

ULEC CHECK REQUEST FORM

INVOICE DATE: 3/21/2020 REQUESTED BY: PAT MISE

PAYABLE TO: COLONIAL LIFE AMOUNT: \$ 47.79

INVOICE # 0401833 BUDGET AVAILABLE: YES NO DUE DATE: 4/1/2020

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

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

GL CODES:	GL CODES:
<u>X 2250 ACCRUED COLONIAL LIFE</u>	<u>8310 TRANSPORTATION & PARKING</u>
<u>7240 EMPLOYEE BENEFITS</u>	<u>8320 MEALS</u>
<u>7520 ACCOUNTING FEES</u>	<u>8340 AIRFARE</u>
<u>7540 INSTRUCTORS/CONSULTANTS/SUBS</u>	<u>8350 CONFERENCE, CONVENTIONS, MEETINGS</u>
<u>7560 PROFESSIONAL FEES - OTHER</u>	<u>8360 FIELD TRIPS</u>
<u>7570 TEMPORARY HELP/CONTRACT</u>	<u>8405 CLASSROOM MATERIALS & SUPPLIES</u>
<u>8110 SUPPLIES</u>	<u>8410 CLASSROOM TECHNOLOGY</u>
<u>8132 CELL PHONE SERVICE</u>	<u>8415 COMMUNITY SERVICE PROJECT</u>
<u>8160 COMPUTER SOFTWARE & HARDWARE</u>	<u>8425 EXPUNGEMENT SERVICES</u>
<u>8170 PRINTING & COPYING</u>	<u>8430 JOB TRAINING</u>
<u>8180 BOOKS, SUBSCRIPTIONS, REFERENCE</u>	<u>8440 MENTORING</u>
<u>8190 INTERNET/WEB HOSTING FEES</u>	<u>8445 FOOD & RELATED SUPPLIES</u>
<u>8205 RENT, PARKING & OTHER OCCUPANCY</u>	<u>8450 PROGRAM TRAINING</u>
<u>8210 UTILITIES</u>	<u>8455 SUBSIDY/RENTAL ASSISTANCE</u>
<u>8211 UTILITIES WATER</u>	<u>8460 STIPENDS & ASSISTANCE</u>
<u>8220 EQUIPMENT RENTAL, REPAIR & MAINTENANCE</u>	<u>8470 FOOD FOR CLASSES</u>
<u>8221 COPIER LEASE</u>	<u>8480 BACKGROUND CHECK</u>
<u>8227 EQUIPMENT RENTAL</u>	<u>8510 INTEREST EXPENSE - GENERAL</u>
<u>8228 POSTAGE LEASE</u>	<u>8520 INSURANCE - NON EMPLOYMENT RELATED</u>
<u>8230 BUILDING REPAIR & MAINTENANCE</u>	<u>8525 SPECIAL EVENT EXPENSES</u>
<u>8231 BUILDING REPAIR & MAINTENANCE - ALARM SERVICES</u>	<u>8530 MEMBERSHIP DUES - ORGANIZATIONS</u>
<u>8233 BUILDING REPAIR & MAINTENANCE - TRASH REMOVAL</u>	<u>8540 STAFF DEVELOPMENT/TRAINING</u>
<u>8235 8233 BUILDING REPAIR & MAINTENANCE - EXTERMINATING</u>	<u>8550 BANK FEES</u>
<u>8236 PERMITS</u>	<u>8560 PROCESSING FEES</u>
<u>8240 MAINTENANCE SUPPLIES</u>	<u>8565 FINES & PENALTIES</u>
<u>8250 MORTGAGE INTEREST EXPENSE</u>	<u>8570 ADVERTISING/MARKETING EXP</u>
<u>8260 PROPERTY INSURANCE</u>	<u>8580 LICENSES & FEES</u>
<u>8265 PROPERTY TAX</u>	<u>8595 COMMUNITY OUTREACH</u>

PROGRAM DIRECTOR'S APPROVAL _____ DATE: _____

FINANCE APPROVAL PROCESS:

INVOICE/SUPPORTING DOCS ATTACHED: X YES NO A/P INITIAL: PM DATE: 3/24/2020

FISCAL OFFICE APPROVAL: _____ CLASS CODE N/A

PRESIDENT/CEO'S APPROVAL _____ CHECK # _____

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!

Colonial Life

Billing Control Number: (BCN) E7560923
Invoice Number: 7560923-0401833
Date Printed: 03/21/2020
(Changes are made as payment is received and will be reflected on future invoices.)

Billing Frequency: BI-WEEKLY

IMPORTANT

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

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

Remit by: 04/01/2020
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:

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 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: 04-01-2020 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: \$0.00							
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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