

NATIONAL EMPLOYEES HEALTH PLAN INVOICE SAMPLE EXPLANATION GUIDE

1. Your company's names and address as it appears in our systems. If incorrect, you can indicate changes on remittance (white) copy.
2. Your account number assigned by NEHP. Also considered company number.
3. Date invoice is due in-office.
4. Month invoice covers.
5. Name, Local & SS# as recorded in our system. Necessary to properly apply contributions.
6. Termination & Non-Contribution code (Status change code). Codes used when a change has occurred.
7. Time for which contributions are being made (ex. 230 hours, 4 weeks or 1 month). If weekly, be sure to indicate which weeks are being paid.
8. Date of change (add to or delete from coverage). Information is a must for accurate COBRA/HIPAA information.
9. Correct way to add a new hire to invoice. As we are not aware of any company-mandated waiting periods, please factor any probationary period in before the effective date of actual coverage.
10. Total number of weeks or hours on current page for which contributions are being made.
11. Rate per hour or week as agreed to in the current Trust Acceptance.
12. Total number of weeks or hours multiplied by rate for current page only.
13. Total of all pages. Entered only on the last page for multiple page invoices.
14. Name of plan to make checks payable to and address to send payment.
15. Signature of person submitting information & payment.
16. Date invoice is processed and payment is submitted.
17. Phone number of contact person for questions regarding invoice and payments.

If any information printed on your invoice is incorrect, please make corrections on invoice and remit as usual. The appropriate enrollment forms should accompany all status changes/new hires. The bolded numbers represent information that must be completed every month without fail, even if the information does not change. This information is vital should we need to contact you.