



Policy Holder Name and No. 78159 SW Fl Water Mgmt Dist

Submit payment to:
Florida Combined Life
 Inc. Co.
 PO Box 862818
 Orlando FL 32886-2818

Due Date: 4/15/2018

Prepared by: Karen Frazier

Coverage	Number of Employees	Volume	Premium Due
Basic Life	537	50,238,750.00	12057.30
Basic AD&D	537	48,822,000.00	976.44
Supplement Life Employee	183	16,357,322.03	9650.82
Dependent Life \$2,500	11	27,500.00	12.98
Dependent Life \$5,000	8	40,000.00	18.72
Dependent Life \$10,000	137	1,370,000.00	638.42
Supplemental AD&D Employee	233	41,381,200.00	2069.06
Supplemental AD&D Spouse	135	12,961,000.00	259.22
Supplemental AD&D Child	129	1,248,000.00	12.48
LTD	537	2,731,495.45	12018.58
Short Term Disability	43	26,847.12	1621.86
*EXPLANATION OF RETROACTIVE ADJUSTMENTS			
CURRENT PREMIUM DUE			39,335.88
TOTAL PREMIUM DUE			39,335.88