

September 21, 2012

Via Electronic Filing and Regular Mail

Ms. Luly Massaro, Clerk
Rhode Island Public Utilities Commission
89 Jefferson Blvd
Warwick, R.I. 02888

RE: City of Woonsocket, Water Division – Docket No. 4320

Dear Luly:

On behalf of the City of Woonsocket, Water Division (“WWD”), enclosed please find an original and seven (7) copies of WWD’s Supplemental Response to the Commission’s Fourth Data Request 4-2.

Please let me know if you have any questions.

Very truly yours,



ALAN M. SHOER
ashoer@apslaw.com

cc: Via E-mail:
Service List

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
PUBLIC UTILITIES COMMISSION**

IN RE: CITY OF WOONSOCKET :
WATER DIVISION APPLICATION : DOCKET NO. 4320
TO CHANGE RATES :

**WOONSOCKET WATER DIVISION'S RESPONSES TO
COMMISSION'S FOURTH SET OF DATA REQUESTS
(Issued August 30, 2012)**

COMM. 4-2 Referencing Commission Data Request 1-13, the question was seeking documentation supporting the pro forma amounts, such as bills from carriers, or written notification from an entity, such as the working rates for medical insurance, or the Interlocal Trust (workers' compensation).

SUPPLEMENTAL See attached insurance documentation for health, dental, COBRA, Life
RESPONSE Insurance, Auto insurance.

RESPONDENT Sheila McGauvran

DATE September 20, 2012

623113

Total Dental/Fund for Selected Plan>>>>> DD 02

\$98.13 FUND R6454-54471
WASTE

\$518.12 FUND W6554-54471
WATER

\$0.00 FUND U6454-54471
USER

\$0.00 FUND U6954-54471
SEWER

\$0.00 FUND 897
SYETP

\$2,602.39 FUND O9454-54471
GFUND
FIRE
POLICE
OUTSIDE

\$0.00 FUND P6454-54471
PTREAT

\$3,218.64
=====

TOTALS

=====

TOTALS FOR	3155.84	62.8	3218.64
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**KEOUGH
KIRBY
ASSOCIATES INC.**

Established 1914
 68 Cumberland Street • Plaza Center
 P.O. Box I, Woonsocket, Rhode Island 02895
 (401) 769-8100 • Fax (401) 766-4973 www.keoughkirby.com

City of Woonsocket
 169 Main Street
 Woonsocket, RI 02895

INVOICE

CLIENT	City of Woonsocket	7508
DATE	07/19/2012	
CLIENT	Robert Hagan	
SERVICE	Diane Ouimette	
PAGE	1 of 1	

PAYMENT INFORMATION	
INVOICE SUMMARY	281,921.00
PAYMENT AMOUNT	
PAYMENT FOR:	Invoice #86685
WAI 0002715	

Thank You

PLEASE DETACH AND RETURN WITH PAYMENT

Client: City of Woonsocket

INVOICE	EFFECTIVE	TRANSACTION	DESCRIPTION	AMOUNT
86685	07/01/2012	Renew policy	Policy #WAI 0002715 07/01/2012-07/01/2013 DeCotis Insurance Assoc. Inc. Business Auto - Renew policy	281,921.00
TOTAL				281,921.00

Thank You

Payments are due within 10 days from the date of invoice. (If budget arrangements are desired, please contact our office immediately).

Keough Kirby Associates, Inc.
(401)769-8100

DATE
07/19/2012

City of Woonsocket Owned Vehicles

Vehicle #	Department/Use	Year	Make/Model	Vin #	Reg. #	C/N
1	Public Works/Water	1984	Cox Boat Trailer	[REDACTED]	173	1,000
2	Public Works/Water	1995	GMC Pickup 4x4	[REDACTED]	174	15,000
3	Public Works/Water	1998	Superior Utility Trailer	[REDACTED]	183	1,000
4	Public Works/Water	1999	Ford Pickup 4x4	[REDACTED]	181	17,849
5	Public Works/Water	1999	Ingersol Light Tower L-6	[REDACTED]	1004	10,000
6	Public Works/Water	1999	New Holland Backhoe	[REDACTED]	108	75,000
7	Public Works/Water	2000	International Dump Truck	[REDACTED]	1583	57,250
8	Public Works/Water	2000	Ford Utility Truck/Compressor	[REDACTED]	1584	38,842
9	Public Works/Water	2000	Eager Beaver Flatbed Trailer	[REDACTED]	1585	11,000
10	Public Works/Water	2001	Hurst Trailer	[REDACTED]	1586	3,975
11	Public Works/Water	2003	Ford Utility 4x4	[REDACTED]	1587	32,055
12	Public Works/Water	2002	Ford Explorer	[REDACTED]	1588	22,218
13	Public Works/Water	2002	Ford Pickup 4x4	[REDACTED]	1589	31,187
14	Public Works/Water	2002	Ford Utility Truck/Compressor	[REDACTED]	1590	55,000
15	Public Works/Water	2003	Ford F-250	[REDACTED]	1591	32,000
16	Public Works/Water	2003	Sterling Dump Truck	[REDACTED]	1592	59,856
17	Public Works/Water	2004	Superline Trailer	[REDACTED]	1593	11,000
18	Public Works/Water	2005	Ford F-150 Pickup	[REDACTED]	1594	21,485
19	Public Works/Water	2005	Ford Escape	[REDACTED]	1595	22,282
20	Public Works/Water	2005	Ford F-150 Pickup	[REDACTED]	1596	19,839
21	Public Works/Water	2005	Ford F-150 Pickup	[REDACTED]	1597	19,839
22	Public Works/Water	2005	JCB Backhoe	[REDACTED]	1598	53,175
23	Public Works/Water	2008	Ford E250 Van	[REDACTED]	1599	19,235
24	Public Works/Water	2009	Ford F350	[REDACTED]	1600	35,100
25	Public Works/Water	2009	Ford Ranger	[REDACTED]	1601	18,664



Blue Cross Blue Shield of Rhode Island

WOONSOCKET CITY EMPLOYEES
CHRISTINA DUARTE
CITY HALL
WOONSOCKET, RI 02895

Payment is Due By This Date

GROUP NUMBER	290	1	2
DATE BILLED	08 16 12		
DUE DATE	09 01 12		
BILL CYCLE	F08		
MEMB. REP.	10145		
MKT. REP.	146		
FROM	09 01 12	TO	10 01 12

ANN DATE 07-01-89

090112

PAB

SECTION 1

FOR ASSISTANCE WITH THIS BILL,

CALL MEMBERSHIP SERVICES UNIT
IN MEMBERSHIP ADMINISTRATION SERVICES
TEL. NO. (401)459-2341

SUMMARY OF THIS BILL
CURRENT BILLING PERIOD
COVERAGE

BASIC COVERAGE

AMOUNT

9811.20

SUBTOTAL:

9811.20

PAYMENTS PAST DUE

BILL FROM DATE	BILL TO DATE	DUE DATE	DATE BILLED	AMOUNT
08-01-12	09-01-12	08-15-12	08-15-12	9811.20
07-01-12	08-01-12	08-14-12	08-14-12	9734.55

PLEASE PAY AS BILLED -----> GRAND TOTAL DUE: 29356.95

PLEASE WRITE YOUR GROUP NUMBER ON YOUR CHECK

MAKE CHECK PAYABLE TO:

BLUE CROSS & BLUE SHIELD OF R.I.

P. O. BOX 1057

PROVIDENCE, R.I. 02901

AMOUNT PAID _____

CHECK NUMBER _____

RETURN THIS PAGE WITH YOUR PAYMENT



WOONSOCKET CITY EMPLOYEES
CHRISTINA DUARTE
CITY HALL
WOONSOCKET, RI 02895

Payment is Due By This Date	
GROUP NUMBER	DUE DATE
290 1 2	09 01 12
DATE BILLED	BILL CYCLE
08 16 12	F08
MEMB. REP.	MKT. REP.
10145	146
CURRENT BILLING From	CURRENT BILLING To
09 01 12	10 01 12

ANN DATE 07-01-89 090112 PAB

SECTION 2

SUMMARY OF PACKAGE 006 SUBSCRIBERS= 128 IND= 37 FAM= 91 S/S= 0 S/C= 0 SIC= 0

COVERAGE	IND	NO. OF CONTRACTS		MONTHLY RATES			CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
		FAM	S/S	S/C	SIC	S/S			
HMATE C2C	37	91	0	0	28.93	3703.04	0.00	3703.04	
STOP LOSS	37	91	0	0	47.72	6108.16	0.00	6108.16	
TOT PKG 006					76.65	9811.20	0.00	9811.20	
TOT CURR PD		37	91	0	0	9811.20	0.00	9811.20	
TOTAL PRIOR UNPAID BILLS							19545.75		
TOTAL AMOUNT DUE									29356.95



