

- 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

DEDUCTION AMT
305.00

305.00

Figure 1

10/1/13 TO 9/30/14 Deduction 0

CC: payroll

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

TOTAL Premium 444.11

	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

~~188.20~~

526.46

438.26

Please circle the plan you are choosing. *

_____ I am waiving health insurance coverage.

Employee Name

Donald G. Wiseman

Employee Signature

Donald G. Wiseman

Date 9-23-13

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

✓

E-H FSA	PLAN	REFERENCE NO	DEDUCTION AMT
EMPLOYEE NAME			
WISEMAN, DONALD G			254.80
E-H FSA	TOTAL		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

*Total Premium
438.26*

2014 EDGAR COUNTY HEALTH RENEWAL OPTIONS

BC/BS of Illinois

Anne

PLEASE CIRCLE THE PLAN YOU ARE CHOOSING*

I AM WAIVING HEALTH INS COVERAGE

	Option 1 NPP 73423 PPO Plan	Option 2 NPEC 1807 HSA Plan	Option 3 NPP 9352C PPO Plan	Option 4 NPSC 3805 HSA Plan	Option 5 NPP 8353C 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 (In-Network)	\$20	100% after Decut	\$20	80% after Deduct	\$30
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

Donald Co. Wisconsin

Employee Signature

Donald Co. Wisconsin

Date

9/25/14

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

Don Shuman 4

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 NPP 73423 PPO Plan	Option 2 NPET 1V07 HSA Plan	Option 3 NPP 9382C PPO Plan	Option 4 NPSC 3805 HSA Plan	Option 5 NPP 83D3C 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	\$2,000	\$2,600	\$4,500	\$5,000	\$4,000
Doctor's Office Copay (In-Network)	\$20	Deductible and Co-Ins	\$20	Deductible and Co-ins	\$30
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 Donald G. Wiseman

Employee Signature

Donald G. Wiseman

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 9/3/15**

8/28/15

E-H FSA	PLAN	REFERENCE NO	DEDUCTION AMT
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
EMPLOYEE NAME			
ISAF, MARK R			305.00
E-H FSA	TOTAL		305.00

GRAND TOTAL

[REDACTED]
1952.36

10-1-14 to 9-30-15
No valid records found
for David

E-H FSA		PLAN	REFERENCE NO		DEDUCTION AMT
[REDACTED]			[REDACTED]		[REDACTED]
[REDACTED]		EMPLOYEE NAME	[REDACTED]		[REDACTED]
[REDACTED]		ISAF, MARK R	[REDACTED]		[REDACTED]
E-H FSA		TOTAL			0.00

GRAND TOTAL

[REDACTED]

[REDACTED]

1
1
1

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

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. *

 X I am waiving health insurance coverage.

Employee Name

MARK ISAAC

Employee Signature


Date 9/26/13**FILED**

SEP 27 2013


 EDGAR COUNTY CLERK

*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 *

X I AM WAIVING HEALTH INS COVERAGE

	Option 1 NPP 73423 PPO Plan	Option 2 NPEC 1807 HSA Plan	Option 3 NPP 9352C PPO Plan	Option 4 NPSC 3805 HSA Plan	Option 5 NPP 8353C 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 (In-Network)	\$20	100% after Deduct	\$20	80% after Deduct	\$30
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 Mark Isaf

Date 10/3/14

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

MARK ISAF - OPT OUT

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 NPP 73423 PPO Plan	Option 2 NPET 1V07 HSA Plan	Option 3 NPP 9382C PPO Plan	Option 4 NPSC 3805 HSA Plan	Option 5 NPP 83D3C 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	\$2,000	\$2,600	\$4,500	\$5,000	\$4,000
Doctor's Office Copay (In-Network)	\$20	Deductible and Co-Ins	\$20	Deductible and Co-Ins	\$30
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 Mark ISA

Employee Signature



Date 8/28/15

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

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

E-H FSA PLAN
EMPLOYEE NAME
WOOD, JEFFREY D
E-H FSA TOTAL

REFERENCE NO
DEDUCTION AMT
1520.51
1520.51

GRAND TOTAL

Sharon Dr 12-1-14

FILED

DEC 03 2014


 EDGAR COUNTY CLERK

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 PPO Plan	Option 2 NPEC 1807 HSA Plan	Option 3 * NPP 9352C PPO Plan	Option 4 NPSC 3805 HSA Plan	Option 5 NPP 8353C 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 (In-Network)	\$20	100% after Deduct	\$20	80% after Deduct	\$30
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

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 NPP 73423 PPO Plan	Option 2 NPET 1V07 HSA Plan	Option 3 NPP 9382C PPO Plan	Option 4 NPSC 3805 HSA Plan	Option 5 NPP 83D3C 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	\$2,000	\$2,600	\$4,500	\$5,000	\$4,000
Doctor's Office Copay (In-Network)	\$20	Deductible and Co-Ins	\$20	Deductible and Co-Ins	\$30
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 Jeff D. Chad

Employee Signature

Date 8-20-15



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

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

E-H FSA		PLAN	REFERENCE NO		DEDUCTION AMT
EMPLOYEE NAME					
ENGLISH, DALE E					
E-H FSA		TOTAL			961.50

GRAND TOTAL

961.50

12-1-12 to 4-30-13 } No valid records found
10-1-14 to 9-30-15 }

Premium is 613.10

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

Total Premium 510.80

[REDACTED]		E-H FSA	PLAN	[REDACTED]		REFERENCE NO	[REDACTED]		DEDUCTION AMT
[REDACTED]		EMPLOYEE NAME		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		FARNHAM, KARL E		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		E-H FSA		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		TOTAL		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		TOTAL		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		TOTAL		[REDACTED]		[REDACTED]		[REDACTED]	

GRAND TOTAL

[REDACTED]

1210.00

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

Please circle the plan you are choosing. *

FILED

SEP 23 2013

[Signature]
EDGAR COUNTY CLERK

_____ I am waiving health insurance coverage.

Employee Name KARL FARNHAM

Employee Signature VERBAL @ Mon AM mtg PER AUGIE

Date 9/23/13

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

[REDACTED]		E-H FSA	PLAN	[REDACTED]		REFERENCE NO	[REDACTED]		DEDUCTION AMT
[REDACTED]		EMPLOYEE NAME		[REDACTED]			[REDACTED]		
[REDACTED]		FARNHAM, KARL E		[REDACTED]			[REDACTED]		1421.93
[REDACTED]		E-H FSA	TOTAL	[REDACTED]			[REDACTED]		1421.93
[REDACTED]		GRAND	TOTAL	[REDACTED]			[REDACTED]		1421.93

Farnham is 539.41

██████████	E-H FSA	PLAN	██████████	██████████	REFERENCE NO	██████████	DEDUCTION AMT
██████████	EMPLOYEE NAME						
	FARNHAM, KARL E						1623.98
	E-H FSA	TOTAL					1623.98
	GRAND TOTAL						1623.98

BC/BS of Illinois

I AM WAIVING HEALTH INS COVERAGE

	Option 1 NPP 73423 PPO Plan	Option 2 NPET 1V07 HSA Plan	Option 3 NPP 9382C PPO Plan	Option 4 NPSC 3805 HSA Plan	Option 5 NPP 83D3C 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	\$2,500	\$2,600	\$4,500	\$5,000	\$4,000
Doctor's Office Copay (In-Network)	\$20	Deductible and Co-Ins	\$20	Deductible and Co-Ins	\$30
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 Signature

Date 8-21-15

***If you wish to add/drop dependent coverage, please call Terri @ 466-7429 or 466-7433**
****Please return to County Clerk's Office by 9/3/15**

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

[REDACTED]		E Health	PLAN	[REDACTED]		REFERENCE NO	[REDACTED]		DEDUCTION AMT
[REDACTED]		EMPLOYEE NAME		[REDACTED]			[REDACTED]		305.00
[REDACTED]		HALLORAN, KAREN D		[REDACTED]			[REDACTED]		
[REDACTED]		E Health	TOTAL	[REDACTED]			[REDACTED]		305.00

GRAND TOTAL

220416.84

3396.28

CC: payroll

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

Same

Please circle the plan you are choosing. *

_____ I am waiving health insurance coverage.

Employee Name

Karen D. Halloran
Karen D. Halloran

Employee Signature

Date 9/13/13

FILED

SEP 13 2013

[Signature]
EDGAR COUNTY CLERK

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

TOTAL Premium
526.46

E Health	PLAN	REFERENCE NO	DEDUCTION AMT
EMPLOYEE NAME			
HALLORAN, KAREN D			882.00
E Health	TOTAL		882.00

GRAND TOTAL

Passed
7-31-14

$$16-1-17 + 9-20-15$$

No real records found

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

*Total Premium
510.80*

[REDACTED]		E-H FSA	PLAN	[REDACTED]		REFERENCE NO	[REDACTED]		DEDUCTION AMT
[REDACTED]		EMPLOYEE NAME		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		VOIGT, DONALD J		[REDACTED]		[REDACTED]		[REDACTED]	
		E-H FSA	TOTAL					1210.00	

GRAND TOTAL [REDACTED] 1210.00

10-1-14 to 9-30-15 No valid records found

cc: payroll

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

Done

	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.

