



ADMINISTRATORS
A division of Morgan White Group

PHYSICAL ADDRESS
5722 I-55 N FRONTAGE RD
Jackson, MS 39211

MAILING ADDRESS
P.O. Box 14067
Jackson, MS 39236

PHONE 888-859-3795

FAX 601-956-3795

Group Name
Group #
Attn: Group Billing Contact
Group Address
City, ST, Zip

Invoice: 111111
Invoice Date: 7/15/2017
Payroll Period: 08/01/2017
Payment Type: Advanced
Date Due: 07/01/2017
Invoice Type: Monthly
Billing Specialist: Sally Sue

Product	Coverage	Number of Enrollees	Premium Per Enrollee	Total Premium
Amfirst PS Medical	Employee Only	5	\$25.00	\$125.00
Amfirst PS Medical	Employee + Spouse	7	\$35.00	\$245.00
Amfirst PS Medical	Employee + Child	3	\$45.00	\$135.00
Amfirst PS Medical	Employee + Family	1	\$50.00	\$50.00
		16		\$555.00
Delta Dental	Employee Only	4	\$10.00	\$40.00
Delta Dental	Employee + Spouse	2	\$20.00	\$40.00
Delta Dental	Employee + Child	3	\$15.00	\$45.00
Delta Dental	Employee + Family	5	\$30.00	\$150.00
		14		\$275.00
Totals		30		\$830.00

Invoice Total:	<u>\$830.00</u>
Previous Billed Amount:	<u>\$500.00</u>
Amount Received:	<u>\$500.00</u>
Credit/Shortage:	<u>\$0.00</u>
Fee Total:	<u>\$0.00</u>
Balance Due:	<u>\$830.00</u>

- To make a payment or to obtain a detailed list of participants invoiced, log into the Group Portal at groups.mwadmin.com
- Lapse notices are emailed once an invoice is 20 days past due