

		Premiums This Pe	riod			-			
				1					
lssuer Name	Plan Name	Employee Name / Description	Employee Case ID	Employer Employee ID	# of Persons Covered	Coverage Month/Year	Employer Contribution Amount (A)	Employee Contribution Amount (B)	Total Premium Amount Due Total (A)+(B)
Kaiser	Kaiser Bronze 60 HDHP HMO 4800/40%	COYLE, ERIN A.	Z00039480		3	01/2018	\$299.35	\$468.72	\$768.07
Caiser	Kaiser Silver 70 HMO 1000/50 Alt	A commence that the	00039481		2	01/2018	\$330.89	\$324.69	\$655.58
Kaiser	Kaiser Silver 70 HMO 1000/50 Alt		00039482		1	01/2018	\$318.53	\$99.43	\$417.96
Eurrent Month's Empl	oyer Contribution (A) plus Employee Contribution	(B) equals Total Contribution (A+B)					\$948.77	\$892.84	\$1,841.61

NORTHERN CALIFORNIA LAND TRUST

Cover	ed California for Small Business			12/20/2017	001151
Date 12/14/2017	Type Reference Bill	Original Amt. 1,841.61	Balance Due 1,841.61	Discount	Payment 1,841.61
				Check Amount	1,841.61



FOR SMALL BUSINESS

_	
•	
,,	
Ž	
=	
r	
-	
_	
~	
_	
•	
7	
_	
-	
4	
_	
CALIFORN	
$\overline{}$	
_	
_	
_	
_	
_	
-	
-	
()	
_	
~	
_	
\sim	
-	
ш	
-	
_	
ORTHERN	
~	
<u></u>	
$\overline{}$	
~	
-	

Covered California for Small Business Type Reference Bill FEbruary Date 1/10/2018

Original Amt. 1,841.61

1/23/2018 Discount Balance Due 1,841.61

Check Amount

Payment 1,841.61 1,841.61

001155

1,841.61

7



		Premiums This Period	poi						
							ţul	ţui	lsto
N o	2		Fmolovee	Fmolover	Covered	nth/Year	nomA noitu	nomA noitu	
ואמנוני	rlan Name	Employee Name / Description	Case ID	Employee ID	# of Persons	Coverage Mo	oyer Contrib	dirtnoD əəyo	nmA muimən 3)+(A)
)	pldm3	oldm3	9 letoT
Kaiser	Kaiser Bronze 60 HDHP HMO 4800/40%	COYLE, ERIN A.	Z00039480		m	03/2018	\$299.35	\$468.72	\$768.07
Kaiser	Kaiser Silver 70 HMO 1000/50 Alt		00039481		2	03/2018	\$330.89	\$324.69	\$655.58
Kaiser	Kaiser Silver 70 HMO 1000/50 Alt	The state of the s	00039482		-	03/2018	\$318.53	\$99.43	\$417.96
Current Month's Employ	Current Month's Employer Contribution (A) plus Employee Contribution (B) equals Total Contribution (A+B)	B) equals Total Contribution (A+B)					\$948.77	\$892.84	\$1,841.61

001160					
=					
1	Payment 1,841.61	_			
0	6	6			
	F 4	4			
	E ∞	ω			
	П —	_			
	+				
∞	5	t			
ò	Discount	Check Amount			
72	SC	Ĕ			
7		⋖			
2		$\frac{\circ}{\times}$			
		ě			
		Ö			
	Balance Due 1,841.61				
	7 5				
	9 % 8 %				
	1,8				
	<u>a</u>				
	B				
	.i ~				
	E 0				
	4 t				
	\$ \$ \$ \$ \$				
	<u>- g</u>				
	Original Amt. 1,841.61				
	0				
SS					
ne					
S					
$\vec{\Omega}$					
$\overline{\overline{m}}$					
Ĕ	(I)				
S	2				
Ö	P G				
Ø	े व				
Covered California for Small Business	Type Reference Bill March				
Q					
ā	9e				
O	×≡				
9	— ш				
e					
2	Date 2/6/2018				
Ö	10				
	75 te				
	100				
	77				

