- ALL FULL TIME EMPLOYEES GET LIFE INSURANCE WHICH THE COUNTY PAYS 100% AT \$5.99 PER MONTH PER EMPLOYEE
- FARNHAM AND VOIGT ALSO GET THE LIFE INSURANCE PAID BY THE COUNTY
- THE FOLLOWING DO NOT TAKE COUNTY HEALTH INSURANCE:

AUGUST GRIFFIN
ED MOTLEY
MIKE HELTSLEY
DERRICK LORENZEN
PETE TEMPLETON
ALAN ZUBER
ANDY PATRICK
CHRIS PATRICK

EDGAR COUNTY

PERIOD 12/01/12 TO 09/30/13

DATE: 09/30/15 TIME: 15:41:05

E-H FSA

PLAN

EMPLOYEE NAME WISEMAN, DONALD G

E-H FSA TOTAL

REFERENCE NO

DEDUCTION AMT 305.00

305.00

Deduction C

AGENCY: 1 VERSION: 2.01.00

2013 EDGAR COUNTY HEALTH RENEWAL OPTIONS

Blue Cross/Blue Shield of Illinois

	Current PPO NPP 73423 Plan	New PPO NPP9352C Plan	Current HSA NPEC1807 Plan	New HSA RPSC3805 Plan
Deductible Emp/Family	\$500/\$1,500	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance After Deductible	80%	80%	100%	80%
Out of Pocket Maximum Emp/Family	\$2,000/\$6,000	\$3,000/\$9,000	\$2,500/\$5,000	\$5,000/\$10,000
Office Visit/Specialist	\$20/\$40	\$20/\$40		
Prescription Card	\$15/\$30/\$50	\$8/\$35/\$75/\$150	100% after Deductible	80% after Deductible
Employee Only Monthly Cost	\$192.30	\$118.61	\$88.20	. 0

510.80 613.10

Please circle the plan you are choosing. *

526.46

438.26

_____I am waiving health insurance coverage.

Employee Name

) onald G. Wiseman

Employee Signature

Wyemin

Date 9-23-13

^{*}If you wish to add or drop dependent (spouse/children) coverage, please contact Billie Anne @ 466-7428.

EDGAR COUNTY

DEDUCTION WITHHELD REPORT PERIOD 10/01/14 TO 09/30/15

PAGE: 1 DATE: 09/30/15 TIME: 15:39:58

E-H FSA

EMPLOYEE NAME WISEMAN, DONALD G

E-H FSA TOTAL

PLAN

REFERENCE NO

DEDUCTION AMT 254.80

254.80

BLUECROSS/BLUESHIELD OF IL RATES

10/01/2012- 09/30/2013

NPEC 1807 (HSA) Group # P66562

Employee	\$30.00
Employee/Spouse	668.97
Employee/Child(ren)	372.24
Family	1,041.21

NPP73423 (PPO) Group # P66256

Employee	\$120.00
Employee/Spouse	779.74
Employee/Child(ren)	433.87
Family	1,213.61

Directions for Searching Network Doctors and Dentists

BlueAccess for Members

www.bcbsil.com/members



2014 EDGAR COUNTY HEALTH RENEWAL OPTIONS

BC/BS of Illinois

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PLEASE CIRCLE THE PLAN YOU ARE CHOOSING*	U ARE CHOOSING	*	IΑ	AM WATVING HEALTH INS COVERAGE	INS COVERAGE
	Option 1	Option 2	Option 3	Option 4	Option 5
	NPP 73423	NPEC 1807	NPP 9352C	NPSC 3805	NPP 8353C
	PPO Plan	HSA Plan	PPO Plan	HSA Plan	PPO Plan
Annual Ded. In Network	\$500	\$2,500	\$1,500	\$2,500	\$1,000
Annual Ded.Out Network	\$1,000	\$5,000	\$3,000	\$5,000	\$2,000
Coinsurance (in Network)	80%	100%	80%	80%	80%
After Deductible					
In Network Max Out Pocket	\$2,000	\$2,500	\$3,000	\$5,000	\$4,000
Doctor's Office Copay (In-Network)	\$20	100% after Decut	\$20	80% after Deduct	\$30
		,) () () () () () () () () () (÷0/÷25/÷75
Total 1	¢671 E0	\$EE6 7/	\$506.30	¢136.75	\$611 13
	100			1 (
County Share	\$463.40	\$477.94	\$460.92	\$450.02	462.16
Employee Share	\$208.18	\$78.80	\$125.47	(\$13.27)	\$148.97
-1	(1) (1) (1) (1)	B CAR CO		(J.
employee Name			Employee signature	1 Junior	1 trouver
					,

If you wish to add/drop dependent, please call Billie Anne @ 466-7428 or 466-7433

2015-2016 EDGAR COUNTY HEALTH RENEWAL OPTIONS

BC/BS of Illinois

PLEASE CIRCLE THE PLAN YOU ARE CHOOSING*

AM WAWING HEALTH INS COVERAGE

	Option 1	Option 2	Option 3	Option 4	Option 5
	NPP 73423	NPET 1V07	NPP 9382C	/\ NPSC 3805	NPP 83D3C
	PPO Plan	HSA Plan	PPO Plan	HSA Plan	PPO Plan
Annual Ded. In Network	\$500	\$2,600	\$1,500	\$2,500	\$1,000
Annual Ded.Out Network	\$1,000	\$5,200	\$3,000	\$5,000	\$2,000
Coinsurance (in Network) After Deductible	80%	100%	80%	80%	80%
In Network Max Out Pocket	\$2 0 00	\$2.600	\$4,500	\$5,000	\$4,000
Doctor's Office Copay	\$20	Deductible and Co-Ins	\$20	Deductible and Co-ins	\$30
(In-Network)					
Prescription Card	\$15/\$30/\$50	Deductible and Co-Ins	\$8/\$35/\$75	Deductible and Co-Ins	\$8/\$35/\$75
Total Premium	\$715.13	\$585.45	\$649.28	\$512.81	\$672.48
County Share	\$456.00	\$456.00	\$456.00	\$456.00	456
Employee Share	\$259.13	\$129.45	\$193.28	\$56.81	\$216.48
ne	Donald G. Wiseman	May	Employee Signature	28.40 04 28.41	Masen
				100	0

Date 8/27/15

^{*}If you wish to add/drop dependent coverage, please call Terri @ 466-7429 or 466-7433

^{**}Please return to County Clerk's Office by 9/3/45_

EDGAR COUNTY

DEDUCTION WITHHELD REPORT PERIOD 12/01/12 TO 09/30/13

PAGE: 1 DATE: 09/30/15 TIME: 16:37:57

EMPLOYEE NAME ISAF, MARK R E-H FSA

PLAN

E-H FSA TOTAL

REFERENCE NO



DEDUCTION AMT 305.00

305.00

GRAND TOTAL

No valid records found

1952.36

EDGAR COUNTY

DEDUCTION WITHHELD REPORT PERIOD 10/01/13 TO 09/30/14

PAGE : 1 DATE : 09/30/15 TIME : 16:38:22



E-H FSA

EMPLOYEE NAME ISAF, MARK R

PLAN

E-H FSA TOTAL

REFERENCE NO



DEDUCTION AMT 0.00

0.00

GRAND TOTAL

BLUECROSS/BLUESHIELD OF IL RATES

10/01/2012- 09/30/2013

NPEC 1807 (HSA) Group # P66562

Employee	\$30.00
Employee/Spouse	668.97
Employee/Child(ren)	372.24
Family	1,041.21

NPP73423 (PPO) Group # P66256

Employee	\$120.00
Employee/Spouse	779.74
Employee/Child(ren)	433.87
Family	1,213.61

Directions for Searching Network Doctors and Dentists

BlueAccess for Members

www.bcbsil.com/members

CC: Payral

2013 EDGAR COUNTY HEALTH RENEWAL OPTIONS Blue Cross/Blue Shield of Illinois

	Current PPO	New PPO	Current HSA	New HSA
	NPP 73423	NPP9352C	NPEC1807	RPSC3805
	Plan	Plan	Plan	Plan
Deductible Emp/Family	\$500/\$1,500	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance After Deductible	80%	80%	100%	80%
Out of Pocket Maximum Emp/Family	\$2,000/\$6,000	\$3,000/\$9,000	\$2,500/\$5,000	\$5,000/\$10,000
Office Visit/Specialist	\$20/\$40	\$20/\$40		
Prescription Card	\$15/\$30/\$50	\$8/\$35/\$75/\$150	100% after Deductible	80% after Deductible
Employee Only	4.00.00	4440.54	420.20	
Monthly Cost	\$192.30	\$118.61	\$88.20	0

Please circle the plan you are choosing. *	
I am waiving health insurance coverage.	FILED
Employee Name MARK JSAF	SEP 2 7 2013
Employee Signature	EDGAR COUNDICHERK
Date 9/26/13	

*If you wish to add or drop dependent (spouse/children) coverage, please contact

Billie Anne @ 466-7428.

