

# INVOICE

FROM

NATIONAL EMPLOYEES  
HEALTH PLAN  
PO BOX 55459  
DETROIT MI 48267

TO

ABC Corp.  
123 Smith Lane  
Anywhere, MI. 48999

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER	GROUP IDENTIFICATION	DIV.	FOR BILLING QUESTIONS CALL
415382	08/01/2008	01014-7103	NEHP	7103	586.693.1207

BILLING MONTH	COVERAGE CATEGORY	DESCRIPTION OF SERVICES	INVOICE AMOUNT	CREDIT AMOUNT	AMOUNT DUE
08/2008	MEDICAL	MEDICAL PREMIUM	1,597.82	0.00	1,597.82

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT =====> 1,597.82

PAYMENTS ARE DUE NO LATER THAN THE 10TH OF EACH MONTH, PURSUANT TO THE REGULATIONS OF ERISA. THE TRUSTEES OF THE FUND ESTABLISHED A DELINQUENCY CONTROL PROGRAM WHICH WILL BE STRICTLY ENFORCED. FAILURE TO PAY ON TIME MAY RESULT IN INTEREST CHARGES AND LIQUIDATED DAMAGES.

TO  
NATIONAL EMPLOYEES  
HEALTH PLAN  
PO BOX 55459  
DETROIT MI 48267

20080718

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415382	08/01/2008	01014-7103	1,597.82

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NEHP	7103

ENTER AMOUNT OF PAYMENT
\$