

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



PROTECTED AGAINST FRAUD



MEMO

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

Vivian Cox-Avila

13025 03/11/2020 10212003391 000238003973

URBAN LEAGUE OF ESSEX COUNTY

13025

03/11/2020

Dearborn Life Insurance Co.

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

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

URBAN LEAGUE OF ESSEX COUNTY

13025

03/11/2020

Dearborn Life Insurance Co.

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02/18/2020	Bill	02.18.20DG	153.00	153.00	153.00
Check Amount					

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

153.00



100811



Rev 2/1



0081

ULEC CHECK REQUEST FORM

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

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

ENTERED
 3/02/20 

DIRECTOR'S APPROVAL _____

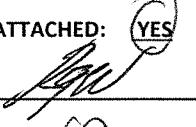
DATE: _____

FINANCE APPROVAL PROCESS:

INVOICE/SUPPORTING DOCS ATTACHED: YES  NO

A/P INITIAL: 

DATE: 3/02/20

FISCAL OFFICE APPROVAL: 

DATE: _____

PRESIDENT/CEO'S APPROVAL: 

CLASS CODE VARIOUS

CHECK # 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

R1242...

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	NUMBER
		AMOUNT	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 AACD 07099
151 1 MB 0.439

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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

GROUP / ACCOUNT NUMBER: MJ00256 - 1

GROUP NAME: URBAN LEAGUE OF ESSEX COUNTY

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

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

CURRENT PREMIUM DUE \$153.00

TOTAL AMOUNT DUE 03/01/2020 \$153.00



2219000002050640404000001030120200000153008



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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	VOL	
**Indicate in the Type column A for Addition, C for Change, T for Termination								MEMBERSHIP SUBTOTAL					
								REVISED PREMIUM					

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

COMMENTS: