



Statement of Payment Due

Invoice No: 11A7703417

ReliaStar Life Insurance Company of New York
Home Office: Woodbury, NY
Administrative Office: Minneapolis, MN
and/or ReliaStar Life Insurance Company
Home and Administrative Office: Minneapolis, MN
Members of the Voya™ family of companies

Group Benefit Plan No: 0066288-7
Billing Frequency: Monthly
Billing Period: 07/01/2016 to 07/31/2016
Due Date: 07/01/2016
Financial Account: 339893
Billed Organization: All Members

ATTN: BARBARA BROWN,
HARFORD COUNTY, MARYLAND
112 S HAYS ST
BEL AIR, MD 21014-3645



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Please return a copy of this statement with your payment.

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Harford County, Maryland

Complete and return a copy of this statement with your payment 07/01/2016

Summary of Premium and Fees		
		Total
Current Estimated Premium Due		\$21,920.25
Current Fees Due		\$0.00
Previous Balance		\$21,920.25
Total payment due no later than 07/01/2016		\$43,840.50

Completed By: _____

\$ _____

Telephone Number: () _____

Please include the Invoice No. and Group Benefit Plan No. on your payment.

Premiums are due on the due date indicated. If we do not receive the premium by the end of the grace period indicated in the policy, the policy will lapse.

Please call Aileen Roca at 1-800-537-5024 if there are any questions.

RELIASTAR LIFE INSURANCE COMPANY
3702 PAYSPIRE CIRCLE
CHICAGO, IL 60674



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Important Information Regarding Lapse

If you allow your policy to lapse and do not plan to replace it by another policy or plan providing similar coverage, then there will be further procedures necessary regarding notice to all covered employees (and owners of coverage if other than the employees). Please refer to your Plan Administration Guide for complete details of our billing and lapsing procedures.

Utah law requires the following notification if the group policy was issued and delivered in Utah, or if at least 25% of the covered employees under a non-Utah group policy are residents of Utah. Upon termination of the Group Policy, the Policyholder will give written notice to the insureds at least 30 days before that date. In addition, the Policyholder will notify the insureds of any rights to continue or convert coverage upon termination.

Unless otherwise provided for in the policy, we will not be liable for any claims or losses incurred after the date of cancellation. If employees contribute to the cost of coverage under this policy, then please note that if you or any other entity continue to collect contributions for coverage beyond the date the policy is cancelled, that you or the other entity may be held solely liable for the benefits with respect to which the contributions have been collected.



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Detailed Statement of Coverages/Premium

Group Benefit Plan No: 0066288-7
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Harford County, Maryland

Coverage/Description	Rating Criteria	Estimated Lives	Estimated Volume	Estimated Premium	Actual Lives	Actual Volume	Rate	Adjustments	Total Premium
Accidental Death & Dismemberment Basic Employee	All Members	1579	31,580,000	\$789.50			0.025		
Life Basic Employee	Active	1579	31,580,000	\$15,790.00			0.50		
Life Basic Employee	Retired	571	10,681,500	\$5,340.75			0.50		
Total Estimated Premium:				\$21,920.25	Total Premium Due:				

This invoice contains estimated enrollment and premium information based on the information last reported.