



## CHECK REQUEST - NON-MANUAL -

Property managers must fill in "\*" items

*DATE OF REQUEST:	02-27-2013	*CHECK DUE DATE:	
*PROPERTY NAME:	The Dana Point	*PROPERTY #	0554
*CHECK PAYABLE TO:	Manuel Valle Contrera		
*ADDRESS:	8953 Robin Drive Unit F		
	1		
CITY, STATE, ZIP CODE	Des Plaines IL 60016		
*CHECK AMOUNT	\$	182.00	
*CHARGE TO ACCOUNT#	7086		
*EXPLANATION:	*Backup Attached <input checked="" type="checkbox"/> (Request will not be processed without back-up)		
Reimbursement of Medical Insurance portion covered by association for insurance premiums paid by maintenance man directly. 3/1/13 - 4/30/13			
Note	Any special delivery instructions should be noted on the weekly voucher report, at the time of approval. If nothing is noted on the voucher, the check will be sent via regular US mail.		
*REQUESTED BY	Lisette Ray Name and title		
*APPROVED BY	Regional Director/District Manager name and signature		
NEW VENDOR TAX ID NUMBER:			
W-9 Attached:	YES <input type="checkbox"/> NO <input type="checkbox"/>		

ACCOUNTING DEPT. USE

VENDOR#	
VOUCHER#	



**BlueCross BlueShield  
of Illinois**

P.O. Box 3004 Naperville, IL 60566-9747

For Billing questions call Member Services at  
1-800-624-1723

Pay-By-Phone is available for a \$10 Fee

**ID Number:** 0850874812-5  
**Coverage From:** 03/01/2013  
**Coverage Through:** 04/30/2013  
**Date Billed:** 02/11/2013  
**Page:** 1 of 1

**Payment Due by:** 03/01/2013

**Notice of Premium Due**



Manuel Valle Contero  
8953 Robin Dr  
Des Plaines, IL 60016

Your Blue Cross and Blue Shield of Illinois coverage provides valuable protection. To ensure continuous coverage, please pay your premium before the due date.

**Notice to All Members**

All members receive a 31 day grace period in which to make their payment. Payments not made within that period may result in the cancellation of your health coverage.

**Health Insurance Coverage - Standard Plan F**

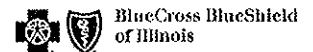
Manuel Valle Contero

	\$370.00
<b>Amount Due</b>	<b>\$370.00</b>

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent Licensee of the Blue Cross and Blue Shield Association

▲ Detach above and mail bottom portion with payment ▲

**ID Number:** 0850874812-5  
**Coverage From:** 03/01/2013  
**Coverage Through:** 04/30/2013  
**Amount Due** \$370.00



Manuel Valle Contero  
8953 Robin Dr. *F*  
Des Plaines, IL 60016

Please Make Checks Payable To:  
*Blue Cross and Blue Shield of Illinois*

**Indicate Address Change/Correction**

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Blue Cross and Blue Shield of Illinois  
Dept 0038  
Palatine, IL 60055-0038

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