NORTHERN CALIFORNIA LAND TRUST

7

1,841.61

March 2018

Admin Check 5353

353 April 2018	Check 5353 April 20
Apri	Apri
353	Check 5353
	Check 8

	Premiums This Period	po						
	Employee Name / Description	Employee Case ID	Employer Employee ID	# of Persons Covered	Coverage Month/Year	Employer Contribution Amount (A)	Employee Contribution Amount (B)	letoT əuG truomA muimər9 letoT (8)+(A)
)/40%	COYLE, ERIN A.	Z00039480		m	04/2018	\$299.35	\$468.72	\$768.07
		Z00039481		2	04/2018	\$330.89	\$324.69	\$655.58
		Z00039482		-	04/2018	\$318.53	\$99.43	\$417.96
Contribution (Contribution (B) equals Total Contribution (A+B)	1		To the last		\$948.77	\$892.84	\$1,841.61

5	
RUS	
8	
F	
AND T	
F	
5	
_	
-	
Ē	
-	
I CALIFORNIA	
0	
Ĭ.	
-	
A.	
C	
_	
ERN	
1111	
ш	
I	
~	
R	
0	
=	
_	

Covered California for Small Business Type Reference Bill 17247034 Date 3/10/2018

Original Amt. 1,841.61

3/19/2018 Discount Balance Due 1,841.61

Check Amount

Payment 1,841.61 1,841.61

001164

April 2018
ò
N
三
0
4
~
2
33
Admin Check 5353
Š
e
Ö
-
=
=
A

Total Premium Amount Due Total (B)+(A)	\$768.07	\$655.58	\$417.96	\$1,841.61	100	001100	Payment	1,041.01
Employee Contribution Amount (B)	\$468.72	\$324.69	\$99.43	\$892.84			Pay	- - 2 ο α
Employer Contribution Amount (A)	\$299.35	\$330.89	\$318.53	\$948.77		4/16/2018	Discount	Chack Amount
Coverage Month/Year	05/2018	05/2018	05/2018			4		
# of Persons Covered	м	2	-				Due	5
Employer Employee ID							Balance Due) -
Employee Case ID	Z00039480	Z00039481	Z00039482				Original Amt.	
Employee Name / Description	COYLE, ERIN A.			Contribution (B) equals Total Contribution (A+B)	VIA LAND TRUST	a for Small Business		
	3/40%			Contribution (B	NORTHERN CALIFORNIA LAND TRUST	Sovere	Date Type Reference 4/8/2018 Bill 17247034	

Premiums This Period

Check Amount

Payment 1,841.61 1,841.61

W
7
May 2018
N
>
(II)
~
2
~
160
43
(1)
(1)
Y
Ö
(i)
-
0
_
.=
=
Admin Check 5353
2
1

	Premiums This Period	po			10			
	Employee Name / Description	Employee Case ID	Employer Employee ID	# of Persons Covered	Coverage Month/Year	Employer Contribution Amount (A)	Employee Contribution Amount (8)	letoT əuG muomA muimər9 letoT (A)+(A)
0/40%	COYLE, ERIN A.	Z00039480		м	06/2018	\$299.35	\$468.72	\$768.07
		Z00039481		2	06/2018	\$330.89	\$324.69	\$655.58
		Z00039482		-	06/2018	\$318.53	\$99.43	\$417.96
Contribution (Contribution (B) equals Total Contribution (A+B)					\$948.77	\$892.84	\$1,841.61

001174

5/21/2018 Discount

Balance Due 1,841.61

Original Amt. 1,841.61

Covered California for Small Business
Type Reference
17310863

Date 5/9/2018

Payment 1,841.61 1,841.61

Check Amount

COVERED

lana.	W
4	W
500	LAS
S	2
W 1	3800000
OK.	w
0	-
Lim	00

Premiums This Period

Issuer Name	Plan Name	Employee Name / Description	Employee Case ID	Employer Employee ID	# of Persons Covered	Coverage Month/Year	Employer Contribution Amount (A)	fmployee Contribution Amount (B)	IstoT buG InnomA muimarq IstoT (B)+(A)
Kaiser	Kaiser Bronze 60 HDHP HMO 4800/40%	COYLE, ERIN A.	Z00039480		3	08/2018	\$299.35	\$468.72	\$768.07
Kaiser	Kaiser Silver 70 HMO 1000/50 Alt		00039481		2	08/2018	\$330.89	\$324.69	\$655.58
Kaiser	Kaiser Silver 70 HMO 1000/50 Alt		20039482		-	08/2018	\$318.53	\$99.43	\$417.96
Current Month's Employ	Current Month's Employer Contribution (A) plus Employee Contribution (B) equals Total Contribution (A+B)	B) equals Total Contribution (A+B)					\$948.77	\$892.84	\$1,841.61