2014 EDGAR COUNTY HEALTH RENEWAL OPTIONS BC/BS of Illinois

PLEASE CIRCLE THE PLAN YOU ARE CHOOSING*

____I AM WAIVING HEALTH INS COVERAGE

	Option 1 NPP 73423	Option 2 NPEC 1807	Option 3 NPP 9352C	Option 4 NPSC 3805	Option 5 NPP 8353C
	PPO Plan	HSA Plan	PPO Plan	HSA Plan	PPO Plan
Annual Ded. In Network	\$500	\$2,500	\$1,500	\$2,500	\$1,000
Annual Ded.Out Network	\$1,000	\$5,000	\$3,000	\$5,000	\$2,000
					000
Coinsurance (in Network) After Deductible	80%	100%	80%	80%	80%
In Network Max Out Pocket	\$2,000	\$2,500	\$3,000	\$5,000	\$4,000
Doctor's Office Copay	\$20	100% after Decut	\$20	80% after Deduct	\$30
(In-Network)					
Prescription Card	\$15/\$30/\$50	100% after Deduct	\$8/\$35/\$75	80% after Deduct	\$8/\$35/\$75
Total Premium	\$671.58	\$556.74	\$586.39	\$436.75	\$611.13
County Share	\$463.40	\$477.94	\$460.92	\$450.02	462.16
Employee Share	\$208.18	\$78.80	\$125.47	(\$13.27)	\$148.97
Employee Name MARK	ISAF		Employee Signature	M Isal	

If you wish to add/drop dependent, please call Billie Anne @ 466-7428 or 466-7433

Date_

MARK ISAF- OPTOUT

2015-2016 EDGAR COUNTY HEALTH RENEWAL OPTIONS

BC/BS of Illinois

PLEASE CIRCLE THE PLAN YOU ARE CHOOSING*

I AM WAIVING HEALTH INS COVERAGE

	Option 1	Option 2	Option 3	Option 4	Option 5
	NPP 73423	NPET 1V07	NPP 9382C	NPSC 3805	NPP 83D3C
	PPO Plan	HSA Plan	PPO Plan	HSA Plan	PPO Plan
) ()	¢1 000
Annual Ded. In Network	\$500	\$2,500	000,10	12,000	+ + + + + + + + + + + + + + + + + + + +
Annual Ded.Out Network	\$1,000	\$5,200	\$3,000	\$5,000	\$2,000
Coinsurance (in Network)	80%	100%	80%	80%	80%
Alter Deduction					
In Network Max Out Pocket	\$2,000	\$2,600	\$4,500	\$5,000	\$4,000
Doctor's Office Copay	\$20	Deductible and Co-Ins	\$20	Deductible and Co-ins	\$30
(In-Network)					
Prescription Card	\$15/\$30/\$50	Deductible and Co-Ins	\$8/\$35/\$75	Deductible and Co-Ins	\$8/\$35/\$75
Total Premium	\$715.13	\$585.45	\$649.28	\$512.81	\$672.48
County Share	\$456.00	\$456.00	\$456.00	\$456.00	456
Employee Share	\$259.13	\$129.45	\$193.28	\$56.81	\$216.48
	Mark Isaf		Employee Signature	Mex	

^{*}If you wish to add/drop dependent coverage, please call Terri @ 466-7429 or 466-7433

^{**}Please return to County Clerk's Office by 8/28/15

EDGAR COUNTY

DEDUCTION WITHHELD REPORT PERIOD 12/01/14 TO 09/30/15

E-H FSA

PLAN

EMPLOYEE NAME WOOD, JEFFREY D

E-H FSA TOTAL

REFERENCE NO



DEDUCTION AMT 1520.51

1520.51

Swam Dr. 12-1-14

GRAND TOTAL

PAGE: 1 DATE: 10/01/15 TIME: 08:08:32

2014 EDGAR COUNTY HEALTH RENEWAL OPTIONS

BC/BS of Illinois

PLEASE CIRCLE THE PLAN YOU ARE CHOOSING*

I AM WAIVING HEALTH INS COVERAGE

	Option 1	Option 2	Option 3	Option 4	Option 5
	NPP 73423	NPEC 1807	NPP 9352C	NPSC 3805	NPP 8353C
	PPO Plan	HSA Plan	PPO Plan	HSA Plan	PPO Plan
Annual Ded. In Network	\$500	\$2,500	\$1,500	\$2,500	\$1,000
Annual Ded.Out Network	\$1,000	\$5,000	\$3,000	\$5,000	\$2,000
Coinsurance (in Network) After Deductible	80%	100%	80%	80%	80%
In Network Max Out Pocket	\$2,000	\$2,500	\$3,000	\$5,000	\$4,000
Doctor's Office Copay	\$20	100% after Decut	\$20	80% after Deduct	\$30
(In-Network)					
Prescription Card	\$15/\$30/\$50	100% after Deduct	\$8/\$35/\$75	80% after Deduct	\$8/\$35/\$75
Total Premium	\$671.58	\$556.74	\$586.39	\$436.75	\$611.13
County Share	\$463.40	\$477.94	\$460.92	\$450.02	462.16
Employee Share	C \$208.18)	\$78.80	\$125.47	(\$13.27)	\$148.97

Employee Name_

Employee Signature_

Date__

If you wish to add/drop dependent, please call Billie Anne @ 466-7428 or 466-7433

2015-2016 EDGAR COUNTY HEALTH RENEWAL OPTIONS BC/BS of Illinois

PLEASE CIRCLE THE PLAN YOU ARE CHOOSING*

I AM WAIVING HEALTH INS COVERAGE

	Option 1	Option 2	Option 3	Option 4 NPSC 3805	Option 5 NPP 83D3C
	PPO Plan	HSA Plan	PPO Plan	HSA Plan	PPO Plan
Annual Ded. In Network	\$500	\$2,600	\$1,500	\$2,500	\$1,000
Annual Ded Out Network	\$1.000	\$5.200	\$3,000	\$5,000	\$2,000
	2				
Coinsurance (in Network) After Deductible	80%	100%	80%	80%	80%
In Network Max Out Pocket	\$2,000	\$2,600	\$4,500	\$5,000	\$4,000
Doctor's Office Copay	\$20	Deductible and Co-Ins	\$20	Deductible and Co-ins	\$30
(In-Network)					
Prescription Card	\$15/\$30/\$50	Deductible and Co-Ins	\$8/\$35/\$75	Deductible and Co-Ins	\$8/\$35/\$75
Total Premium	\$715.13	\$585.45	/ \$649.28 /	\$512.81	\$672.48
County Share	\$456.00	\$456.00	\$456.00	\$456.00	456
Employee Share	\$259.13	\$129.45	\$193.28	\$56.81	\$216.48
Employee Name ゴビザ ひ くんかん). Word		Employee Signature	1.110 Lm	
- 1					
3					

^{*}If you wish to add/drop dependent coverage, please call Terri @ 466-7429 or 466-7433

Date_

^{**}Please return to County Clerk's Office by 9/3/15

EDGAR COUNTY

DEDUCTION WITHHELD REPORT PERIOD 10/01/13 TO 09/30/14

DATE: 09/30/15 TIME: 16:53:05



E-H FSA

EMPLOYEE NAME ENGLISH, DALE E

E-H FSA

TOTAL

PLAN

REFERENCE NO

DEDUCTION AMT 961.50

961.50

961.50

GRAND TOTAL

12-1-12 to 9-30-13 } No reduce succeeds format

BLUECROSS/BLUESHIELD OF IL RATES

10/01/2012- 09/30/2013

NPEC 1807 (HSA) Group # P66562

Employee	\$30.00
Employee/Spouse	668.97
Employee/Child(ren)	372.24
Family	1,041.21

NPP73423 (PPO) Group # P66256

Employee	\$120.00
Employee/Spouse	779.74
Employee/Child(ren)	433.87
Family	1,213.61

Directions for Searching Network Doctors and Dentists

BlueAccess for Members

www.bcbsil.com/members



EDGAR COUNTY

DATE: 10/01/15 TIME: 07:58:10



EMPLOYEE NAME FARNHAM, KARL E E-H FSA

PLAN

E-H FSA

TOTAL

REFERENCE NO

DEDUCTION AMT 1210.00

1210.00

1210.00

GRAND TOTAL

2013 EDGAR COUNTY HEALTH RENEWAL OPTIONS Blue Cross/Blue Shield of Illinois

	Current PPO NPP 73423 Plan	New PPO NPP9352C Plan	Current HSA NPEC1807 Plan	New HSA RPSC3805 Plan
Deductible Emp/Family	\$500/\$1,500	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance After Deductible	80%	80%	100%	80%
Out of Pocket Maximum Emp/Family	\$2,000/\$6,000	\$3,000/\$9,000	\$2,500/\$5,000	\$5,000/\$10,000
Office Visit/Specialist	\$20/\$40	\$20/\$40		
Prescription Card	\$15/\$30/\$50	\$8/\$35/\$75/\$150	100% after Deductible	80% after Deductible
Employee Only Monthly Cost	\$192.30	\$118.61	\$88.20	0

Please circle the plan you are choosing. *

SEP 2 3 2013

Employee Name

I am waiving health insurance coverage.

