEY, EMILY | | |
| | | | | 5513562980 | Critical Illness 1.0 | 1BNN - CICC - | | 0 | 10.0000 | Post-Tax | 02/01/2024 | 02/01/2024 | 07/01/2024 | 3.10 | HICKEY, EMILY | | |
| | | | | Payer Total | | | | | | | | | | | | | |
| | HOOPER, SHAMIKA D | | ****-3075 | 5535348350 | Ind Disability - ISTD3000 | HS5R - PK6O | 6 MONTH 14/14 | 0 | 1.0000 | Post-Tax | 05/01/2024 | 05/01/2024 | 07/01/2024 | 2.90 | HOOPER, SH... | | |
| | | | | Payer Total | | | | | | | | | | | | | |
| | IBALE, JEFFREY | | ****-0306 | 5527061865 | Ind Disability - ISTD3000 | HS5R - PK1O | 12 MONTH 14... | 0 | 1.0000 | Post-Tax | 04/01/2024 | 04/01/2024 | 07/01/2024 | 2.90 | IBALE, JEFFREY | | |
| | | | | Payer Total | | | | | | | | | | | | | |
| | INES, KRISTINE | | ****-7247 | 5550933920 | Ind Disability - ISTD3000 | HS5R - PK6O | 6 MONTH 14/14 | 0 | 1.0000 | Post-Tax | 06/05/2024 | 07/01/2024 | 07/01/2024 | 2.90 | INES, KRISTINE | | |
| | | | | Payer Total | | | | | | | | | | | | | |
| JOHNSON, JESSICA D | | ****-2978 | 5552671110 | Ind Disability - ISTD3000 | HS5R - PK1S | 12 MONTH 0/7 | 0 | 1.0000 | Post-Tax | 07/01/2024 | 07/01/2024 | 07/01/2024 | 2.90 | JOHNSON, JE... | | | |
| | | | 5552671290 | Accident 1.0 | AH1N - | | 0 | 1.0000 | Post-Tax | 07/01/2024 | 07/01/2024 | 07/01/2024 | 31.03 | JOHNSON, JE... | | | |
| Payer Total | | | | | | | | | | | | | | | 325.23 | | |

US POSTAL WORKERS / KAISER /STATE OF CA/ FEDERAL WORKERS/ USC

Account Name VETERAN ADMINISTRATION HOSP
 BCN
 Sales Contact
 Number of Employees
 Number of Payers

ABRAMS, MICHAEL
 120

Issue Date
 Last Sales Date
 Next Enrollment Date
 Enrollment Start Date
 Enrollment Stop Date
 Last Paid Date
 Bill Frequency
 Variable Monthly

