

0000023335A0110010727333

Make your check or money order payable to:
NYS Employee Insurance Pending Account

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFITS DIVISION
PO BOX 645475
CINCINNATI, OHIO 45264-5475

DO NOT SEND CASH

PAYMENT DOES NOT ESTABLISH ELIGIBILITY FOR BENEFITS;
PAYOR MUST SATISFY ELIGIBILITY REQUIREMENTS



Enrollee Billing Number: [REDACTED]
Benefit Program A01
Due Date 06/03/2020
Amount Due \$ 233.35

Amount Paid

PLEASE INCLUDE YOUR ENROLLEE BILLING NUMBER ON YOUR PAYMENT
DETACH HERE AND RETURN THIS PART WITH YOUR PAYMENT

--RETAIN THIS PART FOR YOUR RECORDS--

NEW YORK STATE DEPT. OF CIVIL SERVICE
EMPLOYEE BENEFITS DIVISION
EMPIRE STATE PLAZA CORE BUILDING 1, 2ND FLOOR
ALBANY, NY 12239
Outside Continental US/ALBANY 518-457-5754
Continental US 1-800-833-4344

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Billing Statement as of 05/19/2020
For Period Ending: 06/17/2020
Due Date: 06/03/2020
Enrollee Billing Number: [REDACTED]

Name: [REDACTED]

Benefit Program: A01

<u>Date</u>	<u>Activity Type</u>	<u>Benefit Type</u>	<u>Plan Type</u>	<u>Benefit Plan</u>	<u>Coverage</u>	<u>Units</u>	<u>Amount</u>
Beginning Balance							\$ 466.70
04/23/20	Payroll Deduction					0	233.35CR
05/05/20	Charge	Employee	Medical	EMPIRE	Family	1	233.35
05/07/20	Payroll Deduction					0	233.35CR
05/19/20	Charge	Employee	Medical	EMPIRE	Family	1	233.35
05/21/20	Payroll Deduction					0	233.35CR

Amount Due: \$ 233.35