Employee Signature VERBAL @ Mm.Am mtg per AugiE

*If you wish to add or drop dependent (spouse/children) coverage, please contact Billie Anne @ 466-7428.

EDGAR COUNTY

PAGE: 1 DATE: 10/01/15 TIME: 07:58:39



E-H FSA

EMPLOYEE NAME FARNHAM, KARL E

PLAN

E-H FSA TOTAL

GRAND TOTAL

REFERENCE NO

DEDUCTION AMT 1421.93

1421.93

1421.93

15 539,41

EDGAR COUNTY

DEDUCTION WITHHELD REPORT PERIOD 10/01/14 TO 09/30/15

PAGE : 1 DATE : 10/01/15 TIME : 10:18:33

E-H FSA

EMPLOYEE NAME FARNHAM, KARL E

PLAN

E-H FSA TOTAL

GRAND TOTAL

REFERENCE NO

DEDUCTION AMT 1623.98

1623.98

1623.98

2015-2016 EDGAR COUNTY HEALTH RENEWAL OPTIONS **BC/BS of Illinois**

PLEASE CIRCLE THE PLAN YOU ARE CHOOSING* I AM WAIVING HEALTH INS COVERAGE

			\ /		
	Option 1	Option 2	Option 3	Option 4	Option 5
	NPP 73423	NPET 1V07	NPP 9382C	NPSC 3805	NPP 83D3C
	PPO Plan	HSA Plan	PPO Plan	HSA Plan	PPO Plan
			7		
Annual Ded. In Network	\$500	\$2,600	\$1,500	\$2,500	\$1,000
Annual Ded.Out Network	\$1,000	\$5,200	\$3,000	\$5,000	\$2,000
Coinsurance (in Network)	80%	100%	80%	80%	80%
In Network Max Out Pocket	\$2,500	\$2,600	\$4,500	\$5,000	\$4,000
Doctor's Office Copay	\$20	Deductible and Co-Ins	\$20	Deductible and Co-ins	\$30
(In-Network)					
Prescription Card	\$15/\$30/\$50	Deductible and Co-Ins	\$8/\$35/\$75	Deductible and Co-ins	\$8/\$35/\$75
Total Premium	\$715.13	\$585.45	\$649.28	\$512.81	\$672.48
County Share	\$456.00	\$456.00	\$456.00	\$456.00	456
Employee Share	\$259.13	\$129.45	\$193.28	\$56.81	\$216.48
Employee Name	Farrham		Employee Signature	Kaldan	
Date 8-1/-/5					

^{*}If you wish to add/drop dependent coverage, please call Terri @ 466-7429 or 466-7433

^{**}Please return to County Clerk's Office by 9/3/15

BLUECROSS/BLUESHIELD OF IL RATES

10/01/2012- 09/30/2013

NPEC 1807 (HSA) Group # P66562

Employee	\$30.00
Employee/Spouse	668.97
Employee/Child(ren)	372.24
Family	1,041.21

NPP73423 (PPO) Group # P66256

Employee	\$120.00
Employee/Spouse	779.74
Employee/Child(ren)	433.87
Family	1,213.61

Directions for Searching Network Doctors and Dentists

BlueAccess for Members

www.bcbsil.com/members



E Health

PLAN

EMPLOYEE NAME HALLORAN, KAREN D

E Health TOTAL





DEDUCTION AMT 305.00

305.00

TOTAL UNIMINE

220416.84

3396.28

2013 EDGAR COUNTY HEALTH RENEWAL OPTIONS

Blue Cross/Blue Shield of Illinois

				\
(9)	Current PPO NPP 73423 Plan	New PPO NPP9352C Plan	Current HSA NPEC1807 Plan	New HSA RPSC3805 Plan
Deductible Emp/Family	\$500/\$1,500	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance After Deductible	80%	80%	100%	80%
Out of Pocket Maximum Emp/Family	\$2,000/\$6,000	\$3,000/\$9,000	\$2,500/\$5,000	\$5,000/\$10,000
Office Visit/Specialist	\$20/\$40	\$20/\$40		
Prescription Card	\$15/\$30/\$50	\$8/\$35/\$75/\$150	100% after Deductible	80% after Deductible
Employee Only Monthly Cost	\$192.30	\$118.61	\$88.20	0

Please circle the plan you are choosing. *	
I am waiving health insurance coverage.	FILED
1/	SEP 1 3 2013
Employee Name Jaren D. Halloran	EDGAR COUNTICLERK
Employee Signature Karen W. Halloran	st - declar-cotte - 11 N
Date 9 13 13	

*If you wish to add or drop dependent (spouse/children) coverage, please contact
Billie Anne @ 466-7428.

EDGAR COUNTY

DEDUCTION WITHHELD REPORT PERIOD 10/01/13 TO 09/30/14

PAGE: 1 DATE: 09/30/15 TIME: 16:40:34

E Health

PLAN

EMPLOYEE NAME HALLORAN, KAREN D

E Health TOTAL

REFERENCE NO



DEDUCTION AMT 882.00

882.00

Despect

GRAND TOTAL

16-1-14 to 9-36-15 No voud survido toura

BLUECROSS/BLUESHIELD OF IL RATES

10/01/2012- 09/30/2013

NPEC 1807 (HSA) Group # P66562

Employee	\$30.00
Employee/Spouse	668.97
Employee/Child(ren)	372.24
Family	1,041.21

NPP73423 (PPO) Group # P66256

Employee	\$120.00
Employee/Spouse	779.74
Employee/Child(ren)	433.87
Family	1,213.61

Directions for Searching Network Doctors and Dentists

BlueAccess for Members

www.bcbsil.com/members



EDGAR COUNTY

DEDUCTION WITHHELD KEPUKT PERIOD 12/01/12 TO 09/30/13

DATE: 10/01/15 TIME: 07:53:30

EMPLOYEE NAME VOIGT, DONALD J

E-H FSA

PLAN

E-H FSA

TOTAL

GRAND TOTAL

REFERENCE NO

DEDUCTION AMT 1210.00

1210.00

1210.00

10-1-14 to 9-30-15 No value recordo formal

2013 EDGAR COUNTY HEALTH RENEWAL OPTIONS Blue Cross/Blue Shield of Illinois

Frau!

	Current PPO NPP 73423 Plan	New PPO NPP9352C Plan	Current HSA NPEC1807 Plan	New HSA RPSC3805 Plan
Deductible	\$500/\$1,500	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	80%	80%	100%	80%
After Deductible Out of Pocket Maximum Emp/Family	\$2,000/\$6,000	\$3,000/\$9,000	\$2,500/\$5,000	\$5,000/\$10,000
Office Visit/Specialist	\$20/\$40	\$20/\$40		
Prescription Card	\$15/\$30/\$50	\$8/\$35/\$75/\$150	100% after Deductible	80% after Deductible
Employee Only Monthly Cost	\$192.30	\$118.61	\$88.20	0

Please circle the plan you are choosing. *						
I am w	aiving health insurance coverage.					
Employee Name Employee Signature Date $9 23 3$	PER PHONE CONVERSATION W AUGIE					

*If you wish to add or drop dependent (spouse/children) coverage, please contact Billie Anne @ 466-7428.