Total Medical/FUND for Selected (290 1 2

9/5/12

\$1,839.60 FUND 19.374 W6554-54471
WATER

\$0.00 FUND U6454-54471
USER

\$0.00 FUND 0 U6954-54471
SEWER

\$0.00 FUND 897
SYETP

7894.95 FUND O9454-54471
GFUND
FIRE
POLICE
OUTSIDE

\$76.65 FUND 4 P6454-54471
WASTE

9811.2
=====

Count: >>> >>> F=89 I=39 :

/// CRITERIA SELECTED ///						
NAME =	FUND =	DIVISION	A=	F=	PK =	GP # =
No Criteria Entered	No Criter	No Criter	None	None	BC 006	290 1 2

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 9/5/2012
 FISCAL YEAR: 2012
 ACCOUNT NO. 1-010-09454-54471
 VENDOR #: 000279

BLUE CROSS

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	<u>September, 2012</u>	
1-010-09454-54471	BLUE CROSS & PHYSICIAN SERVICE - PLAN 100 (GENERAL FUND) <i>Group 290 12</i>	7,894.95
	BLUE CROSS & PHYSICIAN SERVICE - PLAN 100 (POLICE) <i>Group 260 13</i>	6,208.65
	BLUE CROSS & PHYSICIAN SERVICE - PLAN 100 (FIRE) <i>Group 292 19</i>	8,048.25
	SUBTOTAL:	\$22,151.85
	BLUE CROSS & PHYSICIAN SERVICE - PLAN 100 (MUNICIPAL RET.) <i>Group 4H53 12</i>	3,219.30
	BLUE CROSS & PHYSICIAN SERVICE - PLAN 100 (POLICE RET.) <i>Group 4H55 19</i>	7,281.75
	BLUE CROSS POLICE RETIRED SPECIAL PRESCRIPTION (1C667.) <i>Group 1C667 16</i>	3,142.65
	BLUE CROSS & PHYSICIAN SERVICE - PLAN 100 (FIRE RET.) <i>Group 4H54 10</i>	3,985.80
	BLUE CROSS FIRE RETIRED SPECIAL PRESCRIPTION (1C860) <i>Group 1C860 18</i>	3066.00
	SUBTOTAL:	\$20,695.50
	Amount Approved for Payment (Total)	\$42,847.35

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

 Finance Director

DATE PAID: _____

CHECK NO: _____

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 9/5/2012
FISCAL YEAR: 2012
ACCOUNT NO. 1-015-W6554-54471
VENDOR #: 000279

BLUE CROSS

Table with 3 columns: ACCOUNT #, DESCRIPTION, AMOUNT. Includes entries for BLUE CROSS & PHYSICIAN SERVICE - PLAN 100 with amounts 1,839.60 and 919.80.

Amount Approved for Payment (Total) \$2,759.40

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID:

CHECK NO:

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 9/5/2012
FISCAL YEAR: 2012
ACCOUNT NO. 1-020-R6454-54471
VENDOR #: 000279

BLUE CROSS

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	<u>September, 2012</u>	
1-020-R6454-54471	BLUE CROSS & PHYSICIAN SERVICE - PLAN 100 <i>Group 290 12 - Wastewater</i>	76.65
1-020-R6454-54471	BLUE CROSS & PHYSICIAN SERVICE - PLAN 100 <i>(MUNICIPAL RET.) Group 4H53 12</i>	76.65
	Amount Approved for Payment (Total)	\$153.30

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID: _____

CHECK NO: _____

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 9/5/2012
FISCAL YEAR: 2012
ACCOUNT NO. 1-025-U6954-54471
VENDOR #: 000279

BLUE CROSS

<u>ACCOUNT #</u>	<u>DESCRIPTION</u> <u>September, 2012</u>	<u>AMOUNT</u>
1-025-U6954-54471	BLUE CROSS & PHYSICIAN SERVICE - PLAN 100 <i>Group 290 12 - Sewer</i>	0.00
1-025-U6954-54471	BLUE CROSS & PHYSICIAN SERVICE - PLAN 100 <i>(MUNICIPAL RET.) Group 4H53 12</i>	76.65
	Amount Approved for Payment (Total)	\$76.65