2025-06-01

Plan Administrator
 Address
 City
 State
 Zip Code
 Telephone
 Web Member

**
 **
 **
 C
 **
 **
 N

| Section Name | Section Number | Payer Name | EE Number | Policy Number | Product | Plan Code | Benefit Period | Benefit Amount | Units | Tax Status | CED | PED | Policy PTD | Policy Premium | Who's Covered | Total Policy Premium | |
|---------------|--------------------|------------|-----------------|---------------------------|---------|---------------|----------------|----------------|----------|------------|------------|------------|------------|-----------------|-----------------|----------------------|--------|
| 0000 | ATKINS, KEVONNA C | ****-7637 | 4266929680 | Medical Brid... | 22XN | - | | 0 | 1.0000 | Post-Tax | 04/22/2011 | 05/03/2011 | 08/10/2024 | 9.23 | ATKINS, KEVO... | | |
| | | | 4266929760 | Disability 1000 | AD2N | - | | 0 | 1.0000 | Post-Tax | 04/22/2011 | 05/03/2011 | 08/10/2024 | 1.20 | ATKINS, KEVO... | | |
| | | | 6352814470 | UL Generation 4 | B61X | 6 MONTH 0/7 | 0 | 15.0000 | Post-Tax | 04/22/2011 | 05/03/2011 | 08/10/2024 | 37.59 | ATKINS, KEVO... | | | |
| | | | 6352814540 | UL Generation 4 | CP10J | - | | 25000 | 25.0000 | Post-Tax | 04/22/2011 | 05/03/2011 | 08/10/2024 | 5.36 | NEAL, BREZH... | | |
| | | | | Payer Total | | | | | | | | | | | | | 58.00 |
| | BROWN, JAKIA | ****-5136 | 5507656300 | Ind Medical Bridge | JA3E | - | | 0 | 1.0000 | Post-Tax | 12/28/2023 | 01/13/2024 | 07/15/2024 | 6.14 | BROWN, JAKIA | | |
| | | | | | SAEE | - | | 0 | 1.0000 | Post-Tax | 12/28/2023 | 01/13/2024 | 07/15/2024 | 3.00 | BROWN, JAKIA | | |
| | | | 5507656480 | Ind Disability -... | PK6O | 6 MONTH 14/14 | 0 | 40.0000 | Post-Tax | 12/28/2023 | 01/13/2024 | 07/15/2024 | 82.86 | BROWN, JAKIA | | | |
| | | | | Payer Total | | | | | | | | | | | | | 92.00 |
| | COLEMAN, KRISTIN T | ****-1098 | 5227947590 | Ind Medical Bridge | ECEE | - | | 0 | 1.0000 | Post-Tax | 06/04/2020 | 06/25/2020 | 07/15/2024 | 2.26 | COLEMAN, KR... | | |
| | | | | | HCEE | - | | 0 | 1.0000 | Post-Tax | 06/04/2020 | 06/25/2020 | 07/15/2024 | 2.70 | COLEMAN, KR... | | |
| | | | | | JA3E | - | | 0 | 1.0000 | Post-Tax | 06/04/2020 | 06/25/2020 | 07/15/2024 | 6.04 | COLEMAN, KR... | | |
| | | | | | SAEE | - | | 0 | 1.0000 | Post-Tax | 06/04/2020 | 06/25/2020 | 07/15/2024 | 3.00 | COLEMAN, KR... | | |
| | | | | | C4W1 | - | | 0 | 1.0000 | Post-Tax | 10/11/2023 | 10/21/2023 | 07/15/2024 | 17.19 | COLEMAN, KR... | | |
| | | | 5472091480 | Cancer Assist | WDX1 | - | | 0 | 2.0000 | Post-Tax | 10/11/2023 | 10/21/2023 | 07/15/2024 | 1.52 | COLEMAN, KR... | | |
| | | | | | WPP1 | - | | 0 | 1.0000 | Post-Tax | 10/11/2023 | 10/21/2023 | 07/15/2024 | 3.72 | COLEMAN, KR... | | |
| | | | | | WSD1 | - | | 0 | 1.0000 | Post-Tax | 10/11/2023 | 10/21/2023 | 07/15/2024 | 0.60 | COLEMAN, KR... | | |
| | | | 5472091555 | Accident 1.0 | AH1C | - | | 0 | 1.0000 | Post-Tax | 10/11/2023 | 10/21/2023 | 07/15/2024 | 20.41 | COLEMAN, KR... | | |
| | | | 5472091630 | Ind Disability - ISTD3000 | H5SR | - | | 0 | 1.0000 | Post-Tax | 10/11/2023 | 10/21/2023 | 07/15/2024 | 1.34 | COLEMAN, KR... | | |
