



FOR **SMALL  
BUSINESS**

*see medical insurance*

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)	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
Kaiser	Kaiser Silver 70 HMO 1000/50 Alt		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
Current Month's Employer Contribution (A) plus Employee Contribution (B) equals Total Contribution (A+B)							\$948.77	\$892.84	\$1,841.61

**NORTHERN CALIFORNIA LAND TRUST**

Covered California for Small Business

**001151**

Date	Type	Reference	Original Amt.	Balance Due	12/20/2017	Discount	Payment
12/14/2017	Bill		1,841.61	1,841.61			1,841.61
					Check Amount		1,841.61

Admin Check 5353      January 2018

1,841.61



FOR SMALL  
BUSINESS

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)	Employee Contribution Amount (B)	Total Premium Amount Due Total (A)+(B)
Kaiser	Kaiser Bronze 60 HDHP HMO 4800/40%	COYLE, ERIN A.	Z00039480		3	02/2018	\$299.35	\$468.72	\$768.07
Kaiser	Kaiser Silver 70 HMO 1000/50 Alt		00039481		2	02/2018	\$330.89	\$324.69	\$655.58
Kaiser	Kaiser Silver 70 HMO 1000/50 Alt		00039482		1	02/2018	\$318.53	\$99.43	\$417.96
Current Month's Employer Contribution (A) plus Employee Contribution (B) equals Total Contribution (A+B)							\$948.77	\$892.84	\$1,841.61

NORTHERN CALIFORNIA LAND TRUST

001155

Covered California for Small Business

Date  
1/10/2018

Type Reference  
Bill FEBRUARY

1/23/2018

Discount

Original Amt.  
1,841.61

Balance Due  
1,841.61

Payment  
1,841.61

Check Amount  
1,841.61



FOR SMALL  
BUSINESS

COVERED  
CALIFORNIA

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)	Employee Contribution Amount (B)	Total Premium Amount Due Total (A)+(B)
Kaiser	Kaiser Bronze 60 HDHP HMO 4800/40%	COYLE, ERIN A.	Z00039480		3	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		00039482		1	03/2018	\$318.53	\$99.43	\$417.96
Current Month's Employer Contribution (A) plus Employee Contribution (B) equals Total Contribution (A+B)							\$948.77	\$892.84	\$1,841.61

NORTHERN CALIFORNIA LAND TRUST

Covered California for Small Business

Date  
2/6/2018

Type Reference  
Bill March

Original Amt.  
1,841.61

Balance Due  
1,841.61

2/12/2018

Discount

Check Amount

001160

Payment

1,841.61

1,841.61



# Premiums This Period

	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)
1/40%	COYLE, ERIN A.	Z00039480		3	04/2018	\$299.35	\$468.72	\$768.07
		Z00039481		2	04/2018	\$330.89	\$324.69	\$655.58
		Z00039482		1	04/2018	\$318.53	\$99.43	\$417.96
Contribution (B) equals Total Contribution (A+B)						\$948.77	\$892.84	\$1,841.61

## NORTHERN CALIFORNIA LAND TRUST

Covered California for Small Business

Date 3/10/2018  
Type Reference  
Bill 17247034

Original Amt.  
1,841.61

Balance Due  
1,841.61

3/19/2018

Discount

Check Amount

001164

Payment  
1,841.61  
1,841.61

Admin Check 5353

April 2018

1,841.61

**Premiums This Period**

	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)
0/40%	COYLE, ERIN A.	Z00039480		3	05/2018	\$299.35	\$468.72	\$768.07
		Z00039481		2	05/2018	\$330.89	\$324.69	\$655.58
		Z00039482		1	05/2018	\$318.53	\$99.43	\$417.96
Contribution (B) equals Total Contribution (A+B)						\$948.77	\$892.84	\$1,841.61