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID: _____

CHECK NO: _____

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 9/5/2012
FISCAL YEAR: 2012
ACCOUNT NO. 1-010-09454-54471
VENDOR #: 000279

BLUE CROSS

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	<u>September, 2012.</u>	
1-010-09454-54471	BLUE CROSS & PLAN 65 (GENERAL FUND) Group 290 20	18,647.25

Amount Approved for Payment (Total) \$18,647.25

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID: _____

CHECK NO: _____

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 9/5/2012
FISCAL YEAR: 2012
ACCOUNT NO. 1-015-W6554-54471
VENDOR #: 000279

BLUE CROSS

Table with columns: ACCOUNT #, DESCRIPTION, AMOUNT. Includes entry for BLUE CROSS PLAN 65 - WATER with amount 1,297.20.

Amount Approved for Payment (Total) \$1,297.20

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID:

CHECK NO:

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 9/5/2012
FISCAL YEAR: 2012
ACCOUNT NO. 1-020-R6454-54471
VENDOR #: 000279

BLUE CROSS

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	<u>September, 2012</u>	
1-020-R6454-54471	BLUE CROSS PLAN 65 - WASTEWATER Group 290 20	1,297.20

Amount Approved for Payment (Total) \$1,297.20

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID: _____

CHECK NO: _____

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 9/5/2012
FISCAL YEAR: 2012
ACCOUNT NO. 1-025-U6954-54471
VENDOR #: 000279

BLUE CROSS

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	<u>September, 2012</u>	
1-025-U6954-54471	BLUE CROSS PLAN 65 - SEWER <i>Group 290 20</i>	648.60

Amount Approved for Payment (Total) \$648.60

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID: _____

CHECK NO: _____

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 9/5/2012
FISCAL YEAR: 2012
ACCOUNT NO. 1-010-09454-54471
VENDOR #: 009689

BLUE CHIP
P.O. Box 452
Providence, RI 02901-0452

Table with columns: ACCOUNT #, DESCRIPTION, AMOUNT. Includes entry for BLUE CHIP PREMIUM - GENERAL FUND with amount 29,361.70.

Amount Approved for Payment (Total) \$29,361.70

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID:

CHECK NO:

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 9/5/2012
FISCAL YEAR: 2012
ACCOUNT NO. 1-015-W6554-54471
VENDOR #: 009689

BLUE CHIP
P.O. Box 452
Providence, RI 02901-0452

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	<u>September, 2012</u>	
1-015-W6554-54471	BLUE CHIP PREMIUM - WATER Group MC0014 18	5,773.90
	Amount Approved for Payment (Total)	\$5,773.90

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID: _____

CHECK NO: _____

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 9/5/2012
FISCAL YEAR: 2012
ACCOUNT NO. 1-020-R6454-54471
VENDOR #: 009689

BLUE CHIP
P.O. Box 452
Providence, RI 02901-0452

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	<u>September, 2012</u>	
1-020-R6454-54471	BLUE CHIP PREMIUM - WASTEWATER <i>Group MC0014 18</i>	215.00
	Amount Approved for Payment (Total)	\$215.00

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID: _____

CHECK NO: _____

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 9/5/2012
FISCAL YEAR: 2012
ACCOUNT NO. 1-025-U6454-54471
VENDOR #: 000279

BLUE CROSS

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	<u>September, 2012</u>	
1-025-U6454-54471	BLUE CROSS PLAN 65 - USER CHARGE <i>Group 290 20</i>	162.15

Amount Approved for Payment (Total) \$162.15

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID: _____

CHECK NO: _____

UH20199	UH21033	260 1 3	4H55 1 9	290 1 2	P65	BCM	4H53 1 2	292 1 9	1C667 1 6	1C860 1 8	4H54 1 0	
Municipal	Police.Fire	Police	Police Ret	Plan 100	Ret	Ret	Ret Munic	Fire	Pol Ret	Fire Ret	Fire Ret	
0.00				1839.60	1297.20	5773.90	919.80					
					162.15							W6654
					648.60		76.65					U6454
												U6954
GFUND		6208.65	7281.75	7894.95	18647.25	29361.70	3219.30	8048.25	3142.65	3066.00	3985.80	Municipal
WASTE				76.65	1297.20	215.00	76.65					R6454

