



INVOICE

CRISWELL AUTOMOTIVE
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196577
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$3,316.50

Please Make Check Payable to:

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CINCINNATI OH 45264-5014

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SUMMARY REPORT

CRISWELL AUTOMOTIVE
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196577
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$7,403.01	
Payments Received	10/29/2019	\$4,593.91CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$2,809.10 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0734764	001	CRISWELL AUTOMOTIVE	10/21/2019	\$320.88	
			10/25/2019	\$186.52	\$507.40
SUB-TOTAL:					\$507.40 (B)
NET BALANCE (A + B)					\$3,316.50

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

AMERICAN INSTITUTE OF AERO/ASTRONAUTICS
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196580
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$11,023.36

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SUMMARY REPORT

AMERICAN INSTITUTE OF AERO/ASTRONAUTICS
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196580
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$23,003.50	
Payments Received	10/22/2019	\$5,547.02CR	
	10/29/2019	\$8,707.14CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$8,749.34 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0734768	001	AIAA - 0410	10/21/2019	\$1,328.87	
			10/25/2019	\$945.15	\$2,274.02
SUB-TOTAL:					\$2,274.02 (B)
NET BALANCE (A + B)					\$11,023.36

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

MARYLAND FOOD BANK
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196664
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$11,170.78

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SUMMARY REPORT

MARYLAND FOOD BANK
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196664
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$19,474.47	
Payments Received	10/29/2019	\$10,869.48CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$8,604.99 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735179	001	MARYLAND FOOD BANK	10/21/2019	\$972.66	
			10/25/2019	\$1,593.13	\$2,565.79
SUB-TOTAL:					\$2,565.79 (B)
NET BALANCE (A + B)					\$11,170.78

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

CATONSVILLE BUILDERS, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196683
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$1,024.39

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SUMMARY REPORT

CATONSVILLE BUILDERS, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196683
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$476.19	
Payments Received	10/22/2019	\$17.09CR	
	10/29/2019	\$290.98CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$168.12 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735115	001	CATONSVILLE BUILDERS, INC.	10/25/2019	\$856.27	\$856.27
SUB-TOTAL:					\$856.27 (B)
NET BALANCE (A + B)					\$1,024.39

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

CUMBERLAND VALLEY HEATING & AC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196711
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$513.65

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SUMMARY REPORT

CUMBERLAND VALLEY HEATING & AC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196711
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$434.39	
Payments Received	10/22/2019	\$20.03CR	
	10/29/2019	\$24.35CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$390.01 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735195	001	CUMBERLAND VALLEY HEATING & AC	10/21/2019	\$56.31	
			10/25/2019	\$67.33	\$123.64
SUB-TOTAL:					\$123.64 (B)
NET BALANCE (A + B)					\$513.65

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

MORGAN-KELLER, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196832
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$43,886.31

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SUMMARY REPORT

MORGAN-KELLER, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196832
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$48,422.77	
Payments Received	10/22/2019	\$15,486.47CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$32,936.30 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735345	001	MORGAN-KELLER, INC.	10/21/2019	\$6,165.14	
			10/25/2019	\$4,784.87	\$10,950.01
SUB-TOTAL:					\$10,950.01 (B)
NET BALANCE (A + B)					\$43,886.31

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

BILL MILLER EQUIPMENT SALES INC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196884
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$4,608.88

Please Make Check Payable to:

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SUMMARY REPORT

BILL MILLER EQUIPMENT SALES INC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196884
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$6,948.88	
Payments Received	10/22/2019	\$2,908.80CR	
	10/29/2019	\$1,173.86CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$2,866.22 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735344	001	BILL MILLER EQUIPMENT SALES INC	10/21/2019	\$830.40	
			10/25/2019	\$912.26	\$1,742.66
SUB-TOTAL:					\$1,742.66 (B)
NET BALANCE (A + B)					\$4,608.88

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

IN HOME STONE
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196888
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$688.19CR

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IN HOME STONE
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196888
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$1,339.97	
Payments Received	10/22/2019	\$354.58CR	
	10/29/2019	\$846.11CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$139.28 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735367	001	IN HOME STONE	10/21/2019	\$78.66	
			10/25/2019	\$906.13CR	\$827.47CR
SUB-TOTAL:					\$827.47CR (B)
NET BALANCE (A + B)					\$688.19CR

