

ADMINISTRATOR	PLAN SPONSOR	Date: 07/18/08
NATIONAL EMPLOYEES HEALTH PLAN PO BOX 55459 DETROIT MI 48267	ABC Corp. 123 Smith Lane Anywhere, MI. 48999	BILLING DETAIL REPORT Group : NEHP- Division : For the Month of : 08/2008

LAST NAME ID #	FIRST NAME	MI	EFFECT DATE	MEDICAL PREMIUM	COLLEGE RIDER PREMIUM	TOTAL
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08/2008 Billing:						
JONES	ALBERT		01/01/2000	F00/N-MED-PLANI 1597.82	.00	1597.82
DATE SUMMARY				1	0	
				1597.82	.00	1597.82
F00: PARTICIPANT+SPOUSE				1		
				1597.82		
DIVISION SUMMARY				1	0	
				1597.82	.00	1597.82
F00: PARTICIPANT+SPOUSE				1		
				1597.82		