TOTAL 0.00 0.00 6208.65 7281.75 9811.20 22052.40 35350.60 4292.40 8048.25 3142.65 3066.00 3985.80

September, 2012 \$103,239.70

September, 2012

Voucher 4, Line 2
 Voucher 4, Line 1 (DD02, 05-10)
 Voucher 3, Line 1: (DD02, 09, 10)

	DD01	DD02	DD03	DD04	DD05	DD06	DD07	DD08	DD09	DD10	
	Pol Act	GF, H2O	Pol Ret	GF Ret	Gfund	Div Ret	GF	GF	GF, H2O	GF, H2O	
Waste		98.13		31.4	0						R6454
Water		518.12		749.71		101.41			1,622.56	308.34	R6454
User				227.66							W6554
Sewer				62.8							User
Systep											Sewer
GF, Pol,	7,847.18	2,602.39	11,102.18	1,935.09	742.31	300.14	102.78	136.91	3,554.71	1,054.78	5,243.18
Pitreat											
TOTALS	7,847.18	3,218.64	11,102.18	3,006.66	742.31	401.55	102.78	130.91	5,577.27	1,363.42	8,080.79

Municipal DD07, 8, 9, 10: Voucher 1, Line 1
 Municipal DD02, 05-10
 Water Retirees & Cobra, Voucher 3, Line 2

Municipal Retirees and Cobra, 1st Voucher, 2nd Line
 Municipal Retirees and Cobra, Voucher 2, 2nd Line

Police Retirees & Cobra, Voucher 5, Line 1
 Police Active, 2nd Voucher, 1st Line

Municipal Plan, User Voucher 5, Line 1
 Municipal Plan, Sewer, Voucher 5, Line 3

Municipal Plan User, Retirees and Cobra Voucher 5, Line 2
 Municipal Plan Sewer, Retirees and Cobra Voucher 5, Line 4

CITY OF WOONSOCKET, RHODE ISLAND
DEPARTMENT OF FINANCE
PERSONNEL DIVISION

PAYMENT VOUCHER

DATE: August 21, 2012

VENDOR # 015161

PAYEE: STANDARD INSURANCE CO.
P.O. Box 5980
Portland, Oregon 97228-5980

INVOICE #: 082112

P.O.#:

FY: 2013

ACCOUNT #: 1-010-09354-54456

PARTIAL
PAYMENT

AMOUNT:

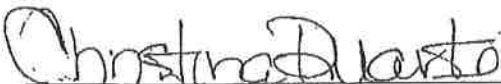
FULL
PAYMENT

\$7,968.85

XXXX

DESCRIPTION: Life Insurance Bill
Policy No. 139203-0001 -- Due 9/01/2012

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.



Personnel Director

Finance Director

DATE PAID: 9-6-12

CHECK #: 113143

STATEMENT OF PREMIUM DUE
PAYABLE ON DUE DATE



The Standard[®]
Positively different.

MAIL CORRESPONDENCE TO:
920 S.W. SIXTH AVE, PORTLAND, OR. 97204

POLICY NUMBER
00 139203 0001

DUE DATE
SEP 01, 2012

CYHOLDER
T4

CITY OF WOONSOCKET
ATTN CHRISTINA DUARTE
169 MAIN ST
WOONSOCKET, RI 02895

MAIL PREMIUM PAYMENTS TO:
PO BOX 5980
PORTLAND, OR 97228-5980

RAS
800-348-3226

PAGE 1 OF 1

CURRENT CHANGES OF INSURANCE IN FORCE	BLIFE							
	LIVES	VOLUME	LIVES	VOLUME	LIVES	VOLUME	LIVES	VOLUME
IN FORCE LAST STATEMENT	420	17047500						
ADD NEW MEMBERS *								
ADD VOLUME (INCREASES)								
LESS TERMINATED MEMBERS *	2	55 000						
LESS VOLUME DECREASES								
IN FORCE THIS STATEMENT (1+2+3-4+5)	418	16 955 000						

CURRENT PREMIUM RATES	\$.470/\$1,000				
UNADJUSTED PREMIUM (7X6)					
BACK CHARGES **					
BACK CREDITS **					
ADJUSTED PREMIUM (8+9-10)					

* LIST NEW MEMBERS AND TERMINATED MEMBERS ON BACK OF THIS STATEMENT.

