

**BILLING STATEMENT AS OF 12/01/2020  
FOR PERIOD ENDING 12/31/2020**

Name: <b>RETIREE CUSTOMER (3000012345)</b>	Benefits ID: <b>AB1CD2E3</b>
<b>PAYMENT DUE DATE: 12/10/2020</b>	

**PRIOR BALANCE: \$34.42**  
**PAYMENTS: (\$34.42)**  
**PREMIUMS: \$34.42**  
**TOTAL DUE: \$34.42**

Please make payments payable to **UT SYSTEM**. Use the enclosed envelope with the pre-printed UT System Lockbox address to submit your check or money order.

**Return the bottom portion of the statement with your payment. Do not include forms or other documents.**

Please contact us at [UTBenefitsBilling@utsystem.edu](mailto:UTBenefitsBilling@utsystem.edu) or (855) 688-2455 if you have any questions.



**RETIREE CUSTOMER**  
123 ANY STREET  
AUSTIN TX 78701

**ACCOUNT NUMBER:** AB1CD2E3  
**INVOICE DATE:** 12/01/2020  
**DUE DATE:** 12/10/2020  
**TOTAL DUE:** \$34.42

**AMOUNT PAID:**

**UT SYSTEM LOCKBOX**  
PO BOX 732206  
DALLAS TX 75373-2206

To ensure proper credit, please include your  
ACCOUNT NUMBER on the check

732206 000AB1CD2E3 0000003442 7

## **Premium and Payment Activity**

<b>FROM</b>	<b>THRU</b>	<b>ACTIVITY</b>	<b>BENEFIT PLAN</b>	<b>COVERAGE</b>	<b>AMOUNT</b>
	11/09/2020	Payment			(\$34.42)
12/01/2020	12/31/2020	Premium	Superior Vision	Sub Only	\$5.90
12/01/2020	12/31/2020	Premium	Tobacco Premium Program	0 - TobUsr	\$0.00
12/01/2020	12/31/2020	Premium	UT Select - In Area	Sub Only	\$0.00
12/01/2020	12/31/2020	Premium	UT Select Dental	Sub Only	\$28.52

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