

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

COST CENTERS:

041 SOCIAL ENTERPRISE
111 ABBOTT
112 EHS-LEAGUERS
221 YOUTH
222 DYFS - LIFE SKILLS
223 OIC of America
224 RYN
225 AMERICORPS
331 NRTC 2016
332 CITY HOME GRANT

COST CENTERS:

334 NRTC 2018
334E THRIFTWORKS-NRTC
334F FOC NRTC
334H HOUSING NRTC
335 NRTC 2019
368 WF NEIGH REVIT
339 ULEC OPPORT CORP
451 USJP
460 IHOP - FDU
467 WORKFORCE UN-AIR

COST CENTERS:

543 UNITED WAY
552 ESG RENTAL ASST
560 CAPITAL 1 SAVE UP
561 LISC-HUD FOC
564 NUL - PRFC
564A NUL WELLS FARGO
565 HOUSING COUNSELING
563 FOC -CAPITAL ONE
567 FOC -CHASE
570 FIN OPPT CTR-OTHER

COST CENTERS:

573 VITA TAX
580 CAPITAL ONE HOUSING
600 ADMIN
610 CEO
620 CFO
640 DEVELOPMENT
650 FACILITIES
710 ANNUAL GALA
760 ULEC CENTENNIAL
950 ALLOCATED EXP

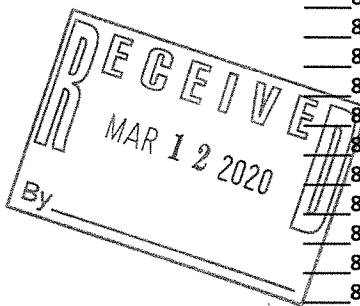


GL CODES:

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: YES NO

A/P INITIAL: [Signature]

DATE: 3/12/20

FISCAL OFFICE APPROVAL: _____

CLASS CODE N/A

PRESIDENT/CEO'S APPROVAL _____

CHECK # _____

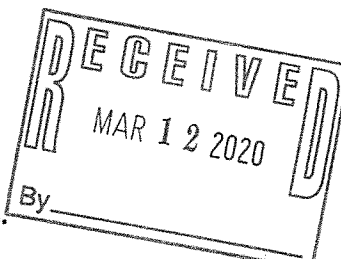
Colonial LifeProcessing Center
P.O. Box 1365
Columbia, SC 29202-1365

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 UNBLAW1 000000

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

Clearly state on your invoice why changes are being made.
To make changes to the invoice:**Canceling 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 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



INVOICE FOR COLONIAL LIFE INSURANCE PREMIUMS

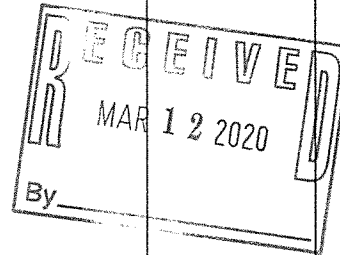
Account Name URBAN LEAGUE OF ESSEX COUNTY
BCN/Section E7560923-0000
NJ BK T1

Billing Frequency: BI-WEEKLY

Due Date: 03-16-2020

PAGE 1 OF 1

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.							



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

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