| | | | | Payer Total | | | | 50.0000 | Post-Tax | 10/11/2023 | 10/21/2023 | 07/15/2024 | 120.22 | COLEMAN, KR... | | 179.00 | |
| | DECLARO, CARINAH | ****-2673 | 5496894380 | Critical Illness 1.0 | 1BNN | - | | 0 | 20.0000 | Post-Tax | 12/07/2023 | 12/16/2023 | 07/15/2024 | 21.45 | DECLARO, CA... | | |
| | | | | | CICN | - | | 0 | 1.0000 | Post-Tax | 12/07/2023 | 12/16/2023 | 07/15/2024 | 1.85 | DECLARO, CA... | | |
| | | | | | CIIN | - | | 0 | 1.0000 | Post-Tax | 12/07/2023 | 12/16/2023 | 07/15/2024 | 0.30 | DECLARO, CA... | | |
| | | | 5496894460 | Accident 1.0 | AL1N | - | | 0 | 1.0000 | Post-Tax | 12/07/2023 | 12/16/2023 | 07/15/2024 | 9.74 | DECLARO, CA... | | |
| | | | 5496894530 | Ind Disability -... | WK6O | 6 MONTH 14/14 | 0 | 40.0000 | Post-Tax | 12/07/2023 | 12/16/2023 | 07/15/2024 | 90.83 | DECLARO, CA... | | | |
| | | | 5496894610 | Cancer Assist | D4W0 | - | | 0 | 1.0000 | Post-Tax | 12/07/2023 | 12/16/2023 | 07/15/2024 | 16.92 | DECLARO, CA... | | |
| | | | | | XDX0 | - | | 0 | 10.0000 | Post-Tax | 12/07/2023 | 12/16/2023 | 07/15/2024 | 7.16 | DECLARO, CA... | | |
| | | | | Payer Total | | | | 25000 | 25.0000 | Post-Tax | 12/07/2023 | 12/16/2023 | 07/15/2024 | 53.44 | DECLARO, CA... | | 206.01 |
| | GOODLOE, TONYA | ****-4249 | 4656113170 | Medical Brid... | 22XN | - | | 0 | 1.0000 | Post-Tax | 11/25/2015 | 01/24/2016 | 07/11/2024 | 9.00 | GOODLOE, TO... | | |
| | | | | | C4W0 | - | | 0 | 1.0000 | Post-Tax | 10/23/2017 | 12/23/2017 | 07/08/2024 | 17.53 | GOODLOE, TO... | | |
| | | | 4840191460 | Cancer Assist | WDX0 | - | | 0 | 10.0000 | Post-Tax | 10/23/2017 | 12/23/2017 | 07/08/2024 | 7.15 | GOODLOE, TO... | | |
| | | | | | WPP0 | - | | 0 | 1.0000 | Post-Tax | 10/23/2017 | 12/23/2017 | 07/08/2024 | 3.72 | GOODLOE, TO... | | |
| | | | | | WSD0 | - | | 0 | 1.0000 | Post-Tax | 10/23/2017 | 12/23/2017 | 07/08/2024 | 0.60 | GOODLOE, TO... | | |
| | | | | Payer Total | | | | | | | | | | | | 38.00 | |
| | GRATE, ANNETTE | ****-0702 | 4575518100 | Medical Brid... | 22XN | - | | 0 | 1.0000 | Post-Tax | 02/20/2015 | 03/21/2015 | 07/12/2024 | 10.50 | GRATE, ANNETTE | | |
| | | | 4575518280 | Disability 1000 | DPBP | 12 MONTH 0/7 | 0 | 10.0000 | Post-Tax | 02/20/2015 | 03/21/2015 | 07/12/2024 | 30.50 | GRATE, ANNETTE | | | |
| | | | | Payer Total | | | | | | | | | | | | | 41.00 |
| | KIM, GRACE | ****-0494 | 5505053580 | Ind Disability -... | WK6O | 6 MONTH 14/14 | 0 | 65.0000 | Post-Tax | 12/19/2023 | 01/01/2024 | 07/15/2024 | 111.23 | KIM, GRACE | | | |
| | | | 5505053660 | Ind Medical Bridge | JB3E | - | | 0 | 1.0000 | Post-Tax | 12/19/2023 | 01/01/2024 | 07/15/2024 | 8.77 | KIM, GRACE | | |
| | | | | | SAEE | - | | 0 | 1.0000 | Post-Tax | 12/19/2023 | 01/01/2024 | 07/15/2024 | 3.00 | KIM, GRACE | | |
| | | | Payer Total | | | | | | | | | | | | | 123.00 | |
| MIDDLETON,... | ****-3977 | 6380560930 | UL Generation 4 | CP10 | - | | 35000 | 35.0000 | Post-Tax | 02/13/2015 | 04/14/2015 | 08/14/2024 | 0.00 | MIDDLETON, ... | | | |