** EXPLAIN BACK CHARGES AND BACK CREDITS BELOW:

12	TOTAL PREMIUM (ADD LINE 11 ACROSS ON ALL PAGES)	\$7,968.85
13	ENTER PREMIUM DEPOSIT	
14	PLEASE PAY THIS AMOUNT (12+13)	\$7,968.85

PREPARER'S SIGNATURE
Helen DeThomaz

RETURN ORIGINAL WITH PAYMENT
RETAIN A COPY FOR YOUR RECORDS

FOR STANDARD INSURANCE COMPANY USE ONLY

SUSPENSE

P.D.A.



CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 8/28/2012
FISCAL YEAR: 2013
ACCOUNT NO. 1-015-W6554-54472
VENDOR #: 000644

Delta Dental of Rhode Island
P.O. Box 83175
Woburn, MA 01813-3175

Table with columns: ACCOUNT #, DESCRIPTION, AMOUNT. Includes rows for MUNICIPAL PLAN (2,449.02) and RETIREES & COBRA PLAN (851.12), with a total of \$3,300.14.

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID: _____

CHECK NO: _____

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 8/28/2012
 FISCAL YEAR: 2013
 ACCOUNT NO. 1-010-09454-54472
 VENDOR #: 000644

Delta Dental of Rhode Island
 P.O. Box 83175
 Woburn, MA 01813-3175

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	DELTA DENTAL FOR THE MONTH OF <u>September, 2012</u>	
1-010-09454-54472	MUNICIPAL PLAN <i>(Municipal DD0007- \$102.78, DD0008-\$130.91, DD0009-\$3,954.71 & DD0010-\$1,054.78)</i>	5,243.18
1-010-09454-54472	RETIREEES & COBRA PLAN <i>(Municipal DD0004-\$1,935.09 & DD0006-\$300.14)</i>	2235.23
	Amount Approved for Payment (Total)	\$7,478.41

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID: _____

CHECK NO: _____

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 8/28/2012
FISCAL YEAR: 2013
ACCOUNT NO. 1-010-09454-54472
VENDOR #: 000644

Delta Dental of Rhode Island
P.O. Box 83175
Woburn, MA 01813-3175

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	DELTA DENTAL FOR THE MONTH OF <u>September, 2012</u>	
1-010-09454-54472	POLICE <i>(Active Police DD0001-\$7,847.18)</i>	7,847.18
1-010-09454-54472	POLICE RETIREES & COBRA PLAN <i>(Retired Police DD0003-\$11,102.18)</i>	11,102.18
	Amount Approved for Payment (Total)	\$18,949.36

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID: _____

CHECK NO: _____

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 8/28/2012
 FISCAL YEAR: 2013
 ACCOUNT NO. 1-020-R6454-54472
 VENDOR #: 000644

Delta Dental of Rhode Island
 P.O. Box 83175
 Woburn, MA 01813-3175

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	DELTA DENTAL FOR THE MONTH OF <u>September, 2012</u>	
1-020-R6454-54472	MUNICIPAL PLAN <i>(Wastewater DD0002-\$98.13)</i>	98.13
1-020-R6454-54472	RETIREEES & COBRA PLAN <i>(Wastewater DD0004-\$31.40)</i>	31.4
	Amount Approved for Payment (Total)	\$129.53

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

 Finance Director

DATE PAID: _____

CHECK NO: _____

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 8/28/2012
 FISCAL YEAR: 2013
 ACCOUNT NO. VARIOUS
 VENDOR #: 000644

Delta Dental of Rhode Island
 P.O. Box 83175
 Woburn, MA 01813-3175

<u>ACCOUNT #</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
	DELTA DENTAL FOR THE MONTH OF <u>September, 2012</u>	
1-025-U6454-54472	MUNICIPAL PLAN - USER	0.00
1-025-U6454-54472	RETIREES & COBRA PLAN - USER <i>(User DD0004-\$227.66)</i>	227.66
1-025-U6454-54472	MUNICIPAL PLAN - SEWER CHARGE	0
1-025-U6454-54472	RETIREES & COBRA PLAN - Sewer Charge <i>(Sewer DD0004-\$62.80)</i>	62.80
	Amount Approved for Payment (Total)	\$290.46

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

 Finance Director

DATE PAID: _____

CHECK NO: _____

CITY OF WOONSOCKET, RHODE ISLAND

PAYMENT VOUCHER

VOUCHER DATE: 8/28/2012
FISCAL YEAR: 2013
ACCOUNT NO. 1-010-09454-54472
VENDOR #: 000644

Delta Dental of Rhode Island
P.O. Box 83175
Woburn, MA 01813-3175

Table with columns: ACCOUNT #, DESCRIPTION, AMOUNT. Includes entries for MUNICIPAL ACTIVE (2,602.39) and NON UNION DIVISION HEAD ACTIVE (742.31), with a total of \$3,344.70.

The amount indicated is hereby approved and certified for payment to the above named payee as being lawfully due the same from the City of Woonsocket for the items shown on the attached invoices or vouchers.

Finance Director

DATE PAID:

CHECK NO:



Delta Dental of Rhode Island
 10 Charles Street
 Providence, RI 02904-2208

BILLING DATE: 08/14/2012
 COVERAGE PERIOD: 09/01/2012-09/30/2012
 PAYMENT DUE BY: 09/01/2012
 INVOICE NUMBER: 10380002201209

GROUP-DIVISION NUMBER: 1038-0002
 CITY OF WOONSOCKET

CHRISTINA HARMON-DUARTE
 CITY OF WOONSOCKET
 CITY HALL - P.O. BOX B
 WOONSOCKET RI 02895-0985

3682



GROUP SUMMARY

DIVISION	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
	S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
0002	41	28	12	3,155.84	0.00	62.80	62.80	3,218.64
TOTAL:	41	28	12	3,155.84	0.00	62.80	62.80	3,218.64
S = Subscriber, SP = Spouse, C = Child/Children					BALANCE FORWARD:			8,673.38
					PAYMENT RECEIVED:			3,094.02
					ACCOUNTING ADJUSTMENT:			0.00
					TOTAL AMOUNT DUE:			\$ 8,798.00

Please direct billing inquiries to Premium Billing/Accounts Receivable at 401-752-6200 or call toll free at 1-800-598-6684 EXT. 6200.

Please make checks payable to: Delta Dental of Rhode Island. Detach here and remit your payment. Retain top portion for your records.

INVOICE NUMBER: 10380002201209 GROUP-DIVISION NUMBER: 1038-0002 PAYMENT DUE BY: 09/01/2012

- Payments and enrollment changes received after 08/08/2012 are not reflected on the summary. They will appear on your next statement.
- If paying by EFT, the total amount due will be deducted from your account on 09/01/2012
- Please do not include correspondence with your payment.
- To ensure proper credit to your account, please indicate Group-Division Number on your check.

TOTAL AMOUNT DUE: \$ 8,798.00

AMOUNT ENCLOSED:

CHRISTINA HARMON-DUARTE
 CITY OF WOONSOCKET
 CITY HALL - P.O. BOX B
 WOONSOCKET RI 02895

DELTA DENTAL OF RHODE ISLAND
 P.O. BOX 845247
 BOSTON, MA 02284-5247



103800022012090000003218640000008798002



BILLING DATE: 08/14/2012
 COVERAGE PERIOD: 09/01/2012-09/30/2012
 INVOICE NUMBER: 10380002201209

GROUP-DIVISION NUMBER: 1038-0002
 CITY OF WOONSOCKET

DIVISION SUMMARY: DIVISION 0002

CURRENT SUBSCRIBERS	RATES	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS	PREMIUM ADJUSTMENTS			TOTAL DUE
		S	SP	C		LESS PREVIOUSLY BILLED AMT	ADD NEW BILLED AMT	TOTAL PREMIUM ADJUSTMENT	
Single	31.40	13	0	0	408.20	0.00	62.80	62.80	471.00
Family	98.13	28	28	12	2,747.64	0.00	0.00	0.00	2,747.64
DIVISION TOTAL:		41	28	12	3,155.84	0.00	62.80	62.80	3,218.64

S = Subscriber, SP = Spouse, C = Child/Children