



ASSURANT

Leave of Absence Invoice

EE ID: 1427711

Inv #: 20170415

Paul Djangang
3419 W Country Club Rd, Apt 2058
Irving, TX 75038

Invoice Date: 5/5/2017

Benefits Coverage Period: 4/18/2017 - 5/1/2017*

Payment Due Date: 5/19/2017

Postmark By: 6/19/2017

* While on a leave of absence, your benefits coverage under the Assurant Benefits Program will continue provided you continue to pay for your share of the benefit cost in a timely manner. For the benefits coverage period noted above, Assurant was unable to withhold the following benefits deductions from your payroll check:

Deduction Type	Coverage Level	Deduction Amount
Anthem Green Plan	EE + SP	\$ 88.22
Assurant Dental	EE + SP	\$ 11.86

Total Amount Due: \$ 100.08

You will receive an invoice for each benefits coverage period Assurant is unable to withhold the benefit deductions. It is recommended that you make your payment prior to the deadline. You are permitted a 30-day grace period from the due date to postmark your payment. Failure to postmark your payment by the end of the 30-day grace period will result in termination of your health and welfare coverage as of the last day of the benefits coverage period through which your last payment was received.

Questions?

- **Invoicing, coverage or eligibility:** YES Center, 866.324.6513

Please make your check payable to Assurant, Inc. Please mail your check and a copy of this invoice to:

Thank you,
EBS Payroll Services

Assurant, Inc.
P.O. Box 957377
St. Louis, MO 63195-7377