US POSTAL WORKERS / KAISER /STATE OF CA/ FEDERAL WORKERS/ USC

| | | | | | |
|---------------------|---------------------|-----------------------|----------------------|--------------------|---------------------|
| Account Name | STATE OF CALIFORNIA | Issue Date | 1993-08-03 | Plan Administrator | SHELIA BRISCO-GRANT |
| BCN | I2045862 | Last Sales Date | 2024-02-02 | Address | 710 S CENTRAL AVE |
| Sales Contact | ABRAMS, MICHAEL | Next Enrollment Date | *** | City | GLENDAL |
| Number of Employees | 900 | Enrollment Start Date | *** | State | CA |
| Number of Payers | 118 | Enrollment Stop Date | *** | Zip Code | 91204-4609 |
| | | Last Paid Date | *** | Telephone | 818-551-2072 |
| | | Bill Frequency | INDIVIDUAL PAY GROUP | Web Member | N |
| | | Variable Monthly | N | | |

| Section Name | Section Number | Payer Name | EE Number | Policy Number | Product | Plan Code | Benefit Period | Benefit Amount | Units | Tax Status | CED | PED | Policy PTD | Policy Premium | Who's Covered | Total Policy Premium |
|--------------|----------------|--------------------------|-----------|---------------|-----------------------|-----------|----------------|----------------|----------|------------|------------|------------|------------|----------------|------------------|----------------------|
| | | ADAMS, EDDEIS M | ****-8656 | 3518105360 | Critical Illness 2001 | 5NCS | - | 0 | 1.0000 | Post-Tax | 03/24/2003 | 03/24/2003 | 10/24/2024 | 22.00 | ADAMS, EDDE... | |
| | | | | 3518105690 | Cancer Security | CWNE | - | 0 | 50.0000 | Post-Tax | 03/24/2003 | 03/24/2003 | 10/24/2024 | 104.50 | ADAMS, EDDE... | |
| | | | | | | SBR0 | - | 0 | 1.0000 | Post-Tax | 03/24/2003 | 03/24/2003 | 09/24/2024 | 26.40 | ADAMS, EDDE... | |
| | | | | | | SM40 | - | 0 | 1.0000 | Post-Tax | 03/24/2003 | 03/24/2003 | 09/24/2024 | 326.15 | ADAMS, EDDE... | |
| | | Payer Total | | | | | | | | | | | | | | 479.05 |
| | | AGAMEGWA, ZITA OLACHI | ****-6727 | 5344507960 | Cancer Assist | C4W3 | - | 0 | 1.0000 | Post-Tax | 05/09/2022 | 05/09/2022 | 08/09/2024 | 61.15 | AGAMEGWA, Z... | |
| | | | | | | WDX3 | - | 0 | 5.0000 | Post-Tax | 05/09/2022 | 05/09/2022 | 08/09/2024 | 13.00 | AGAMEGWA, Z... | |
| | | | | | | WPP3 | - | 0 | 1.0000 | Post-Tax | 05/09/2022 | 05/09/2022 | 08/09/2024 | 17.55 | AGAMEGWA, Z... | |
| | | | | | | WSD3 | - | 0 | 1.0000 | Post-Tax | 05/09/2022 | 05/09/2022 | 08/09/2024 | 1.80 | AGAMEGWA, Z... | |
| | | Payer Total | | | | | | | | | | | | | | 93.50 |
| | | ALBRITTON, SHARON | ****-8861 | 3531021970 | LPSD | LDAQ | 24 MONTH 0/14 | 0 | 13.0000 | Post-Tax | 06/01/2005 | 06/01/2005 | 08/01/2024 | 119.86 | ALBRITTON, S... | |
| | | Payer Total | | | | | | | | | | | | | | 119.86 |
| | | AMADOR, SUSAN | ****-2988 | 4312304160 | Accident Care | HSRN | - | 0 | 1.0000 | Post-Tax | 06/01/2012 | 06/01/2012 | 08/01/2024 | 2.75 | AMADOR, SUSAN | |
| | | | | | Disability 1000 | A13X | 12 MONTH 0/14 | 0 | 25.0000 | Post-Tax | 06/01/2012 | 06/01/2012 | 08/01/2024 | 101.25 | AMADOR, SUSAN | |
| | | | | | | AD2N | - | 0 | 1.0000 | Post-Tax | 06/01/2012 | 06/01/2012 | 08/01/2024 | 2.60 | AMADOR, SUSAN | |
| | | | | 4312304240 | Medical Brid... | 22XN | - | 0 | 1.0000 | Post-Tax | 06/01/2012 | 06/01/2012 | 08/01/2024 | 20.00 | AMADOR, SUSAN | |