EDGAR COUNTY

DEDUCTION WITHHELD REPORT PERIOD 10/01/13 TO 09/30/14

PAGE: 1 DATE: 10/01/15 TIME: 07:53:57

EMPLOYEE NAME VOIGT, DONALD J E-H FSA

PLAN

E-H FSA

TOTAL

REFERENCE NO

DEDUCTION AMT 2115.30

2115.30

GRAND TOTAL

2115.30

	CLAIM :	FOR	PAYMENT			
					VENDER NO:	6191
*1	*USE A SEPARATE FORM FOR EACH VENDOR*			BOARD APPROVED:	10/08/2014	
					COMMITTEE NO:	40
					G/L DATE:	10/08/2014
VENDOR	DONALD J	VOIGT				
ADDRESS	DDRESS 18664 US Hwy 36				FUND:	100
CITY					DEPT:	40
STATE	Chrisman	IL	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
09/10/14	110114	Medicare Reimbursement Effective 10/01/2014	
		OCTOBER 2014	\$327.00
		NOVEMBER 2014	\$327.00
TOTAL CLAIMS			

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(distract of)	DATE:	al23/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER OFFICE HEAD

	CLAIM FOR PAYMENT					
					VENDER NO:	6191
USE A SEPARATE FORM FOR EACH VENDOR				BOARD APPROVED:	11/12/2014	
				COMMITTEE NO:	40	
					G/L DATE:	11/12/2014
VENDOR	DONALD J VO	OIGT				
ADDRESS	ADDRESS 18664 US Hwy 36				FUND:	100
CITY				DEPT:	40	
STATE	Chrisman	IL	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
10/20/14	120114	Medicare Reimbursement Effective 10/01/2014	
		December NOVEMBER 2014	\$327.00
		TOTAL CLAIMS	\$327.00

NOTE* Invoices(s) must accompany ALL requests for payment.

	2 0		-144	
DEPT. HEAD	(March et Port)	DATE:	10/20/14	
CO. CLERK	AUGUST H GRIFFIN	DATE:		
CO. TREAS.	DONALD G. WISEMAN	DATE:		

COUNTY CLERK COUNTY TREASURER OFFICE HEAD

	CLAIM F	ΩR	PAYMENT			
						6191
USE A SEPARATE FORM FOR EACH VENDOR				BOARD APPROVED:	12/10/2014	
				COMMITTEE NO:	40	
					G/L DATE:	12/10/2014
VENDOR	DONALD J VO	OIGT				
ADDRESS	ADDRESS 18664 US Hwy 36				FUND:	100
CITY			DEPT:	40		
STATE	Chrisman	IL	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT	
11/28/14	010115	Medicare Reimbursement Effective 10/01/2014		
		JANUARY 2015	\$305.00	
		1#		
	TOTAL CLAIMS			

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT, HEAD	adjust of The file	DATE:	12/3/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER OFFICE HEAD

CLAIM FOR PAYMENT						
					VENDER NO:	6191
USE A SEPARATE FORM FOR EACH VENDOR			BOARD APPROVED:	01/14/2015		
					COMMITTEE NO:	40
					G/L DATE:	01/14/2015
VENDOR	DONALD J VO	OIGT				
ADDRESS	ADDRESS 18664 US Hwy 36				FUND:	100
CITY					DEPT:	40
STATE	Chrisman	IL	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT	
1 3 /23/14	020115	Medicare Reimbursement Effective 10/01/2014		
		FEBRUARY 2015	\$305.00	
			4505.00	
		TOTAL CLAIMS	\$305.00	

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(bligged of John)	DATE:	(2/23/14
CO. CLERK	AUGUST H. GRAFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT						
	CETTIVE			-	VENDER NO:	6191
USE A SEPARATE FORM FOR EACH VENDOR			BOARD APPROVED:	02/11/2015		
					COMMITTEE NO:	40
					G/L DATE:	02/11/2015
VENDOR	DONALD J	VOIGT				
ADDRESS	18664 US Hwy 36			FUND:	100	
CITY					DEPT:	40
STATE	Chrisman	IL	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
01/28/15	030115	Medicare Reimbursement Effective 10/01/2014	
		MARCH 2015	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	algert of Det	DATE:	1/29/15
CO. CLERK	AUGUST H. CRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

	CLAIM I	FOR	PAYMEN	NT		
					VENDER NO:	6191
J*	*USE A SEPARATE FORM FOR EACH VENDOR*			BOARD APPROVED:	03/11/2015	
				COMMITTEE NO:	40	
					G/L DATE:	03/11/2015
VENDOR	DONALD J V	OIGT				
ADDRESS	ADDRESS 18664 US Hwy 36				FUND:	100
CITY					DEPT:	40
STATE	Chrisman	ու	61924		ACCT:	8020

INVOICE DATE	INVOICE#	DESCRIPTION	AMOUNT
02/28/15	040115	Medicare Reimbursement Effective 10/01/2014	
		APRIL 2015	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Word A Pall	DATE:	3/3/5
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM	FOR	PAYMENT	1	***	
					VENDER NO:	6191
USE A SEPARATE FORM FOR EACH VENDOR			BOARD APPROVED:	04/15/2015		
					COMMITTEE NO:	40
					G/L DATE:	04/15/2015
VENDOR	DONALD J	VOIGT				
ADDRESS	ADDRESS 18664 US Hwy 36		FUND:	100		
CITY					DEPT:	40
STATE	Chrisman	n.	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
03/19/15	050115	Medicare Reimbursement Effective 10/01/2014	
		MAY 2015	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Useran of Toll	DATE:	3/19/15
CO. CLERK	AUGUST H. GRIPFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

CLAIM FOR PAYMENT					
				VENDER NO:	6191
J*	*USE A SEPARATE FORM FOR EACH VENDOR*			BOARD APPROVED:	05/13/2015
				COMMITTEE NO:	40
				G/L DATE:	05/13/2015
VENDOR	VENDOR DONALD J VOIGT				
ADDRESS 18664 US Hwy 36			FUND:	100	
CITY			DEPT:	40	
STATE	STATE Chrisman IL 61924			ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
04/21/15	060115	Medicare Reimbursement Effective 10/01/2014	
		JUNE 2015	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(degent of Prof.)	DATE:	desto
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	'O'R	PAVME	NT		
`	CLAINI	OK	TATME	/1 \ 1	VENDER NO:	6191
*[*USE A SEPARATE FORM FOR EACH VENDOR*				BOARD APPROVED:	06/10/2015
				COMMITTEE NO:	40	
					G/L DATE:	06/10/2015
VENDOR	DONALD J V	OIGT				
ADDRESS	18664 US Hwy	y 36			FUND:	100
CITY					DEPT:	40
STATE	Chrisman	IL	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
05/20/15	070115	Medicare Reimbursement Effective 10/01/2014	
		JULY 2015	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(herest of Six)	DATE:	5/20/15
CO. CLERK	AUGUST H. GRUFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	OR	PAYMENT			
					VENDER NO:	6191
]*	*USE A SEPARATE FORM FOR EACH VENDOR*				BOARD APPROVED:	07/08/2015
			COMMITTEE NO:	40		
					G/L DATE:	07/08/2015
VENDOR	DONALD J V	OIGT			10	
ADDRESS 18664 US Hwy 36			FUND:	100		
CITY			DEPT:	40		
STATE	Chrisman IL 61924			ACCT:	8020	

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
06/17/15	080115	Medicare Reimbursement Effective 10/01/2014	
		AUGUST 2015	\$305.00
TOTAL CLAIMS			\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(legent of for)	DATE:	6/17/15
CO. CLERK	AUGUST H. CRUFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	OR	PAYMENT			W-
		-			VENDER NO:	6191
J*	JSE A SEPARATE	E FORN	I FOR EACH VENDOR	*	BOARD APPROVED:	08/122015
					COMMITTEE NO:	40
					G/L DATE:	08/12/2015
VENDOR	VENDOR DONALD J VOIGT					W
ADDRESS 18664 US Hwy 36				FUND:	100	
CITY			DEPT:	40		
STATE	Chrisman IL 61924			ACCT:	8020	

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
07/30/15	090115	Medicare Reimbursement Effective 10/01/2014	
		SEPTEMBER 2015	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	March All	DATE:	2/30/0
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	ΩR	PAYMENT			
				VENDER NO:	6191	
J*	*USE A SEPARATE FORM FOR EACH VENDOR*				BOARD APPROVED:	09/09/2015
				COMMITTEE NO:	40	
				G/L DATE:	09/09/2015	
VENDOR	VENDOR DONALD J VOIGT					
ADDRESS 18664 US Hwy 36				FUND:	100	
CITY			DEPT:	40		
STATE	Chrisman IL 61924			ACCT:	8020	

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
08/31/15	100115	Medicare Reimbursement Effective 10/01/2014	
		OCTOBER 2015	\$305.00
	3/2	TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(Mosesfel Fight	DATE:	9/2/05
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