**NORTHERN CALIFORNIA LAND TRUST**

Covered California for Small Business

Date  
4/8/2018

Type Reference  
Bill 17247034

Original Amt.  
1,841.61

Balance Due  
1,841.61

4/16/2018

Discount

Check Amount

**001167**

Payment  
1,841.61  
1,841.61

Admin Check 5353

April 2018

1,841.61

# Premiums This Period

	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)
0/40%	COYLE, ERIN A.	Z00039480		3	06/2018	\$299.35	\$468.72	\$768.07
		Z00039481		2	06/2018	\$330.89	\$324.69	\$655.58
		Z00039482		1	06/2018	\$318.53	\$99.43	\$417.96
Contribution (B) equals Total Contribution (A+B)						\$948.77	\$892.84	\$1,841.61

NORTHERN CALIFORNIA LAND TRUST  
Covered California for Small Business

Date 5/9/2018  
Type Bill  
Reference 17310863

Original Amt.  
1,841.61

Balance Due  
1,841.61

5/21/2018  
Discount  
Check Amount

001174

Payment  
1,841.61  
1,841.61

Admin Check 5353 May 2018

1,841.61





FOR SMALL  
BUSINESS

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)	Employee Contribution Amount (B)	Total Premium Amount Due Total (A)+(B)
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		00039482		1	08/2018	\$318.53	\$99.43	\$417.96
Current Month's Employer Contribution (A) plus Employee Contribution (B) equals Total Contribution (A+B)							\$948.77	\$892.84	\$1,841.61

Northern California Land Trust

Covered California for Small Business

Date 6/13/2018  
Type Bill  
Reference 18008711  
July 2018  
Aug 2018

Original Amt.  
1,841.61  
1,841.61

Balance Due  
1,841.61  
1,841.61

7/12/2018

Payment  
1,841.61  
1,841.61  
3,683.22

Discount  
Check Amount

001033

July 2018 bill lost  
but the same as all others

Property Checking 57

3,683.22

# Premiums This Period

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)
HP HMO 4800/40%	COYLE, ERIN A.	Z00039480		3	09/2018	\$299.35	\$468.72	\$768.07
1000/50 Alt		Z00039481		2	09/2018	\$330.89	\$324.69	\$655.58
1000/50 Alt		Z00039482		1	09/2018	\$318.53	\$99.43	\$417.96
us Employee Contribution (B) equals Total Contribution (A+B)						\$948.77	\$892.84	\$1,841.61

## NORTHERN CALIFORNIA LAND TRUST

Covered California for Small Business

Date 8/4/2018  
Type Reference  
Bill 18036655

Original Amt.  
1,841.61

Balance Due  
1,841.61

8/15/2018

Discount

Payment  
1,841.61

Check Amount  
1,841.61

001206



# Premiums This Period

	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)
3/40%	COYLE, ERIN A.	Z00039480		3	10/2018	\$299.35	\$468.72	\$768.07
		Z00039481		2	10/2018	\$330.89	\$324.69	\$655.58
		Z00039482		1	10/2018	\$318.53	\$99.43	\$417.96
Contribution (B) equals Total Contribution (A+B)						\$948.77	\$892.84	\$1,841.61

## NORTHERN CALIFORNIA LAND TRUST

Covered California for Small Business

Date 9/8/2018  
Type Reference  
Bill 18063025

Original Amt.  
1,841.61

Balance Due  
1,841.61

9/17/2018  
Discount  
Check Amount

Payment  
1,841.61  
1,841.61

001211

# Premiums This Period

	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)
0/40%	COYLE, ERIN A.	Z00039480		3	12/2018	\$299.35	\$468.72	\$768.07
		Z00039481		2	12/2018	\$330.89	\$324.69	\$655.58
		Z00039482		1	12/2018	\$318.53	\$99.43	\$417.96
Contribution (B) equals Total Contribution (A+B)						\$948.77	\$892.84	\$1,841.61

## NORTHERN CALIFORNIA LAND TRUST

Covered California for Small Business

Date 11/14/2018  
Type Reference  
Bill 19250749

Original Amt.  
1,841.61

Balance Due  
1,841.61

11/20/2018  
Discount  
Check Amount

001223

Payment  
1,841.61  
1,841.61

Admin Check 5353      December

1,841.61