Employee Name

Employee Signature

Date

9/23/13

JEFF VOIGT
PER PHONE CONVERSATION w/ AUGIE

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

TOTAL PREMIUM
613.10

[REDACTED]		E-H FSA	PLAN	[REDACTED]		REFERENCE NO	[REDACTED]		DEDUCTION AMT
[REDACTED]		EMPLOYEE NAME		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		VOIGT, DONALD J		[REDACTED]		[REDACTED]		[REDACTED]	
		E-H FSA		TOTAL				2115.30	
		GRAND		TOTAL				2115.30	

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

VENDER NO:

6191

BOARD
APPROVED:

10/08/2014

COMMITTEE
NO:

40

G/L DATE:

10/08/2014

VENDOR DONALD J VOIGT

ADDRESS 18664 US Hwy 36

CITY

STATE Chrisman IL 61924

FUND:

100

DEPT:

40

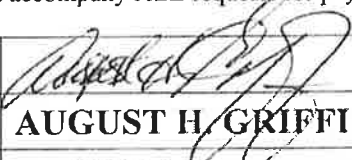
ACCT:

8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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			\$654.00

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

DEPT. HEAD		DATE:	10/23/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

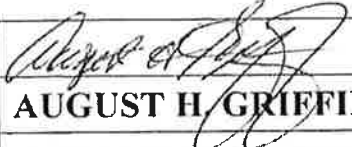
OFFICE HEAD

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

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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.

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

COUNTY CLERK

COUNTY TREASURER

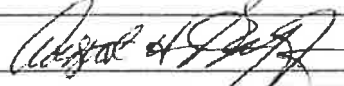
OFFICE HEAD

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

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

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

DEPT. HEAD		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

USE A SEPARATE FORM FOR EACH VENDOR

VENDER NO:

6191

BOARD
APPROVED:

01/14/2015

COMMITTEE
NO:

40

G/L DATE:

01/14/2015

VENDOR DONALD J VOIGT

ADDRESS 18664 US Hwy 36

CITY

STATE Chrisman IL 61924

FUND:

100

DEPT:

40

ACCT:

8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
12/23/14	020115	Medicare Reimbursement Effective 10/01/2014	
		FEBRUARY 2015	\$305.00
TOTAL CLAIMS			\$305.00

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

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

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

VENDER NO:

6191

BOARD
APPROVED:

02/11/2015

COMMITTEE
NO:

40

G/L DATE:

02/11/2015

VENDOR

DONALD J VOIGT

ADDRESS

18664 US Hwy 36

CITY

STATE

Chrisman

IL

61924

FUND:

100

DEPT:

40


ACCT:

8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	4/28/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

VENDER NO:

6191

BOARD
APPROVED:

03/11/2015

COMMITTEE
NO:

40

G/L DATE:

03/11/2015

VENDOR DONALD J VOIGT

ADDRESS 18664 US Hwy 36

CITY

STATE Chrisman IL 61924

FUND:

100

DEPT:

40

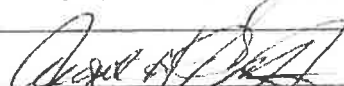
ACCT:

8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	3/3/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

VENDER NO:	6191
BOARD APPROVED:	04/15/2015
COMMITTEE NO:	40
G/L DATE:	04/15/2015

VENDOR	DONALD J VOIGT				
ADDRESS	18664 US Hwy 36			FUND:	100
CITY				DEPT:	40
STATE	Chrisman	IL	61924	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

VENDER NO:

6191

BOARD
APPROVED:

05/13/2015

COMMITTEE
NO:

40

G/L DATE:

05/13/2015

VENDOR DONALD J VOIGT

ADDRESS 18664 US Hwy 36

CITY

STATE Chrisman IL 61924

FUND:

100

DEPT:

40

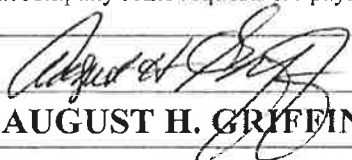
ACCT:

8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	6/22/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

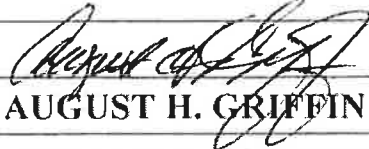
VENDER NO:	6191
BOARD APPROVED:	06/10/2015
COMMITTEE NO:	40
G/L DATE:	06/10/2015

VENDOR	DONALD J VOIGT			
ADDRESS	18664 US Hwy 36		FUND:	100
CITY			DEPT:	40
STATE	Chrisman	IL	61924	ACCT: 8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	5/20/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

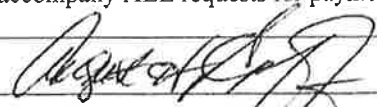
VENDER NO:	6191
BOARD APPROVED:	07/08/2015
COMMITTEE NO:	40
G/L DATE:	07/08/2015

VENDOR	DONALD J VOIGT						
ADDRESS	18664 US Hwy 36					FUND:	100
CITY						DEPT:	40
STATE	Chrisman	IL	61924			ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	6/17/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

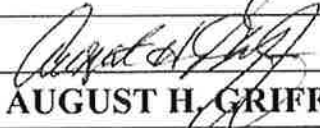
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO: 6191	
USE A SEPARATE FORM FOR EACH VENDOR				BOARD APPROVED: 08/122015	
				COMMITTEE NO: 40	
				G/L DATE: 08/12/2015	
VENDOR	DONALD J VOIGT				
ADDRESS	18664 US Hwy 36			FUND:	100
CITY				DEPT:	40
STATE	Chrisman	IL	61924	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	7/30/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