| | | Payer Total | | | | | | | | | | | | | | 126.60 |
| | | ANG, ADELAIDA C | ****-7284 | 3352348450 | LPSD | LDAR | 24 MONTH 14... | 0 | 20.0000 | Post-Tax | 05/14/1999 | 05/14/1999 | 07/14/2024 | 162.60 | ANG, ADELAIDA C | |
| | | Payer Total | | | | | | | | | | | | | | 162.60 |
| | | AVENT JR, NUCION | ****-1376 | 8153118080 | Term Life 1000 | 20... | - | 50000 | 50.0000 | Post-Tax | 04/26/2010 | 04/26/2010 | 07/26/2024 | 66.83 | AVENT JR, NUC... | |
| | | Payer Total | | | | | | | | | | | | | | 66.83 |
| | | BACOT CARTER, SHARON E | ****-9591 | 4252853920 | Accident Care | CE1N | - | 0 | 1.0000 | Post-Tax | 05/18/2011 | 05/18/2011 | 08/18/2024 | 18.00 | BACOT CART... | |
| | | | | | | CEHN | - | 0 | 1.0000 | Post-Tax | 05/18/2011 | 05/18/2011 | 08/18/2024 | 2.75 | BACOT CART... | |
| | | | | | | CESN | - | 0 | 1.0000 | Post-Tax | 05/18/2011 | 05/18/2011 | 08/18/2024 | 4.00 | BACOT CART... | |
| | | | | | | EPMM | 12 MONTH 30... | 0 | 50.0000 | Post-Tax | 05/18/2011 | 05/18/2011 | 08/18/2024 | 135.00 | BACOT CART... | |
| | | Payer Total | | | | | | | | | | | | | | 159.75 |
| | | BELL, DONALD | ****-9893 | 6383069690 | UL Generation 4 | CP10 | - | 25000 | 25.0000 | Post-Tax | 08/26/2015 | 10/25/2015 | 08/25/2024 | 48.50 | BELL, DONALD | |
| | | Payer Total | | | | | | | | | | | | | | 48.50 |
| | | BOSHYAN, ANNA | ****-4496 | 4482354240 | Medical Brid... | 23XN | - | 0 | 1.0000 | Post-Tax | 01/01/2014 | 01/01/2014 | 08/01/2024 | 25.40 | BOSHYAN, ANNA | |
| | | | | | Accident Care | HSRN | - | 0 | 1.0000 | Post-Tax | 01/01/2014 | 01/01/2014 | 08/01/2024 | 2.75 | BOSHYAN, ANNA | |
| | | | | | Disability 1000 | A61X | 6 MONTH 0/7 | 0 | 30.0000 | Post-Tax | 01/01/2014 | 01/01/2014 | 08/01/2024 | 130.50 | BOSHYAN, ANNA | |
| | | | | | AD2N | - | 0 | 1.0000 | Post-Tax | 01/01/2014 | 01/01/2014 | 08/01/2024 | 2.60 | BOSHYAN, ANNA | | |
| | | Payer Total | | | | | | | | | | | | | | 161.25 |
| | | BRACKENRIDG E, TARMIER A | ****-0357 | 4595615020 | Disability 1000 | DPBH | 6 MONTH 0/7 | 0 | 10.0000 | Post-Tax | 04/01/2015 | 04/01/2015 | 08/01/2024 | 49.00 | BRACKENRID... | |
| | | | | | Medical Brid... | 22XN | - | 0 | 1.0000 | Post-Tax | 04/01/2015 | 04/01/2015 | 08/01/2024 | 20.00 | BRACKENRID... | |
| | | | | | Term Life 1000 | 10... | - | 50000 | 50.0000 | Post-Tax | 04/01/2015 | 04/01/2015 | 08/01/2024 | 9.67 | HAWKINS, BR... | |
| | | Payer Total | | | | | | | | | | | | | | 78.67 |
| | | BROOKS, SHANNON | ****-9994 | 4047460265 | Medical Brid... | 22XN | - | 0 | 1.0000 | Post-Tax | 03/09/2009 | 03/09/2009 | 08/09/2024 | 20.00 | BROOKS, SHA... | |
| | | Payer Total | | | | | | | | | | | | | | 20.00 |
| | | BROWN, DEREK | ****-7277 | 5205294960 | Accident 1.0 | AH1N | - | 0 | 1.0000 | Post-Tax | 05/10/2021 | 05/10/2021 | 08/10/2024 | 31.03 | BROWN, DEREK | |
| | | | | | | EJQA | 6 MONTH 14/14 | 0 | 20.0000 | Post-Tax | 05/10/2021 | 05/10/2021 | 08/10/2024 | 78.20 | BROWN, DEREK | |
| | | Payer Total | | | | | | | | | | | | | | 109.23 |
| | | BROWN, SH... | ****-7465 | 4538603630 | Accident Care | CHSR | - | 0 | 1.0000 | Post-Tax | 01/22/2015 | 01/22/2015 | 07/22/2024 | 8.25 | BROWN, SHA... | |

