

BILL TO:

Madison County Board Of Supervisors Lisa Mayo 146 W Center Street Canton, MS 39046

Any questions please call 866-359-4542

We Appreciate Your Business!

Invoice Date:

October 01, 2014

Remit To:

Guardian Flex Plan

P.O. Box 824423

Philadelphia, PA 19182-4423

Flex Plan Monthly Statement

September 2014 Invoice

Invoice #: 265378

TERMS

Payment is due within 30 days of invoice date.

Please note - Payments posted after the 25th of the month may not be reflected on next months invoice.

NO. MEMBER MEMBER ID TERM DATE PLAN AMOUNT

Madison County Board Of Supervisors

G-00435279

September 2014 Invoice

Invoice #:

265378

Guardian Flex Plan P.O. Box 824423 Philadelphia, PA 19182-4423

Total Due

100.00 \$200.00



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NO.	MEMBER	MEMBER ID	TERM DATE	PLAN	AMOUNT
	20 participants				
1	ALLEN, ASHLEY	XXX-XX-4837		DCAP	\$5.00
2	ALLEN, LATANYA	XXX-XX-3032		DCAP	\$5.00
3	BREELAND, LEE	XXX-XX-9205		FSA	\$5.00
4	BUTLER, JOSEPH	XXX-XX-5731		FSA	\$5.00
5	Coursey, Timothy	XXX-XX-5494		FSA	\$5.00
6	Crosby, John	XXX-XX-2308		FSA	\$5.00
7	CRUNK, EUGENE	XXX-XX-5197		FSA	\$5.00
8	DAVIS, RICHARD	XXX-XX-8585		FSA	\$5.00
9	EDWARDS, LISHA	XXX-XX-5362		FSA	\$5.00
10	GLEASON, CHRISTY	XXX-XX-9872		FSA	\$5.00
11	HICKS, DONALD	XXX-XX-5322		FSA	\$5.0
12	MCKINLEY, WILLIAM	XXX-XX-2067		FSA	\$5.0
13	MCNEAL, CHARLES	XXX-XX-4787		FSA	\$5.0
14	NESTER, DEBRA	XXX-XX-2272		FSA	\$5.0
15	PARKER, CYNTHIA	XXX-XX-2312		FSA	\$5.0
16	PHILLIPS, LORETTA	XXX-XX-9171		DCAP,FSA	\$5.0
17	SANDRIDGE, MARK	XXX-XX-0183		FSA	\$5.0
18	TRIPP, KAREN	XXX-XX-6124		FSA	\$5.0
19	TUCKER, RANDALL	XXX-XX-5074		FSA	\$5.0
20	VANCE, SHELTON N	XXX-XX-9486		FSA	\$5.0

Important Message

It is important to notify the FlexPlan Department of any employee terminations in a timely manner. Notifications can be made by terminating the employee on the FlexPlan website or by e-mailing the department at flexplan@glic.com.

Current:

\$100.00

Previous:

\$100.00 9

Total Due:

\$200.00