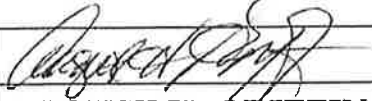
OFFICE HEAD

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

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

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

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

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

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E-H FSA		PLAN	REFERENCE NO		DEDUCTION AMT
[REDACTED]			[REDACTED]		[REDACTED]
[REDACTED]		EMPLOYEE NAME	[REDACTED]		[REDACTED]
[REDACTED]		JENNESS, BENJAMIN H	[REDACTED]		1058.40
E-H FSA		TOTAL	[REDACTED]		1058.40
GRAND		TOTAL	[REDACTED]		1058.40

CC: payroll

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. *

_____ I am waiving health insurance coverage.

Employee Name

Ben Tenness

Employee Signature

Date

9/23/13

FILED

SEP 23 2013


EDGAR COUNTY CLERK

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

*Total Premium
526.46*

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

TOTAL Premium
438.26

E-H FSA		PLAN	REFERENCE NO		DEDUCTION AMT
[REDACTED]			[REDACTED]		[REDACTED]
EMPLOYEE NAME					
JENNESS, BENJAMIN H					310.00
E-H FSA		TOTAL			310.00

GRAND TOTAL 310.00

[REDACTED]	E-H FSA	PLAN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	EMPLOYEE NAME			REFERENCE NO		DEDUCTION AMT
[REDACTED]	JENNESS, BENJAMIN H					78.80
	E-H FSA	TOTAL				78.80
	GRAND TOTAL					78.80

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

VENDER NO:

1024

BOARD
APPROVED:

12/10/2014

COMMITTEE
NO:

40

G/L DATE:

12/10/2014

VENDOR

BEN JENNESS

ADDRESS

524 E MADISON

CITY

STATE

CHRISMAN

IL

61924

FUND:

100

DEPT:

40

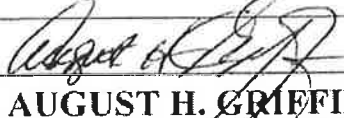
ACCT:

8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

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

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

COUNTY CLERK

COUNTY TREASURER

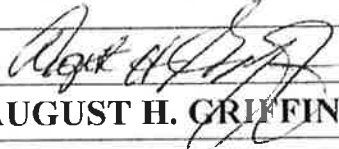
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO: 1024	
USE A SEPARATE FORM FOR EACH VENDOR				BOARD APPROVED: 12/10/2014	
				COMMITTEE NO: 40	
				G/L DATE: 12/10/2014	
VENDOR	BEN JENNESS				
ADDRESS	524 E MADISON			FUND:	100
CITY				DEPT:	40
STATE	CHRISMAN	IL	61924	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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
TOTAL CLAIMS			\$78.80

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

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

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

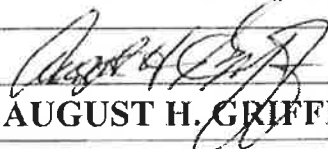
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CLAIM FOR PAYMENT				VENDER NO: 1024	
USE A SEPARATE FORM FOR EACH VENDOR				BOARD APPROVED: 01/14/2015	
				COMMITTEE NO: 40	
				G/L DATE: 01/14/2015	
VENDOR	BEN JENNESS				
ADDRESS	524 E MADISON			FUND:	100
CITY				DEPT:	40
STATE	CHRISMAN	IL	61924	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	12/23/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

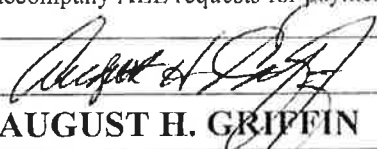
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO:		1024
				BOARD APPROVED:		02/11/2015
USE A SEPARATE FORM FOR EACH VENDOR				COMMITTEE NO:		40
				G/L DATE:		02/11/2015
VENDOR	BEN JENNESS					
ADDRESS	524 E MADISON				FUND:	100
CITY					DEPT:	40
STATE	CHRISMAN	IL	61924		ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	1/28/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR


VENDER NO:	1024
BOARD APPROVED:	03/11/2015
COMMITTEE NO:	40
G/L DATE:	03/11/2015

VENDOR	BEN JENNESS						
ADDRESS	524 E MADISON					FUND:	100
CITY						DEPT:	40
STATE	CHRISMAN	IL	61924	ACCT:		8020	

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	3/3/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

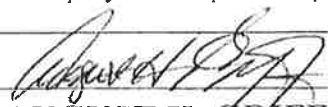
VENDER NO:	1024
BOARD APPROVED:	04/15/2015
COMMITTEE NO:	40
G/L DATE:	04/15/2015

VENDOR	BEN JENNESS				
ADDRESS	524 E MADISON			FUND:	100
CITY				DEPT:	40
STATE	CHRISMAN	IL	61924	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

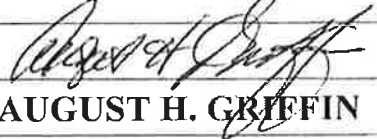
VENDER NO:	1024
BOARD APPROVED:	05/13/2015
COMMITTEE NO:	40
G/L DATE:	05/13/2015