US POSTAL WORKERS / KAISER /STATE OF CA/ FEDERAL WORKERS/ USC

| | | | | |
|--|-----------------------|------------|--------------------|--------------|
| Account Name UNIVERSITY OF SOUTHERN CA B | Issue Date | 2022-01-09 | Plan Administrator | TIM JOHNSON |
| BCN | Last Sales Date | 2023-04-21 | Address | PO BOX 940 |
| Sales Contact ABRAMS, MICHAEL | Next Enrollment Date | 2025-02-01 | City | FORTSON |
| Number of Employees 900 | Enrollment Start Date | *** | State | GA |
| Number of Payers 2 | Enrollment Stop Date | *** | Zip Code | 31808-0000 |
| | Last Paid Date | 2024-06-26 | Telephone | 866-254-5245 |
| | Bill Frequency | BI-WEEKLY | Web Member | Yes |
| | Variable Monthly | Y | | |

| Section Name | Section Number | Payer Name | EE Number | Policy Number | Product | Plan Code | Benefit Period | Benefit Amount | Units | Tax Status | CED | PED | Policy PTD | Policy Premium | Who's Covered | Total Policy Premium | | |
|--------------|----------------|-------------------|--------------|-------------------|---------------------------|------------|---------------------------|----------------|----------------|-----------------|------------|------------|------------|----------------|----------------|----------------------|-----------------|--|
| | 0000 | GENTLE, SHANTEL S | ****-**-7989 | 5926930300 | Ind Disability - ISTD3000 | HS5R | - | 0 | 1.0000 | Post-Tax | 05/01/2023 | 05/18/2023 | 06/15/2024 | 1.34 | GENTLE, SHA... | | | |
| | | | | | | PW10 | 12 MONTH 14... | 0 | 30.0000 | Post-Tax | 05/01/2023 | 05/18/2023 | 06/15/2024 | 63.00 | GENTLE, SHA... | | | |
| | | | | 5926930480 | Accident 1.0 | AH1M | - | 0 | 1.0000 | Post-Tax | 05/01/2023 | 05/18/2023 | 06/29/2024 | 19.97 | BENTON, ERIC L | | | |
| | | | | | | SJPZ | 6 MONTH 0/14 | 0 | 5.0000 | Post-Tax | 05/01/2023 | 05/18/2023 | 06/29/2024 | 10.87 | GENTLE, SHA... | | | |
| | | | | 5926930550 | Ind Medical Bridge | ECES | - | 0 | 1.0000 | Post-Tax | 05/01/2023 | 05/18/2023 | 06/15/2024 | 4.29 | BENTON, ERIC L | | | |
| | | | | | | HCES | - | 0 | 1.0000 | Post-Tax | 05/01/2023 | 05/18/2023 | 06/15/2024 | 5.12 | GENTLE, SHA... | | | |
| | | | | | | JC3S | - | 0 | 1.0000 | Post-Tax | 05/01/2023 | 05/18/2023 | 06/15/2024 | 21.11 | BENTON, ERIC L | | | |
| | | | | | | | | 0 | 1.0000 | Post-Tax | 05/01/2023 | 05/18/2023 | 06/15/2024 | 5.70 | GENTLE, SHA... | | | |
| | | | | | | SAES | - | 0 | 1.0000 | Post-Tax | 05/01/2023 | 05/18/2023 | 06/15/2024 | 5.70 | BENTON, ERIC L | | | |
| | | | | Payer Total | | | | | | | | | | | | | | |
| | | | | WILLIAMS, CARLA H | ****-**-9048 | 5393354140 | Ind Disability - ISTD3000 | HS5R | - | 0 | 1.0000 | Post-Tax | 02/01/2022 | 02/23/2022 | 07/27/2024 | 1.34 | WILLIAMS, CA... | |
| | | | | | | | | PW10 | 12 MONTH 14... | 0 | 30.0000 | Post-Tax | 02/01/2022 | 02/23/2022 | 07/27/2024 | 63.00 | WILLIAMS, CA... | |
| | | | | | | 5393354220 | Ind Medical Bridge | ECEE | - | 0 | 1.0000 | Post-Tax | 02/01/2022 | 02/23/2022 | 08/10/2024 | 2.26 | WILLIAMS, CA... | |
| | | | | | | | | HCEE | - | 0 | 1.0000 | Post-Tax | 02/01/2022 | 02/23/2022 | 08/10/2024 | 2.70 | WILLIAMS, CA... | |
| | | | | | | | | JC3E | - | 0 | 1.0000 | Post-Tax | 02/01/2022 | 02/23/2022 | 08/10/2024 | 11.40 | WILLIAMS, CA... | |
| | SAEE | - | 0 | 1.0000 | Post-Tax | 02/01/2022 | 02/23/2022 | 08/10/2024 | 3.00 | WILLIAMS, CA... | | | | | | | | |