AGENCY: 1 VERSION: 2.01.00

EDGAR COUNTY

DEDUCTION WITHHELD REPORT PERIOD 10/01/13 TO 09/30/14

PAGE : 1 DATE : 09/30/15 TIME : 16:25:37

E-H FSA

EMPLOYEE NAME JENNESS, BENJAMIN H

TOTAL

PLAN

E-H FSA

REFERENCE NO

DEDUCTION AMT 1058.40 1058.40

1058.40

GRAND TOTAL

CC: payrall

2013 EDGAR COUNTY HEALTH RENEWAL OPTIONS

Blue Cross/Blue Shield of Illinois

	Current PPO NPP 73423 Plan	New PPO NPP9352C Plan	Current HSA NPEC1807 Plan	New HSA RPSC3805 Plan
Deductible Emp/Family	\$500/\$1,500	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance After Deductible	80%	80%	100%	80%
Out of Pocket Maximum Emp/Family	\$2,000/\$6,000	\$3,000/\$9,000	\$2,500/\$5,000	\$5,000/\$10,000
Office Visit/Specialist	\$20/\$40	\$20/\$40		
Prescription Card	\$15/\$30/\$50	\$8/\$35/\$75/\$150	100% after Deductible	80% after Deductible
Employee Only Monthly Cost	\$192.30	\$118.61	\$88.20	0

Please circle the plan you are choosing. *	FILED
I am waiving health insurance coverage.	SEP 2 3 2013
Employee Name Ben Jenness	DORALDS
Date 9/23/13	
*If you wish to add or drop dependent (spouse/children) coverag	e, please contact
Billie Anne @ 466-7428.	n fromium.

BLUECROSS/BLUESHIELD OF IL RATES

10/01/2012-09/30/2013

NPEC 1807 (HSA) Group # P66562

Employee	\$30.00
Employee/Spouse	668.97
Employee/Child(ren)	372.24
Family	1,041.21

NPP73423 (PPO) Group # P66256

Employee	\$120.00
Employee/Spouse	779.74
Employee/Child(ren)	433.87
Family	1,213.61

Directions for Searching Network Doctors and Dentists

BlueAccess for Members

www.bcbsil.com/members



AGENCY: 1 VERSICN: 2.01.00

EDGAR COUNTY

PERIOD 12/01/12 TO 09/30/13

DATE: 09/30/15 TIME: 16:24:43

E-H FSA

EMPLOYEE NAME JENNESS, BENJAMIN H

PLAN

E-H FSA TOTAL

REFERENCE NO



DEDUCTION AMT 310.00

310.00

310.00

GRAND TOTAL

AGENCY: 1 VERSIGN: 2.01.00

EDGAR COUNTY

DEDUCTION WITHHELD REPORT PERIOD 10/01/14 TO 09/30/15

PAGE: 1 DATE: 09/30/15 TIME: 16:26:12



E-H FSA

EMPLOYEE NAME JENNESS, BENJAMIN H

E-H FSA TOTAL

PLAN

GRAND TOTAL

REFERENCE NO



DEDUCTION AMT 78.80

78.80

78.80

	CI AIM E	ΛD	PAYMENT		
•	CLAIMF	OK	FAIWENT	VENDER NO:	1024
U	JSE A SEPARATE	FORM	1 FOR EACH VENDOR	BOARD APPROVED:	12/10/2014
				COMMITTEE NO:	40
				G/L DATE:	12/10/2014
VENDOR	BEN JENNESS	S			
ADDRESS	524 E MADIS	ON		FUND:	100
CITY				DEPT:	40
STATE	CHRISMAN	IL	61924	ACCT:	8020

INVOICE DATE	INVOICE#	DESCRIPTION	AMOUNT
11/28/14	010115	Medicare Reimbursement - EFFECTIVE 11/01/2014	
		NOVEMBER 2014	\$305.00
		DECEMBER 2014	\$305.00
		JA N IUARY 2015	\$305.00
		TOTAL CLAIMS	\$915.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	asset of the	DATE:	12/3/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	OR	PAYMENT		
				VENDER NO:	1024
U	JSE A SEPARATE	FORM	1 FOR EACH VENDOR	BOARD APPROVED:	12/10/2014
				COMMITTEE NO:	40
				G/L DATE:	12/10/2014
VENDOR	BEN JENNESS	S			
ADDRESS	524 E MADIS	ON		FUND:	100
CITY				DEPT:	40
STATE	CHRISMAN	IL	61924	ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
11/28/14	110114	Medicare Effective 11/01/2014	
		Reimbursement October 2014 payroll deduction for November 2014 BC/BS premium	\$78.80
	West States	TOTAL CLAIMS	\$78.80

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Mark HANG	DATE:	12/3/14
CO. CLERK	AUGUST H. CRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CLAIM F	ΩR	PAYME	NT		
	CL7 KIII I		I TELLIVIES		VENDER NO:	1024
J*	JSE A SEPARATE	FORN	M FOR EACH VE	NDOR*	BOARD APPROVED:	01/14/2015
					COMMITTEE NO:	40
					G/L DATE:	01/14/2015
VENDOR	BEN JENNES	S				
ADDRESS	524 E MADIS	ON			FUND:	100
CITY					DEPT:	40
STATE	CHRISMAN	IL	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
12/28/14	020115	Medicare Reimbursement	
		FEBRUARY 2015	\$305.00
÷			
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	asst 4 Cm/4	DATE: (2/2	3/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	ΩR	PAYMEN	T		
	CEMMINI				VENDER NO:	1024
(JSE A SEPARATE	FORN	I FOR EACH VENI	OOR	BOARD APPROVED:	02/11/2015
					COMMITTEE NO:	40
					G/L DATE:	02/11/2015
VENDOR	BEN JENNES	S				
ADDRESS	524 E MADIS	ON			FUND:	100
CITY					DEPT:	40
STATE	CHRISMAN	IL	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
01/28/15	030115	Medicare Reimbursement	
		MARCH 2015	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Wester of Siet	DATE:	1/2/15
CO. CLERK	AUGUST H. GRIPFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

	CLAIM F	'OR	PAYME	NT		
		011			VENDER NO:	1024
**	*USE A SEPARATE FORM FOR EACH VENDOR*					03/11/2015
					COMMITTEE NO:	40
					G/L DATE:	03/11/2015
VENDOR	BEN JENNES	S				
ADDRESS	524 E MADIS	ON			FUND:	100
CITY					DEPT:	40
STATE	CHRISMAN	IL	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT		
02/28/15	040115	Medicare Reimbursement			
		APRIL 2015	\$305.00		
	TOTAL CLAIMS				

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(Mad of DEA)	DATE:	3(3/5
CO. CLERK	AUGUST H GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

	CLAIM F	OR	PAYME	NT		
					VENDER NO:	1024
*[*USE A SEPARATE FORM FOR EACH VENDOR*					04/15/2015
					COMMITTEE NO:	40
					G/L DATE:	04/15/2015
VENDOR	BEN JENNESS	S				
ADDRESS	524 E MADIS	ON			FUND:	100
CITY					DEPT:	40
STATE	CHRISMAN	IL.	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
03/19/15	050115	Medicare Reimbursement	
		MAY 2015	\$305.00
	\$305.00		

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Market Pop	DATE:	3/1965
CO. CLERK	AUGUST H. CRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	OR	PAYMENT	7		·
					VENDER NO:	1024
J*	*USE A SEPARATE FORM FOR EACH VENDOR*				BOARD APPROVED:	05/13/2015
					COMMITTEE NO:	40
					G/L DATE:	05/13/2015
VENDOR	BEN JENNES	S				
ADDRESS	ADDRESS 524 E MADISON				FUND:	100
CITY					DEPT:	40
STATE	CHRISMAN	IL	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT			
04/21/15	060115	Medicare Reimbursement				
		JUNE 2015	\$305.00			
			\$305.00			
	TOTAL CLAIMS					

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Cerses at Durff	DATE:	422115
CO. CLERK	AUGUST H. GRAFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	OR	PAYMENT			
					VENDER NO:	1024
*U	ISE A SEPARATE	FORN	I FOR EACH VENDOR	*	BOARD APPROVED:	06/10/2015
					COMMITTEE NO:	40
					G/L DATE:	06/10/2015
VENDOR	BEN JENNES	S				
ADDRESS	524 E MADIS	ON			FUND:	100
CITY					DEPT:	40
STATE	CHRISMAN	IL	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT	
05/20/15	070115	Medicare Reimbursement		
		JULY 2015	\$305.00	
			*	
TOTAL CLAIMS				