VENDOR	BEN JENNESS					
ADDRESS	524 E MADISON				FUND:	100
CITY					DEPT:	40
STATE	CHRISMAN	IL	61924		ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	4/22/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

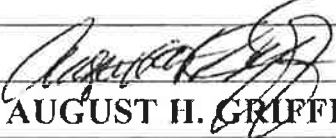
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO: 1024	
USE A SEPARATE FORM FOR EACH VENDOR				BOARD APPROVED: 06/10/2015	
				COMMITTEE NO: 40	
				G/L DATE: 06/10/2015	
VENDOR	BEN JENNESS				
ADDRESS	524 E MADISON			FUND:	100
CITY				DEPT:	40
STATE	CHRISMAN	IL	61924	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	5/20/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

VENDER NO:

1024

BOARD
APPROVED:

07/08/2015

COMMITTEE
NO:

40

G/L DATE:

07/08/2015

VENDOR

BEN JENNESS

ADDRESS

524 E MADISON

CITY

STATE

CHRISMAN

IL

61924

FUND:

100

DEPT:

40

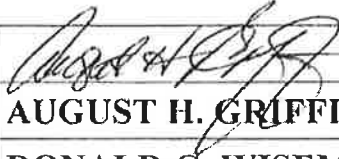
ACCT:

8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

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

DEPT. HEAD		DATE:	6/12/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

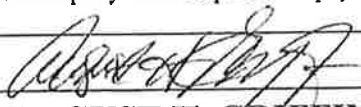
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO:		1024
				BOARD APPROVED:		08/12/2015
USE A SEPARATE FORM FOR EACH VENDOR				COMMITTEE NO:		40
				G/L DATE:		08/12/2015
VENDOR	BEN JENNESS					
ADDRESS	524 E MADISON				FUND:	100
CITY					DEPT:	40
STATE	CHRISMAN	IL	61924		ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
07/30/15	09/04/15	Medicare Reimbursement	
	090115	SEPTEMBER 2015	\$305.00
TOTAL CLAIMS			\$305.00

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

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

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

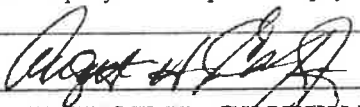
VENDER NO:	6530
BOARD APPROVED:	02/19/2014
COMMITTEE NO:	40
G/L DATE:	01/28/2014 29

VENDOR	Daniel W. Bruner						
ADDRESS	624 E Court St					FUND:	100
CITY						DEPT:	40
STATE	Paris	IL	61944			ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	1/28/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

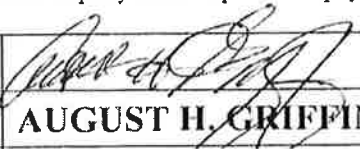
VENDER NO:	6530
BOARD APPROVED:	02/19/2014
COMMITTEE NO:	40
G/L DATE:	02/19/2014

VENDOR	Daniel W. Bruner						
ADDRESS	624 E Court St					FUND:	100
CITY						DEPT:	40
STATE	Paris	IL	61944			ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

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

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

COUNTY CLERK

COUNTY TREASURER

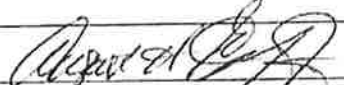
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO: 6530	
USE A SEPARATE FORM FOR EACH VENDOR				BOARD APPROVED: 03/12/2014	
				COMMITTEE NO: 40	
				G/L DATE: 03/12/2014	
VENDOR	Daniel W. Bruner				
ADDRESS	624 E Court St			FUND:	100
CITY				DEPT:	40
STATE	Paris	IL	61944	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	03/05/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

VENDER NO: 6530

BOARD APPROVED: 04/09/2014

COMMITTEE NO: 40

G/L DATE: 04/09/2014

VENDOR Daniel W. Bruner

ADDRESS 624 E Court St

CITY

STATE Paris IL 61944

FUND: 100


DEPT: 40

ACCT: 8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	3/26/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

VENDER NO: 6530
BOARD APPROVED: 05/14/2014
COMMITTEE NO: 40
G/L DATE: 05/14/2014

VENDOR Daniel W. Bruner

ADDRESS 624 E Court St

CITY

STATE Paris IL 61944

FUND: 100

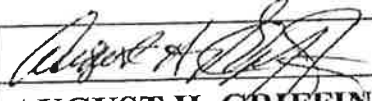
DEPT: 40

ACCT: 8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
04/23/14	060114	Medicare Reimbursement	
		JUNE 2014	\$305.00
TOTAL CLAIMS			\$305.00

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

DEPT. HEAD		DATE:	4/28/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

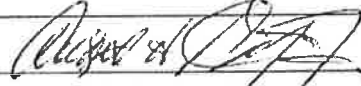
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO: 6530	
USE A SEPARATE FORM FOR EACH VENDOR				BOARD APPROVED: 06/11/2014	
				COMMITTEE NO: 40	
				G/L DATE: 06/11/2014	
VENDOR	Daniel W. Bruner				
ADDRESS	624 E Court St			FUND:	100
CITY				DEPT:	40
STATE	Paris	IL	61944	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	5/20/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