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

GLATFELTER INSURANCE GROUP
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196889
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$53,453.58

Please Make Check Payable to:

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SUMMARY REPORT

GLATFELTER INSURANCE GROUP
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196889
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$96,044.87	
Payments Received	10/22/2019	\$24,376.56CR	
	10/29/2019	\$35,178.62CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$36,489.69 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735346	001	GLATFELTER INSURANCE GROUP	10/21/2019	\$6,678.54	
			10/25/2019	\$10,285.35	\$16,963.89
SUB-TOTAL:					\$16,963.89 (B)
NET BALANCE (A + B)					\$53,453.58

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

CROFTON CONVALESCENT & REHAB CENTER
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196968
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$35,329.40

Please Make Check Payable to:

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Please Mail Payment to:

CIGNA CORPORATION
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CINCINNATI OH 45264-5014

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SUMMARY REPORT

CROFTON CONVALESCENT & REHAB CENTER
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196968
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$35,616.64	
Payments Received	10/22/2019	\$7,503.36CR	
	10/29/2019	\$7,562.74CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$20,550.54 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735489	001	CROFTON CONVALESCENT & REHAB CENTER	10/21/2019	\$6,808.65	
			10/25/2019	\$7,970.21	\$14,778.86
SUB-TOTAL:					\$14,778.86 (B)
NET BALANCE (A + B)					\$35,329.40

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

THE CRAFTMARK GROUP
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196987
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$16,491.63

Please Make Check Payable to:

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SUMMARY REPORT

THE CRAFTMARK GROUP
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196987
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$17,773.98	
Payments Received	10/22/2019	\$6,342.11CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$11,431.87 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735590	001	THE CRAFTMARK GROUP	10/21/2019	\$838.16	
			10/25/2019	\$4,221.60	\$5,059.76
SUB-TOTAL:					\$5,059.76 (B)
NET BALANCE (A + B)					\$16,491.63

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

COMPUTER PACKAGES, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197033
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$24,264.01

Please Make Check Payable to:

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SUMMARY REPORT

COMPUTER PACKAGES, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197033
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$44,388.32	
Payments Received	10/22/2019	\$17,024.17CR	
	10/29/2019	\$12,414.98CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$14,949.17 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735542	001	COMPUTER PACKAGES, INC.	10/21/2019	\$5,060.80	
			10/25/2019	\$4,254.04	\$9,314.84
SUB-TOTAL:					\$9,314.84 (B)
NET BALANCE (A + B)					\$24,264.01

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

DUGGER BROTHERS, INC. HEATING AND AC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197208
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$201.04

Please Make Check Payable to:

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CINCINNATI OH 45264-5014

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SUMMARY REPORT

DUGGER BROTHERS, INC. HEATING AND AC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197208
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$493.34
Payments Received	10/22/2019	\$267.65CR
	10/29/2019	\$24.65CR

TOTAL PRIOR BALANCE OR CREDIT DUE:	\$201.04	(A)
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SPECIAL CHARGES:

SPECIAL CHARGES	\$0.00	(B)
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NET BALANCE (A + B)	\$201.04
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MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

COLLIFLOWER, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197303
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$12,590.06

Please Make Check Payable to:

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CINCINNATI OH 45264-5014

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SUMMARY REPORT

COLLIFLOWER, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197303
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$11,641.23	
Payments Received	10/22/2019	\$1,521.27CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$10,119.96 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736285	001	COLLIFLOWER, INC.	10/21/2019	\$1,784.01	
			10/25/2019	\$686.09	\$2,470.10
SUB-TOTAL:					\$2,470.10 (B)
NET BALANCE (A + B)					\$12,590.06

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

VALCOURT BUILDING SERVICES, LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197304
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$22,299.03

Please Make Check Payable to:

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VALCOURT BUILDING SERVICES, LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0197304
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$26,481.59	
Payments Received	10/29/2019	\$8,652.28CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$17,829.31 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736283	001	VALCOURT BUILDING SERVICES, LLC	10/21/2019	\$1,616.01	
			10/25/2019	\$2,853.71	\$4,469.72
SUB-TOTAL:					\$4,469.72 (B)
NET BALANCE (A + B)					\$22,299.03

MESSAGE(S): Please remember to include your group and account number(s) on your check.