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(hourist Sex)	DATE:	5/20/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	'OR	PAYMENT			
		OI.			VENDER NO:	1024
J*	*USE A SEPARATE FORM FOR EACH VENDOR*					07/08/2015
					COMMITTEE NO:	40
*					G/L DATE:	07/08/2015
VENDOR	BEN JENNES	S				
ADDRESS	524 E MADIS	ON			FUND:	100
CITY					DEPT:	40
STATE	CHRISMAN	IL	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT			
06/17/15	08/0/115	Medicare Reimbursement				
		AUGUST 2015	\$305.00			
	TOTAL CLAIMS					

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(MORAN STA)	DATE:	6/17/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	OR	PAYMEN	${f T}$		
					VENDER NO:	1024
U	ISE A SEPARATE	FORM	I FOR EACH VEND	OR	BOARD APPROVED:	08/12/2015
					COMMITTEE NO:	40
					G/L DATE:	08/12/2015
VENDOR	BEN JENNESS	S				
ADDRESS	524 E MADIS	ON			FUND:	100
CITY					DEPT:	40
STATE	CHRISMAN	IL	61924		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
07/30/15	09/0/115	Medicare Reimbursement	
	090115	SEPTEMBER 2015	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(4) Six of 1017	DATE:	2/30/05-
CO. CLERK	AUGUST H. ØRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CLAIM F	OR	PAYMENT		
				VENDER NO:	6530
j *	JSE A SEPARATE	E FORN	∕I FOR EACH VENDOR*	BOARD APPROVED:	02/19/2014
				COMMITTEE NO:	40
				G/L DATE:	01/28/2014
VENDOR	Daniel W. Bru	ner			
ADDRESS	624 E Court S	t		FUND:	100
CITY				DEPT:	40
STATE	Paris	IL	61944	ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
01/28/14	020114	Medicare Reimbursement January 2014	
	-	Medicare Part B	\$104.90
		Medicare Health Supplement	\$76.41
		Medicare Reimbursement February 2014	\$305.00
		DEMAND	
		TOTAL CLAIMS	\$486.31

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT, HEAD	Chart H Last	DATE:	1/28/14
CO. CLERK	AUGUST H. GRUFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	ΛR	PAVME	ENT		
	CLAINI	OK	IAIMI		VENDER NO:	6530
J*	JSE A SEPARATE	FORN	I FOR EACH VI	ENDOR*	BOARD APPROVED:	02/19/2014
					COMMITTEE NO:	40
					G/L DATE:	02/19/2014
VENDOR	Daniel W. Brui	ner				
ADDRESS	624 E Court St	t			FUND:	100
CITY					DEPT:	40
STATE	Paris	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT		
02/01/14	030114	Medicare Reimbursement MARCH 2014	\$305.00		
V,					
			\$305.00		
	TOTAL CLAIMS				

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	March of the	DATE:	2/4/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	,
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	ΛD	DAVME	NT	=	
`	CLAINI F	UK			VENDER NO:	6530
U	SE A SEPARATE	FORM	I FOR EACH VE	NDOR	BOARD APPROVED:	03/12/2014
	1				COMMITTEE NO:	40
					G/L DATE:	03/12/2014
VENDOR	Daniel W. Brur	ner			# D	
ADDRESS	624 E Court St	t			FUND:	100
CITY			7		DEPT:	40
STATE	Paris	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE#	DESCRIPTION	AMOUNT
03/01/14	040114	Medicare Reimbursement	
		APRIL 2014	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Marit El Tex	DATE:	8/25/14	
CO. CLERK	AUGUST H. CRAFFIN	DATE:		
CO. TREAS.	DONALD G. WISEMAN	DATE:		

COUNTY CLERK

COUNTY TREASURER

	CLAIM E	'nR	PAYMENT		
				VENDER NO:	6530
)*	JSE A SEPARATE	E FORM	M FOR EACH VENDOR*	BOARD APPROVED:	04/09/2014
			A	COMMITTEE NO:	40
1				G/L DATE:	04/09/2014
VENDOR	Daniel W. Bru	ner			
ADDRESS	624 E Court S	t		FUND:	100
CITY				DEPT:	40
STATE	Paris	IL	61944	ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
04/01/14	050114	Medicare Reimbursement	
		MAY 2014	\$305.00
	÷		
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(logot 4 Dill	DATE:	3/26/14
CO. CLERK	AUGUST H. GRUFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM	FOR	PAYMENT			
					VENDER NO:	6530
J*	JSE A SEPARA	ATE FORM	I FOR EACH VENDOR	*	BOARD APPROVED:	05/14/2014
			1		COMMITTEE NO:	40
					G/L DATE:	05/14/2014
VENDOR	Daniel W. 1	Bruner				,
ADDRESS	624 E Cou	rt St			FUND:	100
CITY					DEPT:	40
STATE	Paris	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
04/23/14	060114	Medicare Reimbursement	
		JUNE 2014	\$305.00
	e de la companya de l	TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(elizat A DIA)	DATE:	4/28/14
CO. CLERK	AUGUST H. GRAFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

	CLAIM F	ΩR	PAYMENT			
	CDAINI I	OI			VENDER NO:	6530
[JSE A SEPARATE	FORM	1 FOR EACH VENDOR		BOARD APPROVED:	06/11/2014
					COMMITTEE NO:	40
					G/L DATE:	06/11/2014
VENDOR	Daniel W. Brur	ner				
ADDRESS	624 E Court St	t			FUND:	100
CITY					DEPT:	40
STATE	Paris	IL	61944		ACCT:	8020
				104		

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
05/21/14	070114	Medicare Reimbursement	
		JULY 2014	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Client of Def	DATE:	5/2/14
CO. CLERK	AUGUST H. GRUFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

	CLAIM	FOR	PAYMEN	NT		<u> </u>
					VENDER NO:	6530
)*	JSE A SEPARA	ATE FORM	I FOR EACH VEN	DOR*	BOARD APPROVED:	07/09/2014
					COMMITTEE NO:	40
					G/L DATE:	07/09/2014
VENDOR	Daniel W. B	runer				
ADDRESS	624 E Cour	t St			FUND:	100
CITY					DEPT:	40
STATE	Paris	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
06/18/14	070114	Medicare Reimbursement	
	080114	AUGUST 2014	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(listed I)	DATE:	6/8/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM	FOR	PAYMEN'	Γ		*
		TOIL		•	VENDER NO:	6530
J*	JSE A SEPARA	ATE FORM	I FOR EACH VEND	OR*	BOARD APPROVED:	08/13/2014
					COMMITTEE NO:	40
					G/L DATE:	08/13/2014
VENDOR	Daniel W. E	runer				
ADDRESS	624 E Cour	t St			FUND:	100
CITY					DEPT:	40
STATE	Paris	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
07/10/14	090114	Medicare Reimbursement	
		SEPTEMBER 2014	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(this of of Part	DATE:	
CO. CLERK	AUGUST H. GRUFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM	FOR	PAYMENT		VENDER NO:	6530
*1	JSE A SEPARA	ATE FORM	I FOR EACH VENDOR	*	BOARD APPROVED:	09/10/2014
					COMMITTEE NO:	40
					G/L DATE:	09/10/2014
VENDOR	Daniel W.	Bruner				
ADDRESS	624 E Cou	rt St			FUND:	100
					DEPT:	40
CITY STATE	Paris	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
08/10/14	100114	Medicare Reimbursement	
		OCTOBER 2014	\$305.00
		Q.	
			#205.00
	MO	TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

8(21/14

COUNTY CLERK

COUNTY TREASURER

	CLAIM F	OR	PAYME	NT		
					VENDER NO:	6530
J*	JSE Λ SEPARATE	FORN	1 FOR EACH VEN	NDOR*	BOARD APPROVED:	10/08/2014
					COMMITTEE NO:	40
					G/L DATE:	10/08/2014
VENDOR	Daniel W. Brut	ner				
ADDRESS	624 E Court St	į			FUND:	100
CITY					DEPT:	40
STATE	Paris	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
09/10/14	110114	Medicare Reimbursement	
		OCTOBER 2014 additional \$22.00	\$22.00
		NOVEMBER 2014	\$327.00
		TOTAL CLAIMS	\$349.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	MARKADIA	DATE:	9/23/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