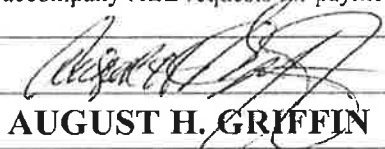
VENDER NO:	6530
BOARD APPROVED:	07/09/2014
COMMITTEE NO:	40
G/L DATE:	07/09/2014

VENDOR	Daniel W. Bruner				
ADDRESS	624 E Court St			FUND:	100
CITY				DEPT:	40
STATE	Paris	IL	61944	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	6/8/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

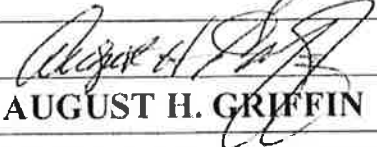
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO:		6530
				BOARD APPROVED:		08/13/2014
				COMMITTEE NO:		40
				G/L DATE:		08/13/2014
USE A SEPARATE FORM FOR EACH VENDOR						
VENDOR	Daniel W. Bruner					
ADDRESS	624 E Court St				FUND:	100
CITY					DEPT:	40
STATE	Paris	IL	61944	ACCT:	8020	

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

VENDER NO: 6530

BOARD APPROVED: 09/10/2014

COMMITTEE NO: 40

G/L DATE: 09/10/2014

VENDOR Daniel W. Bruner

ADDRESS 624 E Court St

CITY

STATE Paris IL 61944

FUND: 100

DEPT: 40

ACCT: 8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

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

DEPT. HEAD		DATE:	8/21/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER


OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO: 6530	
USE A SEPARATE FORM FOR EACH VENDOR				BOARD APPROVED: 10/08/2014	
				COMMITTEE NO: 40	
				G/L DATE: 10/08/2014	
VENDOR	Daniel W. Bruner				
ADDRESS	624 E Court St			FUND:	100
CITY				DEPT:	40
STATE	Paris	IL	61944	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

COUNTY CLERK

COUNTY TREASURER

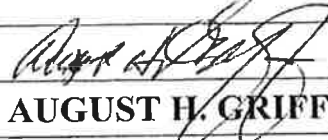
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO:		6530		
				BOARD APPROVED:		11/12/2014		
USE A SEPARATE FORM FOR EACH VENDOR				COMMITTEE NO:		40		
				G/L DATE:		11/12/2014		
VENDOR		Daniel W. Bruner						
ADDRESS		624 E Court St				FUND:		100
CITY						DEPT:		40
STATE		Paris	IL	61944		ACCT:		8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	10/20/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

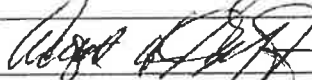
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO:		6530	
				BOARD APPROVED:		12/10/2014	
				COMMITTEE NO:		40	
				G/L DATE:		12/10/2014	
USE A SEPARATE FORM FOR EACH VENDOR							
VENDOR		Daniel W. Bruner					
ADDRESS		624 E Court St			FUND:		100
CITY					DEPT:		40
STATE		Paris	IL	61944	ACCT:		8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

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

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

COUNTY CLERK

COUNTY TREASURER

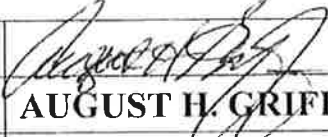
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO: 6530	
USE A SEPARATE FORM FOR EACH VENDOR				BOARD APPROVED: 01/14/2015	
				COMMITTEE NO: 40	
				G/L DATE: 01/14/2015	
VENDOR	Daniel W. Bruner				
ADDRESS	624 E Court St			FUND:	100
CITY				DEPT:	40
STATE	Paris	IL	61944	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

INVOICE DATE	INVOICE #	DESCRIPTION	AMOUNT
12/28/14	010115	Medicare Reimbursement	
		FEBRUARY 2015	\$305.00
TOTAL CLAIMS			\$305.00

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

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

COUNTY CLERK

COUNTY TREASURER

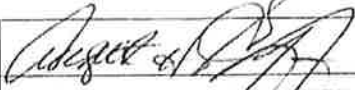
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO:		6530
				BOARD APPROVED:		02/11/2015
				COMMITTEE NO:		40
				G/L DATE:		02/11/2015
USE A SEPARATE FORM FOR EACH VENDOR						
VENDOR	Daniel W. Bruner					
ADDRESS	624 E Court St				FUND:	100
CITY					DEPT:	40
STATE	Paris	IL	61944	ACCT:	8020	

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	1/29/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

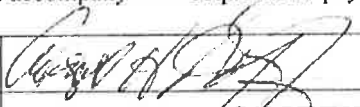
VENDER NO:	6530
BOARD APPROVED:	03/11/2015
COMMITTEE NO:	40
G/L DATE:	03/11/2015