Northern California Land Trust

Type Reference
Sill 18008711 Aug 2018 Covered California for Small Business Date 6/13/2018 7/7/2018

7/12/2018 Discount

Balance Due 1,841.61

Original Amt. 1,841.61 1,841.61

Check Amount

001033

Payment 1,841.61 1,841.61 3,683.22

July 2018 bill lost but the same as all

3,683.22

Property Checking 57

707T Job # 2178

Angust
5353
Check
Admin

Total Premium Amount Due Total (B)+(A)	\$768.07	\$655.58	\$417.96	\$1,841.61	
Employee Contribution Amount (B)	\$468.72	\$324.69	\$99.43	\$892.84	001206 Payment 1,841.61
Employer Contribution Amount (A)	\$299.35	\$330.89	\$318.53	\$948.77	Pay 1,8
Сочегаде Мопቲћ/Үеаг	09/2018	09/2018	09/2018		8/15/2018 Discount Check Amount
# of Persons Covered	6	2	-		8/1 C
Employer Employee ID					
Employee Case ID	Z00039480	200039481	Z00039482		Balance Due 1,841.61
Employee Name / Description				ntribution (A+B)	Original Amt. 1,841.61
Employee N	COYLE, ERIN A.			B) equals Total Co	UST I Business
lan Name	HP HMO 4800/40%	1000/50 Alt	1000/50 Alt	us Employee Contribution (B) equals Total Contribution (A+B)	NORTHERN CALIFORNIA LAND TRUST Covered California for Small Business Type Reference 018 Bill 18036655
					NORTH Cover Date 8/4/2018

Premiums This Period

	Premiums IIIIs refloc	0						
	Employee Name / Description	Employee Case ID	Employer Employee ID	# of Persons Covered	Coverage Month/Year	Fmployer Contribution Amount (A)	Employee Contribution Amount (B)	Total Premium Amount Due Total (B)+(A)
)/40%	COYLE, ERIN A.	Z00039480		ю	10/2018	\$299.35	\$468.72	\$768.07
	A THE RESIDENCE OF THE PARTY OF	Z00039481		2	10/2018	\$330.89	\$324.69	\$655.58
		Z00039482		-	10/2018	\$318.53	\$99.43	\$417.96
Contributio	Contribution (B) equals Total Contribution (A+B)					\$948.77	\$892.84	\$1,841.61
THERN CALIFORNIA LAND TRUST	THERN CALIFORNIA LAND TRUST				Ò	0/47/2040	0	001211
Type Reference Bill 18063025		Original Amt. 1,841.61	Balance Due	one 61	ō	Discount	Payment	ent .61
					-			

S
\rightarrow
RUS
F
_
A
V
_
-
≤
Z
IFORNI/
$\overline{}$
\sim
=
_
⋖
CALIF
_
8
THER
ш
I
-
2
0
\Rightarrow
_

Cove	ered Calif	Covered California for Small Busines	Busine
Date	Type	Reference	
9/8/2018	Bill	18063025	

7100	Payment	1,841.61	1,841.61
9/17/2018	Discount		Check Amount
	Due	1.61	

December

	Premiums This Period	po						
	Employee Name / Description	Employee Case ID	Employer Employee ID	# of Persons Covered	Coverage Month/Year	Employer Contribution Amount (A)	Employee Contribution Amount (B)	lstoT sud InnomA muims19 lstoT (8)+(A)
0/40%	COYLE, ERIN A.	Z00039480		m	12/2018	\$299.35	\$468.72	\$768.07
		200039481		2	12/2018	\$330.89	\$324.69	\$655.58
		Z00039482			12/2018	\$318.53	\$99.43	\$417.96
Contribution	Contribution (B) equals Total Contribution (A+B)					\$948.77	\$892.84	\$1,841.61

RUST
1
AN
M
ORNIA
LIFO
S
ER
RT
ō

Covered California for Small Business Date Type Reference 11/14/2018 Bill 19250749

Balance Due 1,841.61

Original Amt. 1,841.61

11/20/2018 Discount

Check Amount

Payment 1,841.61 1,841.61

001223

1,841.61