	CI AIM E	ΩD	PAYMENT	٦		
	CLAINI F	UK	I A LIVILLIA		VENDER NO:	6530
U	JSE A SEPARATE	FORM	FOR EACH VENDO	R	BOARD APPROVED:	11/12/2014
					COMMITTEE NO:	40
					G/L DATE:	11/12/2014
VENDOR	Daniel W. Brur	ner				
ADDRESS	624 E Court St				FUND:	100
CITY					DEPT:	40
STATE	Paris	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE#	DESCRIPTION	AMOUNT
10/20/14	120114	Medicare Reimbursement	
		DECEMBER 2014	\$327.00
			_
		TOTAL CLAIMS	\$327.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	alight of the	DATE:	10/20/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CLAIME	ΛR	PAYMENT		
`	CLAIMI	OI	ATMENT	VENDER NO:	6530
U	ISE A SEPARATE	FORM	1 FOR EACH VENDOR	BOARD APPROVED:	12/10/2014
				COMMITTEE NO:	40
				G/L DATE:	12/10/2014
VENDOR	Daniel W. Brur	ner		k.	
ADDRESS	624 E Court St	t		FUND:	100
CITY				DEPT:	40
STATE	Paris	IL	61944	ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
11/28/14	010115	Medicare Reimbursement	
		JANUARY 2015	\$305.00
14-			
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	about of the	DATE:	12/3/14
CO. CLERK	AUGUST H. GRUFFIN	DATE:	,
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CI AIM E	ΛD	PAYMENT	,		
	CLAIMI	OK	IAIMENI		VENDER NO:	6530
J*	JSE A SEPARATE	FORM	I FOR EACH VENDOR*		BOARD APPROVED:	01/14/2015
					COMMITTEE NO:	40
					G/L DATE:	01/14/2015
VENDOR	Daniel W. Brur	ner				
ADDRESS	624 E Court St	ī			FUND:	100
CITY					DEPT:	40
STATE	Paris	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
12/28/14	020115	Medicare Reimbursement	
		FEBRUARY 2015	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

	11		
DEPT. HEAD	(Milled of Part)	DATE:	12/23/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CLAIM	FOR	PAYMEN7			
					VENDER NO:	6530
J*	JSE A SEPAR	ATE FORM	1 FOR EACH VENDC)R*	BOARD APPROVED:	02/11/2015
					COMMITTEE NO:	40
					G/L DATE:	02/11/2015
VENDOR	Daniel W. I	Bruner				
ADDRESS	624 E Cou	rt St			FUND:	100
CITY					DEPT:	40
STATE	Paris	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
01/28/15	030115	Medicare Reimbursement	
		MARCH 2015	\$305.00
TOTAL CLAIMS			

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(ideal of SA)	DATE:	dalo
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	OR	PAYMENT			
		0.1-			VENDER NO:	6530
J*	JSE A SEPARATE	FORM	I FOR EACH VENDO	R*	BOARD APPROVED:	03/11/2015
					COMMITTEE NO:	40
					G/L DATE:	03/11/2015
VENDOR	Daniel W. Brui	ner				
ADDRESS	624 E Court S	t			FUND:	100
CITY					DEPT:	40
STATE	Paris	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
02/28/15	040115	Medicare Reimbursement	
		APRIL 2015	\$305.00
			#205°00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(Gent 1/1/1/2)	DATE:	3/3/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM	FOR	PAYMENT	1		
					VENDER NO:	6530
)*	JSE A SEPAR	ATE FORN	I FOR EACH VENDO	R*	BOARD APPROVED:	04/15/2015
					COMMITTEE NO:	40
I					G/L DATE:	04/15/2015
VENDOR	Daniel W. I	Bruner				
ADDRESS	ADDRESS 624 E Court St			FUND:	100	
CITY					DEPT:	40
STATE	Paris	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE#	DESCRIPTION	AMOUNT
03/19/15	050115	Medicare Reimbursement	
		MAY 2015	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Mexical Post	DATE:	3/19/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CLAIM	FOR	PAYMEN	Γ		
					VENDER NO:	6530
[JSE A SEPARA	TE FORM	I FOR EACH VENDO)R	BOARD APPROVED:	05/13/2015
					COMMITTEE NO:	40
					G/L DATE:	05/13/2015
VENDOR	Daniel W. B	runer				
ADDRESS 624 E Court St			FUND:	100		
CITY					DEPT:	40
STATE	Paris	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
04/21/15	060115	Medicare Reimbursement	
		JUNE 2015	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(increased Part)	DATE:	4/22/15
CO. CLERK	AUGUST H. ØRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	OR	PAYMENT		
				VENDER NO:	6530
*[*USE A SEPARATE FORM FOR EACH VENDOR*			BOARD APPROVED:	06/10/2015
				COMMITTEE NO:	40
				G/L DATE:	06/10/2015
VENDOR	Daniel W. Brur	ner			
ADDRESS	624 E Court St			FUND:	100
CITY				DEPT:	40
STATE	Paris	IL	61944	ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
05/20/15	070115	Medicare Reimbursement	
		JULY 2015	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Wind of ANA	DATE:	5/20/15
CO. CLERK	AUGUST H. ØRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CLAIM	FOR	PAYMENT	Γ		
				_	VENDER NO:	6530
J*	*USE A SEPARATE FORM FOR EACH VENDOR*			BOARD APPROVED:	07/08/2015	
					COMMITTEE NO:	40
					G/L DATE:	07/08/2015
VENDOR	Daniel W. I	Bruner				
ADDRESS 624 E Court St			FUND:	100		
CITY					DEPT:	40
STATE Paris IL 61944		ACCT:	8020			

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
06/17/15	080115	Medicare Reimbursement	
		AUGUST 2015	\$305.00
TOTAL CLAIMS			\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Way & TH	DATE:	6/17/15
CO. CLERK	AUGUST HARIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	OR	PAYMENT			
					VENDER NO:	6530
USE A SEPARATE FORM FOR EACH VENDOR			BOARD APPROVED:	08/12/2015		
			COMMITTEE NO:	40		
		3			G/L DATE:	08/12/2015
VENDOR	Daniel W. Brur	ner				
ADDRESS 624 E Court St			FUND:	100		
CITY			DEPT:	40		
STATE	Paris	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
07230/15	090115	Medicare Reimbursement	
7/30/15		SEPTEMBER 2015	\$305.00
			1
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(ukust A) A)	DATE:	2/30/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

	CLAIM	FOR	PAYMEN	JT		
		ron			VENDER NO:	6530
*[*USE A SEPARATE FORM FOR EACH VENDOR*			BOARD APPROVED:	09/09/2015	
					COMMITTEE NO:	40
					G/L DATE:	09/09/2015
VENDOR	Daniel W. Br	runer				
ADDRESS 624 E Court St			FUND:	100		
CITY			DEPT:	40		
STATE	ATE Paris IL 61944			ACCT:	8020	

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
08/31/15	100115	Medicare Reimbursement	1
		OCTOBER 2015	\$305.00
		TOTAL CLAIMS	\$305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(desire Coff	DATE:	9/2/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CLAIM	FOR PAYMENT		
			VENDE	R NO: 2388
USE A SEPARATE FORM FOR EACH VENDOR			* BOA APPRO	
			COMMI NO:	TTEE 40
			G/L DAT	ΓE: 07/09/2014
VENDOR	Sandra K. W	illett		
ADDRESS	ESS 435 W Madison			100
CITY	TY Paris		DEPT:	40
STATE	IL	61944	ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
06/18/14	080114	Medicare Reimbursement	
		AUGUST 2014	\$305.00
			-
		TOTAL CLAIMS	\$ 305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Wigner of Start	DATE:	6/18/14
CO. CLERK	AUGUST H. GRUFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

	CLAIM F	OR PAYMENT		
			VENDER NO	2388
j *	JSE A SEPARATE	FORM FOR EACH VENDOR	* BOARD APPROVED:	08/13/2014
			COMMITTEI NO:	40
			G/L DATE:	08/13/2014
VENDOR	Sandra K. Will	ett		-11
ADDRESS	435 W Madiso	n	FUND:	100
CITY	Paris		DEPT:	40
STATE	IL	61944	ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
07/10/14	090114	Medicare Reimbursement	
		SEPTEMBER 2014	\$305.00
		TOTAL CLAIMS	\$ 305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(digne of Set)	DATE:	Moster
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

	CLAIM F	OR PAYMENT	7		
	CLAINI		-	VENDER NO:	2388
[JSE A SEPARATE	FORM FOR EACH VENDO	R	BOARD APPROVED:	09/10/2014
				COMMITTEE NO:	40
				G/L DATE:	09/10/2014
VENDOR	Sandra K. Will	ett		,	
ADDRESS 435 W Madison		FUND:	100		
CITY Paris		DEPT:	40		
STATE IL 61944			ACCT:	8020	