VENDOR	Daniel W. Bruner			
ADDRESS	624 E Court St			
CITY				
STATE	Paris	IL	61944	
FUND:			100	
DEPT:			40	
ACCT:			8020	

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	3/3/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

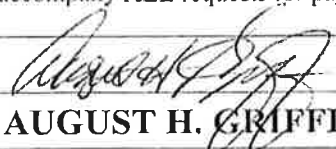
VENDER NO:	6530
BOARD APPROVED:	04/15/2015
COMMITTEE NO:	40
G/L DATE:	04/15/2015

VENDOR	Daniel W. Bruner				
ADDRESS	624 E Court St			FUND:	100
CITY				DEPT:	40
STATE	Paris	IL	61944	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

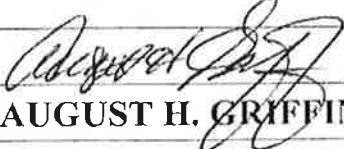
VENDER NO:	6530
BOARD APPROVED:	05/13/2015
COMMITTEE NO:	40
G/L DATE:	05/13/2015

VENDOR	Daniel W. Bruner			FUND:	100
ADDRESS	624 E Court St			DEPT:	40
CITY				ACCT:	8020
STATE	Paris	IL	61944		

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	4/22/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

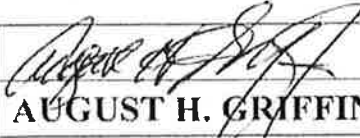
OFFICE HEAD

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

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	5/20/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

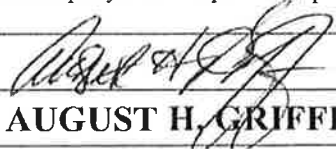
VENDER NO:	6530
BOARD APPROVED:	07/08/2015
COMMITTEE NO:	40
G/L DATE:	07/08/2015

VENDOR	Daniel W. Bruner			
ADDRESS	624 E Court St		FUND:	100
CITY			DEPT:	40
STATE	Paris	IL	61944	ACCT: 8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	6/17/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

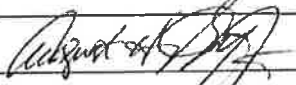
OFFICE HEAD

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

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

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

DEPT. HEAD		DATE:	7/30/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

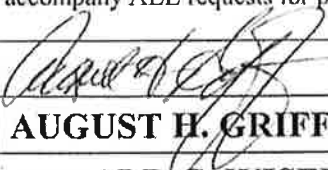
OFFICE HEAD

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

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

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

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

COUNTY CLERK

COUNTY TREASURER

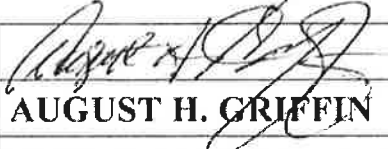
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO: 2388	
USE A SEPARATE FORM FOR EACH VENDOR				BOARD APPROVED: 07/09/2014	
				COMMITTEE NO: 40	
				G/L DATE: 07/09/2014	
VENDOR	Sandra K. Willett				
ADDRESS	435 W Madison			FUND:	100
CITY	Paris			DEPT:	40
STATE	IL		61944	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	6/18/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

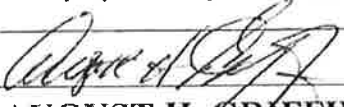
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO:		2388
				BOARD APPROVED:		08/13/2014
				COMMITTEE NO:		40
				G/L DATE:		08/13/2014
USE A SEPARATE FORM FOR EACH VENDOR						
VENDOR	Sandra K. Willett					
ADDRESS	435 W Madison				FUND:	100
CITY	Paris				DEPT:	40
STATE	IL		61944	ACCT:	8020	

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	8/5/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

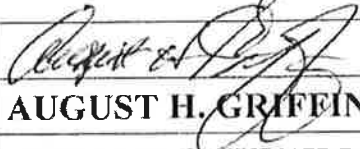
VENDER NO:	2388
BOARD APPROVED:	09/10/2014
COMMITTEE NO:	40
G/L DATE:	09/10/2014

VENDOR	Sandra K. Willett			FUND:	100
ADDRESS	435 W Madison			DEPT:	40
CITY	Paris			ACCT:	8020
STATE	IL		61944		

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	8/21/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

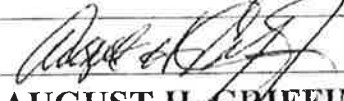
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO: 2388	
USE A SEPARATE FORM FOR EACH VENDOR				BOARD APPROVED: 10/08/2014	
				COMMITTEE NO: 40	
				G/L DATE: 10/08/2014	
VENDOR	Sandra K. Willett				
ADDRESS	435 W Madison			FUND:	100
CITY	Paris			DEPT:	40
STATE	IL		61944	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

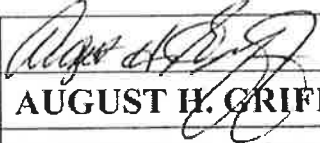
VENDER NO:	2388
BOARD APPROVED:	11/12/2014
COMMITTEE NO:	40
G/L DATE:	11/12/2014

