

URBAN LEAGUE OF ESSEX COUNTY
ULEC GENERAL OPERATING ACCT
508 CENTRAL AVE.
NEWARK, NJ 07107-1430

BANK OF AMERICA, NA
55-33/212

13025

03/11/2020

PAY TO THE ORDER OF Dearborn Life Insurance Co.

\$ **153.00

One hundred fifty-three and 00/100 ***** DOLLARS

Dearborn Life Insurance Co.
36788 Eagle Way
Chicago, IL 60678-1367

PROTECTED AGAINST FRAUD



Victor C. [Signature]

MEMO

Acct # MJ00256-Life Ins. 03/01/20 - 05/31/20

⑈013025⑈ ⑈021200339⑈ 000238003973⑈

URBAN LEAGUE OF ESSEX COUNTY
03/11/2020

Dearborn Life Insurance Co.

13025

Date	Type	Reference	Original Amount	Balance Due	Payment
02/18/2020	Bill	02.18.20DG	153.00	153.00	153.00
		Check Amount			153.00

1010 Cash:Checking Acct # MJ00256-Life Ins. 03/01/20 - 05/31/20 153.00

URBAN LEAGUE OF ESSEX COUNTY
03/11/2020

Dearborn Life Insurance Co.

13025

Date	Type	Reference	Original Amount	Balance Due	Payment
02/18/2020	Bill	02.18.20DG	153.00	153.00	153.00
		Check Amount			153.00

PAYMENT
RECORD

1010 Cash:Checking Acct # MJ00256-Life Ins. 03/01/20 - 05/31/20 153.00



100811

Rev 2/1

ULEC CHECK REQUEST FORM

INVOICE DATE: 2/18/2020 PREPARED BY: Roger Rucks DUE DATE: 3/1/2020
PAYABLE TO: DEARBORN NATIONAL AMOUNT: \$153.00
INVOICE # 02.18.20DG BUDGET AV YES NO:
COMMENTS: Employee Life Insurance 03/01/20 - 05/31/20

COST CENTERS:

\$ 25.50 111 ABBOTT
125 AMERICORPS
122 DYFS - LIFE SKILLS
132 ESG - RENTAL ASSIST
161 FINANCIAL OPP CTR

COST CENTERS:

151 USJP
123 OICA
131 NRTC
120 OYN
\$25.50 112.1 EHS-LEAGUERS

COST CENTERS:

141 SOCIAL ENTERPRISE
130 WELLS FARGO
\$102.00 610 CEO
XXX UNITED AIRLINES
760 ULEC CENTENNIAL

GL CODE:

7243 - Employee Benefits Disability Insurance



DIRECTOR'S APPROVAL _____

DATE: _____

FINANCE APPROVAL PROCESS:

INVOICE/SUPPORTING DOCS ATTACHED: YES NOA/P INITIAL: [Signature]DATE: 3/02/20FISCAL OFFICE APPROVAL: [Signature]

DATE: _____

PRESIDENT/CEO'S APPROVAL: [Signature]CLASS CODE VARIOUSCHECK # 13025



701 E. 22nd Street, Suite 300 - Lombard, IL 60148

ELIGIBILITY & BILLING:
(800) 721-7987

ELIGIBILITY CHANGES:
AncillaryQuestions@mydearborngroup.com

URBAN LEAGUE OF ESSEX COUNTY
ATTN: GREG WARD
508 CENTRAL AVE
NEWARK, NJ 07107

STATEMENT DATE: 02/18/2020

PAID TO DATE: 03/01/2020

FOR THE PERIOD: 03/01/2020 THRU 05/31/2020

Email Address: GWARD@ULEC.ORG

Group/Account Number: MJ00256 - 1

Member ID	Employee Name	Product	Coverage Amt.	Adjustment Date	Member Adjustment	Modal Premium	Total Premium
XXXXXX0920	FRASER, VIVIAN C	ADD	100000			15.00	
		LIFE	100000			87.00	
EMPLOYEE TOTAL					\$0.00	\$102.00	\$102.00
XXXXXX0012	GREEN, YOLANDA	ADD	25000			3.75	
		LIFE	25000			21.75	
EMPLOYEE TOTAL					\$0.00	\$25.50	\$25.50
XXXXXX1629	STEWART, ROBIN D	ADD	25000			3.75	
		LIFE	25000			21.75	
EMPLOYEE TOTAL					\$0.00	\$25.50	\$25.50
TOTAL EMPLOYEES			3		\$0.00	\$153.00	\$153.00

SUMMARY BY GROUP			
COVERAGE	VOLUME	PREMIUM AMOUNT	NUMBER INSURED
ADD	150000	\$22.50	3
LIFE	150000	\$130.50	3
TOTAL MEMBER PREMIUM		\$153.00	
TOTAL MEMBER ADJUSTMENTS		\$0.00	
TOTAL PREMIUM		\$153.00	
GROUP UNDER/OVER PAYMENT		\$0.00	
CURRENT PREMIUM DUE 03/01/2020		\$153.00	



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*****MIXED AADC 07099
151 1 MB 0.439 1

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NEWARK NJ 07107-1430

STATEMENT DATE: 02/18/2020

PAID TO DATE: 03/01/2020

FOR THE PERIOD: 03/01/2020 THRU 05/31/2020



Email Address: GWARD@ULEC.ORG

Group / Account Number: MJ00256 - 1

BILLING SUMMARY

CURRENT PREMIUM DUE	\$153.00
TOTAL AMOUNT DUE 03/01/2020	\$153.00

Pay online or make your check payable to Dearborn Life Insurance Company

Please complete other side to report changes not previously submitted

PLEASE DETACH AND RETURN WITH CHECK FOR TOTAL DUE

DEARBORN LIFE INSURANCE COMPANY
36788 EAGLE WAY
CHICAGO, IL 60678-1367

GROUP / ACCOUNT NUMBER: MJ00256 - 1
GROUP NAME: URBAN LEAGUE OF ESSEX COUNTY
FOR THE PERIOD: 03/01/2020 THRU 05/31/2020

CURRENT PREMIUM DUE \$153.00

TOTAL AMOUNT DUE 03/01/2020 \$153.00



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FOR THE PERIOD: 03/01/2020 THRU 05/31/2020

Email Address: GWARD@ULEC.ORG

Group / Account Number: MJ00256 - 1

CURRENT PREMIUM DUE: \$153.00

Please list all employee additions, terminations and changes not previously reported**

TYPE	MEMBER ID	INSURED'S NAME	DATE OF BIRTH	M/F	CLASS	HIRE DATE	TERM DATE DATE OF CHANGE	ANNUALIZED SALARY	PLACE AN X IN COVERAGES ELECTING				AMOUNT	
									LIFE AD&D	STD	LTD	VOL SUPP		
									MEMBERSHIP SUBTOTAL					
									REVISED PREMIUM					

**Indicate in the Type column A for Addition, C for Change, T for Termination

FOR QUICKER RESPONSE, PLEASE FAX THESE CHANGES TO THE FAX NUMBER LISTED AT THE TOP OF THE BILL

COMMENTS: