

## ULEC CHECK REQUEST FORM

INVOICE DATE: 3/6/2020 REQUESTED BY: Carmen Martinez

PAYABLE TO: COLONIAL LIFE AMOUNT: \$ 47.79

INVOICE # 316515 BUDGET AVAILABLE: YES NO DUE DATE: 3/16/2020

COMMENTS: LIFE INSURANCE PREMIUM FOR Y. GREEN & R. STEWART

<b>COST CENTERS:</b>	<b>COST CENTERS:</b>	<b>COST CENTERS:</b>	<b>COST CENTERS:</b>
041 SOCIAL ENTERPRISE	334 NRTC 2018	543 UNITED WAY	573 VITA TAX
111 ABBOTT	334E THRIFTWORKS-NRTC	552 ESG RENTAL ASST	580 CAPITAL ONE HOUSING
112 EHS-LEAGUERS	334F FOC NRTC	560 CAPITAL 1 SAVE UP	600 ADMIN
221 YOUTH	334H HOUSING NRTC	561 LISC-HUD FOC	610 CEO
222 DYFS - LIFE SKILLS	335 NRTC 2019	564 NUL - PRFC	620 CFO
223 OIC of America	368 WF NEIGH REVIT	564A NUL WELLS FARGO	640 DEVELOPMENT
224 RYN	339 ULEC OPPORT CORP	565 HOUSING COUNSELING	650 FACILITIES
225 AMERICORPS	451 USJP	563 FOC -CAPITAL ONE	710 ANNUAL GALA
331 NRTC 2016	460 IHOP - FDU	567 FOC -CHASE	760 ULEC CENTENNIAL
332 CITY HOME GRANT	467 WORKFORCE UN-AIR	570 FIN OPPT CTR-OTHER	950 ALLOCATED EXP

## GL CODES:

- X 2250 ACCRUED COLONIAL LIFE
- 7240 EMPLOYEE BENEFITS
- 7520 ACCOUNTING FEES
- 7540 INSTRUCTORS/CONSULTANTS/SUBS
- 7560 PROFESSIONAL FEES - OTHER
- 7570 TEMPORARY HELP/CONTRACT
- 8110 SUPPLIES
- 8132 CELL PHONE SERVICE
- 8160 COMPUTER SOFTWARE & HARDWARE
- 8170 PRINTING & COPYING
- 8180 BOOKS, SUBSCRIPTIONS, REFERENCE
- 8190 INTERNET/WEB HOSTING FEES
- 8205 RENT, PARKING & OTHER OCCUPANCY
- 8210 UTILITIES
- 8211 UTILITIES WATER
- 8220 EQUIPMENT RENTAL, REPAIR & MAINTENANCE
- 8221 COPIER LEASE
- 8227 EQUIPMENT RENTAL
- 8228 POSTAGE LEASE
- 8230 BUILDING REPAIR & MAINTENANCE
- 8231 BUILDING REPAIR & MAINTENANCE - ALARM SERVICES
- 8233 BUILDING REPAIR & MAINTENANCE - TRASH REMOVAL
- 8235 8233 BUILDING REPAIR & MAINTENANCE - EXTERMINATING
- 8236 PERMITS
- 8240 MAINTENANCE SUPPLIES
- 8250 MORTGAGE INTEREST EXPENSE
- 8260 PROPERTY INSURANCE
- 8265 PROPERTY TAX

## GL CODES:

- 8310 TRANSPORTATION & PARKING
- 8320 MEALS
- 8340 AIRFARE
- 8350 CONFERENCE, CONVENTIONS, MEETINGS
- 8360 FIELD TRIPS
- 8405 CLASSROOM MATERIALS & SUPPLIES
- 8410 CLASSROOM TECHNOLOGY
- 8415 COMMUNITY SERVICE PROJECT
- 8425 EXPUNGEMENT SERVICES
- 8430 JOB TRAINING
- 8440 MENTORING
- 8445 FOOD & RELATED SUPPLIES
- 8450 PROGRAM TRAINING
- 8455 SUBSIDY/RENTAL ASSISTANCE
- 8460 STIPENDS & ASSISTANCE
- 8470 FOOD FOR CLASSES
- 8480 BACKGROUND CHECK
- 8510 INTEREST EXPENSE - GENERAL
- 8520 INSURANCE - NON EMPLOYMENT RELATED
- 8525 SPECIAL EVENT EXPENSES
- 8530 MEMBERSHIP DUES - ORGANIZATIONS
- 8540 STAFF DEVELOPMENT/TRAINING
- 8550 BANK FEES
- 8560 PROCESSING FEES
- 8565 FINES & PENALTIES
- 8570 ADVERTISING/MARKETING EXP
- 8580 LICENSES & FEES
- 8595 COMMUNITY OUTREACH

PROGRAM DIRECTOR'S APPROVAL \_\_\_\_\_

DATE: \_\_\_\_\_

FINANCE APPROVAL PROCESS: \_\_\_\_\_

INVOICE/SUPPORTING DOCS ATTACHED: YESNOA/P INITIAL: MMDATE: 3/12/20

FISCAL OFFICE APPROVAL: \_\_\_\_\_

CLASS CODE N/A

PRESIDENT/CEO'S APPROVAL: \_\_\_\_\_

CHECK #: \_\_\_\_\_

**Colonial Life.**

Processing Center  
P.O. Box 1365  
Columbia, SC 29202-1365

Telephone Number: (973) 624-9535

Let us know if your phone number needs to be updated!

**\*\*IMPORTANT\*\***

Please check if changes are made on any page of the invoice.



AT 001 000454 UNBLAWE1 000000



URBAN LEAGUE OF ESSEX COUNTY  
ATTN: GREG WARD  
508 CENTRAL AVE  
NEWARK NJ 07107-1430

Colonial Life

Billing Control Number: (BCN) E7560923

Invoice Number: 7560923-0316515

Date Printed: 03/06/2020

(Changes are made as payment is received and will be reflected on future invoices.)

Billing Frequency: BI-WEEKLY

Remit by: 03/16/2020

Current Premium Due: \$47.79

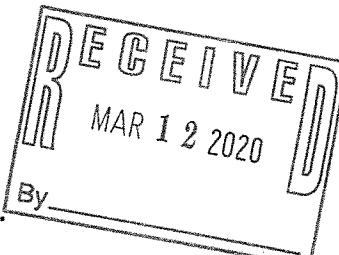
Past Due Premiums: \$47.79

Total Amount Due: \$95.58

Amount Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

(Remember to write your BCN on the check)

Visit [coloniallife.com](http://coloniallife.com) to learn how to save time and money with our online services.**PLEASE REMEMBER TO:****SEND PAYMENT BY THE REMIT DATE ABOVE**

1. Write the Billing Control Number (BCN) on your check.
2. Return a copy of this page with your payment.
3. "IMPORTANT" Return any page of your invoice to which you have made changes and check the box above. See below for instructions.

S 000454 UNBLAWE1 001130

Clearly state on your invoice why changes are being made.

To make changes to the invoice:

**Cancelling An Employee's Coverage:**

Draw a line through the name and deduct the premium amount from the invoice total. If you are canceling because the employee is leaving your employment, please provide their address in the Status Changes/Plan Administrator Comments section.

**If You Are Not Paying For An Employee For This Billing Period But The Employee Does Not Wish To Cancel:**

In the Comments section, indicate the reason for missed deduction and subtract the amount from the invoice total. Remember that if someone misses a deduction, they will fall behind in their payments and may be in danger of lapsing or having claims processing delayed. If this happens, the employee should send us the missed premium through you.

**Employees Not Listed On The Invoice:**

Write the Names, Employee ID Numbers and Premium Amounts at the bottom of the invoice, and add the total additional premium to the Total Remitted.

**Reconcile Your Invoice Each Time:**

It is important that your invoice is reconciled each time so payments are credited correctly. Visit [coloniallife.com](http://coloniallife.com) to submit your deduction file electronically and we can reconcile it for you.

If you have questions about your invoice, please call Plan Administrator Services at 1-800-256-7004.

For Policyholder questions, refer employees to our Policyholder Service Center at 1-800-325-4368.

For premium payments: Premium Processing, P.O. Box 903, Columbia, SC 29202-0903  
For overnight deliveries: Processing Center, 1201 Avery Avenue, Columbia, SC 29210-7654

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006756092303165150000047790006



## INVOICE FOR COLONIAL LIFE INSURANCE PREMIUMS

Billing Frequency:

BI-WEEKLY

Account Name URBAN LEAGUE OF ESSEX COUNTY

Due Date:

03-16-2020

BCN/Section E7560923-0000

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NJ BK T1

Employee #	Employee's Name	Total Due	Pre-Tax Premium	Post-Tax Premium	Insurance Plan	Policy/Cert Number	Status Changes/Comments (Termination, LOA, etc.)
*****0012	GREEN, YOLANDA		PRE-TAX	POST-TAX 11.70 7.88 19.58	SHORT TERM UNIV LIFE	3467960970 6136623110	
	TOTAL	19.58					
*****1629	STEWART, ROBIN		PRE-TAX	POST-TAX 12.16 7.44 8.61 28.21	SHORT TERM HOSP INC UNIV LIFE	3467960710 3467960890 6136623030	
	TOTAL	28.21					
Invoice Pre-Tax Totals:		\$ .00					
Invoice Post-Tax Totals:		\$47.79					
Current Invoice Totals:		\$47.79					
Past Due Premium*:		\$47.79	*If premium has already been submitted, thank you for your payment.				
GRAND TOTAL		\$95.58					
Adjustments:							
Total Remitted:							
			If any changes are made to this bill, return all changes with your remittance.				