VENDOR	Sandra K. Willett				
ADDRESS	435 W Madison			FUND:	100
CITY	Paris			DEPT:	40
STATE	IL		61944	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	10/20/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

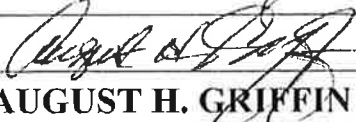
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO:		2388	
				BOARD APPROVED:		12/10/2014	
				COMMITTEE NO:		40	
				G/L DATE:		12/10/2014	
USE A SEPARATE FORM FOR EACH VENDOR							
VENDOR		Sandra K. Willett					
ADDRESS		435 W Madison			FUND:		100
CITY		Paris			DEPT:		40
STATE		IL		61944	ACCT:		8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

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

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

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

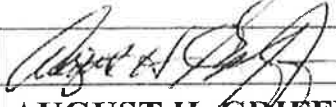
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CLAIM FOR PAYMENT				VENDER NO:		2388
				BOARD APPROVED:		01/14/15
				COMMITTEE NO:		40
				G/L DATE:		01/14/2015
USE A SEPARATE FORM FOR EACH VENDOR						
VENDOR	Sandra K. Willett					
ADDRESS	435 W Madison				FUND:	100
CITY	Paris				DEPT:	40
STATE	IL		61944		ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	12/23/14
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

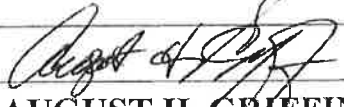
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO:		2388
				BOARD APPROVED:		02/11/15
				COMMITTEE NO:		40
				G/L DATE:		02/11/2015
USE A SEPARATE FORM FOR EACH VENDOR						
VENDOR	Sandra K. Willett					
ADDRESS	435 W Madison				FUND:	100
CITY	Paris				DEPT:	40
STATE	IL		61944	ACCT:	8020	

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	1/29/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

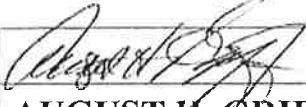
OFFICE HEAD

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

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	3/3/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR


VENDER NO:	2388
BOARD APPROVED:	04/15/15
COMMITTEE NO:	40
G/L DATE:	04/15/2015

VENDOR	Sandra K. Willett			FUND:	100
ADDRESS	435 W Madison			DEPT:	40
CITY	Paris			ACCT:	8020
STATE	IL		61944		

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

CLAIM FOR PAYMENT

USE A SEPARATE FORM FOR EACH VENDOR

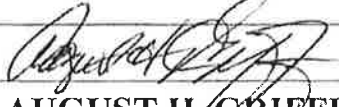
VENDER NO:	2388
BOARD APPROVED:	05/13/15
COMMITTEE NO:	40
G/L DATE:	0513/2015

VENDOR	Sandra K. Willett			FUND:	100
ADDRESS	435 W Madison			DEPT:	40
CITY	Paris			ACCT:	8020
STATE	IL		61944		

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

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

DEPT. HEAD		DATE:	4/22/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

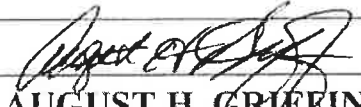
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO:		2388	
				BOARD APPROVED:		06/10/15	
				COMMITTEE NO:		40	
				G/L DATE:		06/10/2015	
USE A SEPARATE FORM FOR EACH VENDOR							
VENDOR		Sandra K. Willett					
ADDRESS		435 W Madison			FUND:		100
CITY		Paris			DEPT:		40
STATE		IL		61944	ACCT:		8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	5/20/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

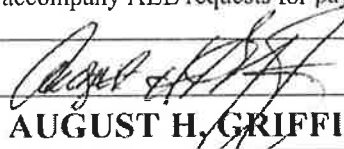
OFFICE HEAD

CLAIM FOR PAYMENT				VENDER NO:		2388
				BOARD APPROVED:		07/08/15
USE A SEPARATE FORM FOR EACH VENDOR				COMMITTEE NO:		40
				G/L DATE:		07/08/15
VENDOR	Sandra K. Willett					
ADDRESS	435 W Madison				FUND:	100
CITY	Paris				DEPT:	40
STATE	IL		61944		ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	6/26/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

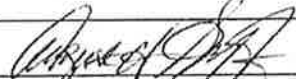
OFFICE HEAD

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

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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		DATE:	2/30/15
CO. CLERK	AUGUST H. GRIFFIN	DATE:	
CO. TREAS.	DONALD G. WISEMAN	DATE:	

COUNTY CLERK

COUNTY TREASURER

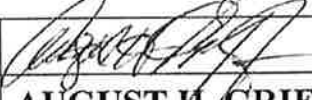
OFFICE HEAD

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	435 W Madison			FUND:	100
CITY	Paris			DEPT:	40
STATE	IL		61944	ACCT:	8020

FOR PAYMENT OF THE FOLLOWING DESCRIBED SERVICES OR MERCHANDISE:

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

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

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

COUNTY CLERK

COUNTY TREASURER

OFFICE HEAD

/