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
08/21/14	100114	Medicare Reimbursement	
		OCTOBER 2014	\$305.00
		TOTAL CLAIMS	\$ 305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(legist et flogs)	DATE:	8/21/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CLAIM I	FOR PAYMENT			
				VENDER NO:	2388
J*	JSE A SEPARAT	TE FORM FOR EACH VENDO	R*	BOARD APPROVED:	10/08/2014
				COMMITTEE NO:	40
				G/L DATE:	10/08/2014
VENDOR	Sandra K. Wi	llett			
ADDRESS	435 W Madis	on		FUND:	100
CITY	Paris			DEPT:	40
STATE	STATE IL 61944		ACCT:	8020	

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT	
09/22/14	110114	Medicare Reimbursement		
		OCTOBER 2014 ADD'L \$22.00	\$22.00	
		NOVMEBR 2014	\$327.00	
		TOTAL CLAIMS	\$ 349.00	

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(last of 1)	DATE:	9/23/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

	CLAIM F	OR PAYN	IENT		
	CLIMINI			VENDER NO:	2388
J*	JSE A SEPARATE	FORM FOR EACH	I VENDOR*	BOARD APPROVED:	11/12/2014
				COMMITTEE NO:	40
				G/L DATE:	11/12/2014
VENDOR	Sandra K. Wille	ett			
ADDRESS	435 W Madison	1		FUND:	100
CITY	Paris			DEPT:	40
STATE IL 61944			ACCT:	8020	

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
10/20/14	120114	Medicare Reimbursement	
		DECEMBER 2014	\$327.00
		TOTAL CLAIMS	\$ 327.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(light of F)	DATE:	10/20/14
	AUGUST H. CRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CLAIM F	OR PA	VMENT			11
•	CDAIMI	OKIA			VENDER NO:	2388
J*	JSE A SEPARATE	FORM FOR	EACH VENDOR*		BOARD APPROVED:	12/10/2014
				COMMITTEE NO:	40	
					G/L DATE:	12/10/2014
VENDOR	Sandra K. Wille	ett				
ADDRESS	435 W Madison	n			FUND:	100
CITY Paris			DEPT:	40		
STATE IL 61944			ACCT:	8020		

INVOICE DATE	INVOICE#	DESCRIPTION	AMOUNT
11/28/14	010115	Medicare Reimbursement	
		JANAURY 2015	\$305.00
	Maria Sala	TOTAL CLAIMS	\$ 305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	(light of first	DATE:	12/3/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	* 0
CO. TREAS.	DONALD G. WISEMAN	DATE:	

	CLAIM F	OR PAYME	NT		
				VENDER NO:	2388
J*	*USE A SEPARATE FORM FOR EACH VENDOR*			BOARD APPROVED:	01/14/15
				COMMITTEE NO:	40
				G/L DATE:	01/14/2015
VENDOR	Sandra K. Wille	ett			
ADDRESS	435 W Madisor	l		FUND:	100
CITY Paris			DEPT:	40	
STATE	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
12/23/14	020115	Medicare Reimbursement	
		FEBRUARY 2015	\$305.00
		TOTAL CLAIMS	\$ 305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Wint A Palt	DATE:	12/23/14
CO. CLERK	AUGUST H GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

	CLAIM]	FOR PAYMENT			
				VENDER NO:	2388
*(JSE A SEPARAT	TE FORM FOR EACH VENDOR	*	BOARD APPROVED:	02/11/15
				COMMITTEE NO:	40
				G/L DATE:	02/11/2015
VENDOR	Sandra K. Wi	llett			
ADDRESS	ADDRESS 435 W Madison		FUND:	100	
CITY	CITY Paris		DEPT:	40	
STATE	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
01/28/15	030115	Medicare Reimbursement	
		MARCH 2015	\$305.00
		TOTAL CLAIMS	\$ 305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	and of The	DATE:	1/29/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CLAIM	FOR PAYMENT			
				VENDER NO:	2388
*1	JSE A SEPARA	TE FORM FOR EACH VENDOR	*	BOARD APPROVED:	03/11/15
				COMMITTEE NO:	40
				G/L DATE:	03/11/2015
VENDOR	Sandra K. Wi	illett			
ADDRESS	ADDRESS 435 W Madison		FUND:	100	
CITY	CITY Paris		DEPT:	40	
STATE	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
02/28/15	040115	Medicare Reimbursement	
		APRIL 2015	\$305.00
		TOTAL CLAIMS	\$ 305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Charles & The	DATE:	3/3/5
CO. CLERK	AUGUST H. CRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CLAIM 1	FOR PAYMENT			
				VENDER NO:	2388
*1	USE A SEPARA	TE FORM FOR EACH VENDOR	*	BOARD APPROVED:	04/15/15
				COMMITTEE NO:	40
				G/L DATE:	04/15/2015
VENDOR	Sandra K. Wi	llett			
ADDRESS	435 W Madis	on		FUND:	100
CITY	Paris			DEPT:	40
STATE	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
3/19/15	050115	Medicare Reimbursement	
		MAY 2015	\$305.00
		TOTAL CLAIMS	\$ 305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	adjust IS	DATE:	3/19/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CLAIM	FOR PAYMENT			
				VENDER NO:	2388
*[USE A SEPARA	TE FORM FOR EACH VENDOR	*	BOARD APPROVED:	05/13/15
				COMMITTEE NO:	40
				G/L DATE:	0513/2015
VENDOR	Sandra K. W.	illett			U-
ADDRESS	435 W Madis	son		FUND:	100
CITY	Paris			DEPT:	40
STATE	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
4/21/15	060115	Medicare Reimbursement	
		JUNE 2015	\$305.00
			D C C C C C C C C C C
		TOTAL CLAIMS	\$ 305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Cherry Al Six	DATE:	Herelos
CO. CLERK	AUGUST H GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CLAIM F	OR PAYME	NT		1
				VENDER NO:	2388
J*	JSE A SEPARATE	FORM FOR EACH VE	ENDOR*	BOARD APPROVED:	06/10/15
***************************************				COMMITTEE NO:	40
				G/L DATE:	06/10/2015
VENDOR	Sandra K. Will	ett			
ADDRESS	435 W Madison	1		FUND:	100
CITY	Paris			DEPT:	40
STATE	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
5/20/15	070115	Medicare Reimbursement	
		JULY 2015	\$305.00
		TOTAL CLAIMS	\$ 305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Want of Six	DATE:	5/20/0
CO. CLERK	AUGUST H. CRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK COUNTY TREASURER

	CLAIM 1	FOR PAYMENT			
				VENDER NO:	2388
*	JSE A SEPARAT	E FORM FOR EACH VENDOR	*	BOARD APPROVED:	07/08/15
				COMMITTEE NO:	40
				G/L DATE:	07/08/15
VENDOR	Sandra K. Wi	llett			
ADDRESS	435 W Madis	on		FUND:	100
CITY	Paris			DEPT:	40
STATE	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
6/17/15	080115	Medicare Reimbursement	
		AUGUST 2015	\$305.00
		TOTAL CLAIMS	\$ 305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	want of PA	DATE:	6/17/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

1	CLAIM F	OR PAYMENT			
				VENDER NO:	2388
USE A SEPARATE FORM FOR EACH VENDOR			BOARD APPRQVED:	08/12/15	
				COMMITTEE NO:	40
				G/L DATE:	08/12/15
VENDOR	Sandra K. Will	ett			
ADDRESS	435 W Madison			FUND:	100
CITY	Paris		DEPT:	40	
STATE	IL	61944		ACCT:	8020

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
7/30/15	090115	Medicare Reimbursement	
		SEPTEMBER 2015	\$305.00
		TOTAL CLAIMS	\$ 305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	Univer DA	DATE:	1/30/15
CO. CLERK	AUGUST H, GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

CLAIM FOR PAYMENT						
				VENDER NO:	2388	
USE A SEPARATE FORM FOR EACH VENDOR				BOARD APPROVED:	09/09/15	
			COMMITTEE NO:	40		
					G/L DATE:	09/09/15
VENDOR Sandra K. Willett						
ADDRESS	DDRESS 435 W Madison			FUND:	100	
CITY Paris			DEPT:	40		
STATE	IL 61944			ACCT:	8020	

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
8/31/15	100115	Medicare Reimbursement	
		OCTOBER 2015	\$305.00
			V
	·	TOTAL CLAIMS	\$ 305.00

NOTE* Invoices(s) must accompany ALL requests for payment.

DEPT. HEAD	1000000	DATE:	2/2/15
CO. CLERK	AUGUST H, GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER