



August 22, 2012

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

Re: RIPUC Docket No. 4341  
Division Data Request 2

Dear Ms. Massaro:

On behalf of Pascoag Utility District Electric Department (Pascoag or the District), we herewith file an original and nine copies of Pascoag's responses to Division's Second Set of Data Requests.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Judith R. Allaire  
Assistant General Manager

Service list

**Pascoag Utility District – Docket No. 4341 – Rate Application  
Service List updated 8/2/12**

<b>Name/Address</b>	<b>E-mail</b>	<b>Phone</b>
Michael R. Kirkwood, General Mgr./CEO Pascoag Utility District 253 Pascoag Main St. PO Box 107 Pascoag, RI 02859	<a href="mailto:mkirkwood@pud-ri.org">mkirkwood@pud-ri.org</a>	401-568-6222
Judy R. Allaire, Assistant General Mgr. Pascoag Utility District 253 Pascoag Main St. PO Box 107 Pascoag, RI 02859	<a href="mailto:Jallaire@pud-ri.org">Jallaire@pud-ri.org</a>	401-568-6222
William L. Bernstein, Esq. 627 Putnam Pike Greenville, RI 02828	<a href="mailto:wlblaw@verizon.net">wlblaw@verizon.net</a>	401-949-2228
David Bebyn, CPA 21 Dryden Lane Providence, RI 02904	<a href="mailto:dbebyn@beconsulting.biz">dbebyn@beconsulting.biz</a>	401-785-0800 x-29
Karen Lyons, Esq. Dept. of Attorney General 150 South Main St. Providence, RI 02903	<a href="mailto:klyons@riag.ri.gov">klyons@riag.ri.gov</a>	401-222-2424
	<a href="mailto:David.stearns@ripuc.state.ri.us">David.stearns@ripuc.state.ri.us</a>	
	<a href="mailto:steve.scialabba@ripuc.state.ri.us">steve.scialabba@ripuc.state.ri.us</a>	
	<a href="mailto:dmacrae@riag.ri.gov">dmacrae@riag.ri.gov</a>	
Thomas S. Catlin Exeter Associates, Inc. 10480 Little Patuxent Parkway Suite 300 Columbia, MD 21044	<a href="mailto:tcatlin@exeterassociates.com">tcatlin@exeterassociates.com</a>	410-992-7500
<b>Original &amp; 11 copies file w/:</b> Luly E. Massaro, Commission Clerk Public Utilities Commission 89 Jefferson Blvd. Warwick, RI 02888	<a href="mailto:Lmassaro@puc.state.ri.us">Lmassaro@puc.state.ri.us</a>	401-780-2107
	<a href="mailto:Nucci@puc.state.ri.us">Nucci@puc.state.ri.us</a>	
	<a href="mailto:Dshah@puc.state.ri.us">Dshah@puc.state.ri.us</a>	
	<a href="mailto:plucarelli@puc.state.ri.us">plucarelli@puc.state.ri.us</a>	
	<a href="mailto:Secamara@puc.state.ri.us">Secamara@puc.state.ri.us</a>	

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
PUBLIC UTILITIES COMMISSION

IN RE: PASCOAG UTILITY DISTRICT  
CHANGE IN ELECTRIC BASE  
DISTRIBUTION RATES

DOCKET NO. 4341

PASCOAG UTILITY DISTRICT, ELECTRIC DIVISION'S RESPONSES  
TO THE DIVISION OF PUBLIC UTILITIES AND CARRIERS'  
SECOND SET OF DATA REQUESTS  
(Issued August 20, 2012)

- DIV 2-1. With regard to the response to DIV 1-4:
- a. Is it correct that all District customers were without power for 56 hours and 30 minutes? If not, please provide details regarding the number of customers without power for various durations.
  - b. Please indicate whether the kW charges to industrial customers for August 2011 were affected by the outage during that month. If yes, please identify the adjustment made.

- RESPONSE
- a. That is correct.
  - b. There were no adjustments made to the kW charges to industrial customer for August 2011. By design, Pascoag's tariff uses the peak demand for the customer for monthly billing, so the demand that was in place for each industrial customer remained the demand for August.

RESPONDENT Judith R. Allaire

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
PUBLIC UTILITIES COMMISSION

IN RE: PASCOAG UTILITY DISTRICT  
CHANGE IN ELECTRIC BASE  
DISTRIBUTION RATES

DOCKET NO. 4341

PASCOAG UTILITY DISTRICT, ELECTRIC DIVISION'S RESPONSES  
TO THE DIVISION OF PUBLIC UTILITIES AND CARRIERS'  
SECOND SET OF DATA REQUESTS  
(Issued August 20, 2012)

DIV 2-2. With regard to the responses to DIV 1-7 and 1-8, please indicate whether any adjustment was made to test year expenses to eliminate the overtime or vehicle expenses billed to National Grid and Norwich Public Utilities. If not, please explain why not. If yes, please identify the adjustment made.

RESPONSE There was no adjustment made to the test year expenses to eliminate the overtime or vehicle expenses billed to National Grid and Norwich Public Utilities. An adjustment was not made based on the assumption that those employees may have worked those hours for Pascoag in the storm restoration effort.

RESPONDENT Judith R. Allaire

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
PUBLIC UTILITIES COMMISSION

IN RE: PASCOAG UTILITY DISTRICT  
CHANGE IN ELECTRIC BASE  
DISTRIBUTION RATES

DOCKET NO. 4341

PASCOAG UTILITY DISTRICT, ELECTRIC DIVISION'S RESPONSES  
TO THE DIVISION OF PUBLIC UTILITIES AND CARRIERS'  
SECOND SET OF DATA REQUESTS  
(Issued August 20, 2012)

DIV 2-3. With regard to the response to DIV 1-17, please provide the referenced attachment.

RESPONSE: The attachment "Insurance Schedule 2010" is included with this submission.

RESPONDENT Judith R. Allaire

Division Data Request  
 DIV 1-17(b)  
 DIV 2-3  
Insurance Schedule 2010

Policy	2010		2010	
	Term	Amount	Electric (70%)	Water (30%)
Excess Liability	1/1/2010 - 1/1/2011	\$ 9,681	\$ 6,777	\$ 2,904
General Liability	1/1/2010 - 1/1/2011	\$10,459	\$ 7,321	\$ 3,138
Fiduciary Liability	1/1/2010 - 1/1/2011	\$ 2,500	\$ 1,750	\$ 750
Public Officials	1/1/2010 - 1/1/2011	\$ 4,693	\$ 3,285	\$ 1,408
Auto Liability	1/1/2010 - 1/1/2011	\$ 7,621	\$ 5,335	\$ 2,286
Premium Credit		\$ (2,462)	\$ (1,723)	\$ (739)
Auto PD	1/1/2010 - 1/1/2011	\$ 4,585	\$ 3,210	\$ 1,376
Contractor Equip	1/1/2010 - 1/1/2011	\$ 99	\$ 69	\$ 30
Commercial Property	1/20/2010 - 1/20/2011	\$ 6,924	\$ 4,847	\$ 2,077
Employee Practices	2/22/2009 - 2/22/2011	\$ 7,700	\$ 5,390	\$ 2,310
Crime	4/12/2009 - 4/12/2011	\$ 2,359	\$ 1,651	\$ 708
License & Permit	7/20/2010 - 7/20/2011	\$ 540	\$ 378	\$ 162
PURMA Dues		\$ 1,150	\$ 805	\$ 345
PURMA Fee		\$ 616	\$ 431	\$ 185
		<u>\$56,465</u>	\$ 39,526	\$ 16,940
				<u>\$ 56,465</u>

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
PUBLIC UTILITIES COMMISSION

IN RE: PASCOAG UTILITY DISTRICT  
CHANGE IN ELECTRIC BASE  
DISTRIBUTION RATES

DOCKET NO. 4341

PASCOAG UTILITY DISTRICT, ELECTRIC DIVISION'S RESPONSES  
TO THE DIVISION OF PUBLIC UTILITIES AND CARRIERS'  
SECOND SET OF DATA REQUESTS  
(Issued August 20, 2012)

DIV 2-4. With regard to the response to DIV 1-21, please provide details regarding the 2011 year end adjustment.

RESPONSE The adjustment made in 2011 was a correction to a double payment from the Water Department to the Electric Department in 2010. That amount, \$10,320.00, was paid by the Water Department on September 9, 2010 as its share of Defined Benefit Plan payment reimbursement. The Water Department reimburses the Electric Department for 10% of the Water Department employee's salary. The correct reimbursement for 2010 should have been \$5,160, based on the 10% calculation.

When the adjustment was made in 2011, it should have been applied to #506-9264 "DBP Contributions" and not #506-9233 "Outside Service - Pension."

A copy of the account payable transaction is attached.

RESPONDENT Judith R. Allaire

ATTACHMENT TO: DIV 2-4

Accounts Payable Transaction - PASCOAG UTILITY DISTRICT WATER DEPT

File Edit Commands Help

SUNGARD PUBLIC SECTOR NavLine

### Accounts Payable Transaction

Group Information	
Group number:	565 september bills
Accounting period/year:	09/2010
Posting date:	09/15/2010

Transaction Information	
Transaction date:	09/02/2010
Vendor:	48 PASCOAG UTILITY DISTRICT - ELECTRIC
Account number:	2-0000-216.24-30 DUE TO AFFILIATES
PO number:	Invoice number: TRANSFER0910
Project number:	
Transaction amount:	10,320.00 Voucher number: 000216
Liquidated amount:	00
Retainage amount:	00 Discount amount: 00 NONE
Net transaction amount:	10,320.00
Item description:	transfer for labor
Transaction type code:	

✓ OK  
✗ Exit  
◀ Cancel

MY

5160

5160

10,320 - Duplicate

SIB debit to 506-9264-DBP

to correct Double entry in  
2010



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
PUBLIC UTILITIES COMMISSION

IN RE: PASCOAG UTILITY DISTRICT  
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TO THE DIVISION OF PUBLIC UTILITIES AND CARRIERS'  
SECOND SET OF DATA REQUESTS  
(Issued August 20, 2012)

DIV 2-5. With regard to the response to DIV 1-27, please provide a comparison of the premiums (rate per employee) for each health, dental, LTHC and Life/LTD/Vision insurance offering.

RESPONSE Invoices supporting this request are attached with this submittal. The District's employee benefit plans (health, dental, long term health care, life, long term disability and vision) run from March to March. In addition to the invoices as of January 2012, the invoices for the new plans – effective March 2012 - are also included.

RESPONDENT Judith R. Allaire



PASCOAG UTILITY DISTRICT  
 MS CHRISTINE COURNOYER  
 PO BOX 107  
 PASCOAG, RI 02859

Payment is Due  
 By This Date

<b>GROUP NUMBER</b>	1 9	<b>DUE DATE</b>	01 01 12	<b>CURRENT BILLING</b>	02 01 12
1D635		<b>DATE BILLED</b>	12 16 11	From	01 01 12
		<b>BILL CYCLE</b>	F18	To	
				<b>MEMB. REP.</b>	10145
				<b>MKT. REP.</b>	119

FAX 401-568-0066

ANN DATE 03-01-09

010112 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	AMOUNT
CURRENT BILLING PERIOD	
COVERAGE	
BASIC COVERAGE	24666.76
OVER PAYMENT	24666.76
FROM LAST RECONCILIATION	.01
SUBTOTAL:	24666.75
SUBTOTAL:	24666.75
GRAND TOTAL DUE:	24666.75

PLEASE PAY AS BILLED  
 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

RETURN THIS PAGE WITH YOUR PAYMENT

AMOUNT PAID  
 CHECK NUMBER





PASCOAG UTILITY DISTRICT  
MS CHRISTINE COUNROYER  
PO BOX 107  
PASCOAG, RI 02859

Payment is Due  
By This Date

GROUP NUMBER		DUE DATE		CURRENT BILLING	
ID635	1 9	01 01 12	01 01 12	From	To
DATE BILLED		BILL CYCLE		MEMB. REP.	
12 16 11	F18	10145	119		

FAX 401-568-0066

ANN DATE 03-01-09

010112

PAB

SECTION 2

SUMMARY OF PACKAGE 001 SUBSCRIBERS= 19 IND= 3 FAM= 8 S/S= 7 S/C= 0 SIC= 1

COVERAGE	IND	NO. OF CONTRACTS		MONTHLY RATES		S/C	SIC	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
		FAM	S/S	FAM	S/S					
HMATE C2C	3	8	7	1548.85	1376.74	917.83	24666.76	0.00	24666.76	
TOT PKG 001		573.65		1548.85	1376.74	917.83	24666.76	0.00	24666.76	
TOT CURR PD	3	8	7				24666.76	0.00	24666.76	

OVERAGE FROM PRIOR PERIOD PAYMENT

TOTAL AMOUNT DUE

.01

24666.75

IND - INDIVIDUAL, FAM - FAMILY, 2PR - 2 PERSON  
S/S - SUBSCRIBER AND SPOUSE, S/C - SUBSCRIBER AND CHILDREN, SIC - SUBSCRIBER AND CHILD





PASCOAG UTILITY DISTRICT  
 MS CHRISTINE COURNOYER  
 PO BOX 107  
 PASCOAG, RI 02859

Payment is Due  
By This Date

<b>GROUP NUMBER</b>		<b>DUE DATE</b>		<b>CURRENT BILLING</b>	
ID635 1 9		01 01 12		From To	
		01 01 12		02 01 12	
<b>DATE BILLED</b>		<b>BILL CYCLE</b>		<b>MEMB. REP.</b>	
12 16 11		F18		10145	
				<b>MKT. REP.</b>	
				119	

FAX 401-568-0066

ANN DATE 03-01-09

010112 PAB

SECTION 3

DETAIL OF SUBSCRIBERS FOR CURRENT BILLING PERIOD

PACKAGE NUMBER 001

SUBSCRIBER IDENTIFICATION NO.	SUBSCRIBER NAME	BILLING PERIOD FROM TO	CONT TYPE	TYP CHG	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
0551453583015	ALLAIRE JUDITH R	01-01-12 02-01-12	IND		573.65	0.00	573.65
0678043181011	BARRENTINE JAMES D	01-01-12 02-01-12	FAM		1548.85	0.00	1548.85
0552126399004	BERNSTEIN WILLIAM L	01-01-12 02-01-12	S/S		1376.74	0.00	1376.74
1168403593011	CHOQUETTE JULIE M	01-01-12 02-01-12	FAM		1548.85	0.00	1548.85
0850396473023	COURNOYER CHRISTI L	01-01-12 02-01-12	S/S		1376.74	0.00	1376.74
0683548121004	DOWNES DESARAE A	01-01-12 02-01-12	S/S		1376.74	0.00	1376.74
1280078144002	DUPUIS MATTHEW G	01-01-12 02-01-12	FAM	A	1548.85	0.00	1548.85
0882396144001	GILMOUR CATHLEE L	01-01-12 02-01-12	S/S		1376.74	0.00	1376.74
0966106399026	GUERTIN WILLIAM J	01-01-12 02-01-12	FAM		1548.85	0.00	1548.85
1155188364032	KIRKWOOD MICHAEL R	01-01-12 02-01-12	FAM		1548.85	0.00	1548.85
0575017791003	LEDUC ROBERT A	01-01-12 02-01-12	IND		573.65	0.00	573.65
0132066199006	LEES WALLACE F	01-01-12 02-01-12	S/S		1376.74	0.00	1376.74
1254018364030	LIMA MICHAEL A	01-01-12 02-01-12	S/S		1376.74	0.00	1376.74
0366018755007	MENARD DOUGLAS A	01-01-12 02-01-12	S1C		917.83	0.00	917.83
0146071991010	PALMISCIANO ALBERT G	01-01-12 02-01-12	FAM		1548.85	0.00	1548.85
0280106473023	PICCARDI CHRISTO J	01-01-12 02-01-12	FAM		1548.85	0.00	1548.85
0637291990005	POLACEK ANN B	01-01-12 02-01-12	IND		573.65	0.00	573.65



PASCOAG UTILITY DISTRICT  
 MS CHRISTINE COURNOYER  
 P O BOX 107  
 PASCOAG, RI 02859

Payment is Due  
By This Date

<b>GROUP NUMBER</b>		<b>CURRENT BILLING</b>	
1D635	1 9	From	To
<b>DATE BILLED</b>		01 01 12	02 01 12
12 16 11		<b>MKT. REP.</b>	
<b>BILL CYCLE</b>		<b>MEMB. REP.</b>	
F18		10145	119

FAX 401-568-0066  
 ANN DATE 03-01-09 010112 PAB

SECTION 3

DETAIL OF SUBSCRIBERS FOR CURRENT BILLING PERIOD

PACKAGE NUMBER 001

SUBSCRIBER IDENTIFICATION NO. 0660374179005  
 SUBSCRIBER NAME ROUND HARLE J  
 0643121873010 TRUDEAU ADRIEN L

BILLING PERIOD FROM TO	CONT TYPE	TYP CHG	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
01-01-12 02-01-12	FAM		1548.85	0.00	1548.85
01-01-12 02-01-12	S/S		1376.74	0.00	1376.74
SUBTOTAL PACKAGE NUMBER 001			24666.76	0.00	24666.76
TOTAL CURRENT BILLING PERIOD			24666.76	0.00	24666.76

FOR ASSISTANCE WITH THIS BILL, CALL MEMBERSHIP SERVICES UNIT  
 IN MEMBERSHIP ADMINISTRATION SERVICES, TEL. NO. 1-800-637-3718 EXT. 2341

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association

LAST PAGE





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

DEC 10 2011

BILLING DATE: 12/12/2011  
COVERAGE PERIOD: 01/01/2012-01/31/2012  
PAYMENT DUE BY: 01/01/2012  
INVOICE NUMBER: 37410001201201

ATTACHMENT TO: DIV 2-5

GROUP-DIVISION NUMBER: 3741-0001  
PASCOAG UTILITY DISTRICT

CHRIS COURNOYER  
PASCOAG UTILITY DISTRICT  
PO BOX 107  
PASCOAG RI 02859-0107 2553



**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	
0001	21	17	14	2,463.54	0.00	0.00	0.00	2,463.54
<b>TOTAL:</b>	<b>21</b>	<b>17</b>	<b>14</b>	<b>2,463.54</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2,463.54</b>
S = Subscriber, SP = Spouse, C = Child/Children					BALANCE FORWARD			2,422.12
					PAYMENT RECEIVED:			2,422.11
					ACCOUNTING ADJUSTMENT:			0.00
					<b>TOTAL AMOUNT DUE:</b>			<b>\$ 2,463.55</b>

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: 37410001201201      GROUP-DIVISION NUMBER: 3741-0001      PAYMENT DUE BY: 01/01/2012

- Payments and enrollment changes received after 12/07/2011 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 01/01/2012
- 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: \$ 2,463.55**

**AMOUNT ENCLOSED:**

CHRIS COURNOYER  
PASCOAG UTILITY DISTRICT  
PO BOX 107  
PASCOAG RI 02859

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



374100012012010000002463540000002463553

ATTACHMENT TO: DIV 2-5

GROUP-DIVISION NUMBER: 3741-0001  
 PASCOAG UTILITY DISTRICT

CURRENT MONTH PREMIUMS: DIVISION 0001

SUBSCRIBER I.D.	LAST FOUR DIGITS OF SSN	SUBSCRIBER'S NAME	LOCATION CODE	CURRENT ENROLLMENT COUNT			CURRENT MONTH PREMIUMS
				S	SP	C	
5114253780	6622	ALLAIRE, JUDITH		1	0	0	41.42
7817455641	3436	BARRENTINE, JAMES		1	1	0	129.96
5213499080	3092	BERNSTEIN, WILLIAM		1	1	0	129.96
0001730257	6746	BLODGETT, JOHN		1	1	0	129.96
6833454891	5511	CHOQUETTE, JULIE		1	1	2	129.96
5023322030	9797	COURNOYER, CHRISTINE		1	1	0	129.96
8316334320	7568	DOWNS, DESARAE		1	1	0	129.96
8036560630	4937	DUPUIS, MATTHEW		1	1	1	129.96
8223629491	9051	GILMOUR, CATHLEEN		1	1	0	129.96
6625696090	2391	GUERTIN, WILLIAM		1	1	3	129.96
0001898501	3579	KIRKWOOD, MICHAEL		1	1	1	129.96
7514774480	7552	LEDUC, ROBERT		1	0	0	41.42
0000506135	8553	LEES, WALLACE		1	1	0	129.96
5435868740	9126	LIMA, MICHAEL		1	1	0	129.96
0001730480	2537	MENARD, DOUGLAS		1	0	1	129.96
4600628190	4181	PALMISCIANO, ALBERT		1	1	2	129.96
8005425540	0446	PICCARDI, CHRISTOPHER		1	1	0	129.96
3716620090	9991	POLACEK, ANN		1	0	0	41.42
6017444560	7544	ROUND, HARLE		1	1	2	129.96
4316622380	0762	TRUDEAU, ADRIEN		1	1	0	129.96
0001925614	5786	WARNER, MICHAEL		1	1	2	129.96
<i>TOTAL CURRENT BILLING:</i>				21	17	14	2,463.54

ATTN: Membership  
Blue Cross & Blue Shield of RI  
500 Exchange Street  
Providence, RI 02903-2699



**Blue Cross  
Blue Shield**  
of Rhode Island



ATTACHMENT TO: DIV 2-5

Electronic Service Requested

SINGLE PIECE

12 1.0363 SP 0.650



Pascoag Utility District  
MS CHRISTINE COURNOYER  
PO BOX 107  
PASCOAG, RI 02859-0107

Group No. 0001D635  
Sub-Group No. 0000  
Billing Period 05/01/2012-05/31/2012  
Invoice No. 121090000369  
Bill Print Date 04/19/2012  
Bill Due Date 05/01/2012

ENV 12

**BILLING SUMMARY**

BALANCE FORWARD AMOUNT \$0.01  
CURRENT MONTH BILLING \$26510.61  
DISCRETIONARY ITEM \$0.00  
RETROACTIVE ADJUSTMENT \$0.00  
TOTAL AMOUNT DUE \$26510.62

For Enrollment and Billing questions on your account, please call: MEMBERSHIP ADMINISTRATION SERVICES	
Phone: (401)459-2341 ext. 6064	(800)637-3718 ext. 6064

This is your monthly billing statement from Blue Cross & Blue Shield of Rhode Island. Please use this statement to verify your membership, including confirmation of enrollment changes processed since your last invoice. If you have any specific questions about your group payment, contact the Membership Administration Services Department at Blue Cross & Blue Shield of Rhode Island.

Enrollment changes are accepted on a daily basis allowing greater flexibility in maintaining enrollment within your group. Do not send enrollment changes on these forms. Please provide any change of information on the appropriate application or group activity report and send it to us through your normal channels. Premium payments are due on or before the due date to ensure prompt claims service.

**\*\* IMPORTANT INFORMATION \*\***  
PLEASE READ CAREFULLY

IF YOUR RENEWAL IS CURRENTLY PENDING, OR IS IN THE PROCESS OF BEING FINALIZED, THIS INVOICE MAY HAVE BEEN CALCULATED BASED ON RATES FROM THE PREVIOUS RATING PERIOD. TO ENSURE CONTINUOUS COVERAGE, PLEASE PAY THIS INVOICE IN ITS ENTIRETY WHEN YOUR RENEWAL HAS BEEN FINALIZED, WE WILL SEND YOU AN ADJUSTED INVOICE. YOU WILL BE RESPONSIBLE FOR PAYING THE TOTAL AMOUNT DUE, WHICH WILL INCLUDE YOUR NEW RATE AS WELL AS THE ADJUSTED AMOUNT. THE ADJUSTED AMOUNT WILL BE THE DIFFERENCE BETWEEN THE AMOUNT BILLED ON THIS INVOICE AND THE NEW RATE EFFECTIVE FOR THE CURRENT RATING PERIOD. PLEASE NOTE THAT UNDER NO CIRCUMSTANCES SHALL THE ACCEPTANCE OF YOUR PAYMENT ACCORDING TO THIS INVOICE, BY BLUE CROSS & BLUE SHIELD OF RHODE ISLAND, DISCHARGE YOUR OBLIGATION TO PAY THE ADJUSTED INVOICE.

PLEASE PAY THE AMOUNT LISTED ABOVE UNDER 'TOTAL AMOUNT DUE'. ADJUSTMENTS FOR ACTIVITY NOT REPORTED ON THIS STATEMENT WILL BE REFLECTED ON NEXT BILLING STATEMENT.  
MAKE CHECK PAYABLE TO BLUE CROSS & BLUE SHIELD OF R.I. AND INCLUDE YOUR GROUP/SUBGROUP ID ON YOUR CHECK. TO ENSURE PROPER CREDIT, DETACH THE BOTTOM PORTION AND RETURN IT WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE TO:  
BLUE CROSS & BLUE SHIELD OF R.I.  
P.O. BOX 1057  
PROVIDENCE, R.I. 02901

PLEASE REMOVE THE BOTTOM PORTION OF THIS STATEMENT BY CAREFULLY TEARING ALONG THE PERFORATION.

Blue Cross & Blue Shield of Rhode Island is an independent licensee of Blue Cross and Blue Shield Association.

Pascoag Utility District  
MS CHRISTINE COURNOYER  
PO BOX 107  
PASCOAG, RI 02859-0107

GROUP/SUBGROUP: Pascoag Utility District

GROUP NUMBER: 0001D635

SUBGROUP NUMBER: 0000

Please pay this amount: 26510.62

Please make check payable to:  
Blue Cross & Blue Shield of Rhode Island

Indicate amount of your payment: \$ \_\_\_\_\_

Blue Cross & Blue Shield of Rhode Island  
P.O. Box 1057  
Providence, RI 02901

BLBILGP1



\*66660000001063526510.62\*





Blue Cross  
Blue Shield  
of Rhode Island

BLUE CROSS & BLUE SHIELD OF RI  
PROVIDENCE RI 02903-2699

INVOICE/STATEMENT

GROUP NAME Pascoag Utility District  
GROUP NO. 0001D635  
BILLING PERIOD 05/01/2012-05/31/2012  
INVOICE NO. 121090000369  
BILL DUE DATE 05/01/2012

ANY MAINTENANCE NOT REFLECTED IN THIS  
BILL WILL BE INCLUDED IN YOUR NEXT BILL

SECTION 2

PRODUCT	NO. OF CONTRACTS			MONTHLY RATES		IND	FAM	S1C	S1C	S1C	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT	
	IND	FAM	S/S	S/S	S/C									
<b>SUBGROUP: 0001</b> CLASS: 0001														
VantageBlue 100/80 1000	3	10	5	0	1	557.57	1505.46	892.12	892.12	892.12	24310.38	0.00	24310.38	
Dental Premier Blue	3	10	5	0	1	38.07	115.89	115.89	115.89	115.89	1968.45	0.00	1968.45	
TOT CLASS 0001	6	20	10	0	2						26278.83	0.00	26278.83	
<b>SUBGROUP: 0001</b> CLASS: 0003														
Dental Premier Blue	0	0	2	0	0	38.07	115.89	115.89	115.89	115.89	231.78	0.00	231.78	
TOT CLASS 0003	0	0	2	0	0						231.78	0.00	231.78	
TOT SUBGROUP 0001	6	20	12	0	2						26510.61	0.00	26510.61	
TOT CURR PERIOD	6	20	12	0	2						26510.61	0.00	26510.61	
BALANCE FORWARD														
DISCRETIONARY ITEM														
TOTAL AMOUNT DUE												0.01	0.00	26510.62

IND - INDIVIDUAL, FAM - FAMILY  
S/S - SUBSCRIBER AND SPOUSE, S/C - SUBSCRIBER AND CHILDREN, S1C - SUBSCRIBER AND CHILD

FOR ASSISTANCE CALL (401)459-2341 ext. 6064 OR (800)637-3718 ext. 6064  
ASK FOR MEMBERSHIP ADMINISTRATION SERVICES

Blue Cross & Blue Shield of Rhode Island is an independent licensee of Blue Cross and Blue Shield Association



**BLUE CROSS & BLUE SHIELD OF RI**  
**PROVIDENCE RI 02903-2699**



**INVOICE/STATEMENT**

GROUP NAME Pascoag Utility District  
 GROUP NO. 0001D635  
 BILLING PERIOD 05/01/2012-05/31/2012  
 INVOICE NO. 121090000369  
 BILL DUE DATE 05/01/2012

ANY MAINTENANCE NOT REFLECTED IN THIS  
 BILL WILL BE INCLUDED IN YOUR NEXT BILL

**SECTION 3**

DETAIL OF SUBSCRIBERS FOR CURRENT BILLING PERIOD

ENROLLMENT INDICATOR	SUBSCRIBER ID	SUBSCRIBER NAME	DEPARTMENT NUMBER	COVERAGE TYPE	COVERED MEMBERS	FROM DATE	THRU DATE	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT	
	SUBGROUP: 0001 CLASS: 0001										
	200236440	ALLAIRE JUDITH R	N/A	MEDICAL	INDIVIDUAL	05/01/2012	05/31/2012	557.57	0.00	557.57	
	200236440	ALLAIRE JUDITH R	N/A	DENTAL	INDIVIDUAL	05/01/2012	05/31/2012	38.07	0.00	38.07	
	200237160	BARRENTINE JAMES D	N/A	MEDICAL	FAMILY	05/01/2012	05/31/2012	1505.46	0.00	1505.46	
	200237160	BARRENTINE JAMES D	N/A	DENTAL	FAMILY	05/01/2012	05/31/2012	115.89	0.00	115.89	
	200236443	BERNSTEIN WILLIAM L	N/A	MEDICAL	FAMILY	05/01/2012	05/31/2012	1505.46	0.00	1505.46	
	200236443	BERNSTEIN WILLIAM L	N/A	DENTAL	FAMILY	05/01/2012	05/31/2012	115.89	0.00	115.89	
	200239263	CHOQUETTE JULIE M	N/A	MEDICAL	FAMILY	05/01/2012	05/31/2012	1505.46	0.00	1505.46	
	200239263	CHOQUETTE JULIE M	N/A	DENTAL	FAMILY	05/01/2012	05/31/2012	115.89	0.00	115.89	
	200237736	COURNOYER CHRISTINE L	N/A	MEDICAL	SUB, SPOUSE	05/01/2012	05/31/2012	1338.19	0.00	1338.19	
	200237736	COURNOYER CHRISTINE L	N/A	DENTAL	SUB, SPOUSE	05/01/2012	05/31/2012	115.89	0.00	115.89	
	200237201	DOWNS DESARAE A	N/A	MEDICAL	SUB, SPOUSE	05/01/2012	05/31/2012	1338.19	0.00	1338.19	
	200237201	DOWNS DESARAE A	N/A	DENTAL	SUB, SPOUSE	05/01/2012	05/31/2012	115.89	0.00	115.89	
	200239754	DUPUIS MATTHEW G	N/A	MEDICAL	FAMILY	05/01/2012	05/31/2012	1505.46	0.00	1505.46	
	200239754	DUPUIS MATTHEW G	N/A	DENTAL	FAMILY	05/01/2012	05/31/2012	115.89	0.00	115.89	
	200238095	GILMOUR CATHLEEN L	N/A	MEDICAL	SUB, SPOUSE	05/01/2012	05/31/2012	1338.19	0.00	1338.19	
	200238095	GILMOUR CATHLEEN L	N/A	DENTAL	SUB, SPOUSE	05/01/2012	05/31/2012	115.89	0.00	115.89	
	200238409	GUERTIN WILLIAM J	N/A	MEDICAL	FAMILY	05/01/2012	05/31/2012	1505.46	0.00	1505.46	
	200238409	GUERTIN WILLIAM J	N/A	DENTAL	FAMILY	05/01/2012	05/31/2012	115.89	0.00	115.89	
	200239114	KIRKWOOD MICHAEL R	N/A	MEDICAL	FAMILY	05/01/2012	05/31/2012	1505.46	0.00	1505.46	
	200239114	KIRKWOOD MICHAEL R	N/A	DENTAL	FAMILY	05/01/2012	05/31/2012	115.89	0.00	115.89	
	200236678	LEDUC ROBERT A	N/A	MEDICAL	INDIVIDUAL	05/01/2012	05/31/2012	557.57	0.00	557.57	
	200236678	LEDUC ROBERT A	N/A	DENTAL	INDIVIDUAL	05/01/2012	05/31/2012	38.07	0.00	38.07	
	200234717	LEES WALLACE F	N/A	MEDICAL	SUB, SPOUSE	05/01/2012	05/31/2012	1338.19	0.00	1338.19	

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**Blue Cross  
Blue Shield**  
of Rhode Island

**BLUE CROSS & BLUE SHIELD OF RI  
PROVIDENCE RI 02903-2699**

**INVOICE/STATEMENT**

GROUP NAME Pascoag Utility District  
 GROUP NO. 0001D635  
 BILLING PERIOD 05/01/2012-05/31/2012  
 INVOICE NO. 121090000369  
 BILL DUE DATE 05/01/2012

**ANY MAINTENANCE NOT REFLECTED IN THIS  
BILL WILL BE INCLUDED IN YOUR NEXT BILL**

**SECTION 3**

DETAIL OF SUBSCRIBERS FOR CURRENT BILLING PERIOD

ENROLLMENT INDICATOR	SUBSCRIBER ID	SUBSCRIBER NAME	DEPARTMENT NUMBER	COVERAGE TYPE	COVERED MEMBERS	FROM DATE	THRU DATE	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
	200234717	LEES WALLACE F	N/A	DENTAL	SUB, SPOUSE	05/01/2012	05/31/2012	115.89	0.00	115.89
	200239495	LIMA MICHAEL A	N/A	MEDICAL	SUB, SPOUSE	05/01/2012	05/31/2012	1338.19	0.00	1338.19
	200239495	LIMA MICHAEL A	N/A	DENTAL	SUB, SPOUSE	05/01/2012	05/31/2012	115.89	0.00	115.89
	200235773	MENARD DOUGLAS A	N/A	MEDICAL	SUB, 1 CHILD	05/01/2012	05/31/2012	892.12	0.00	892.12
	200235773	MENARD DOUGLAS A	N/A	DENTAL	SUB, 1 CHILD	05/01/2012	05/31/2012	115.89	0.00	115.89
	200234730	PALMISCIANO ALBERT G	N/A	MEDICAL	FAMILY	05/01/2012	05/31/2012	1505.46	0.00	1505.46
	200234730	PALMISCIANO ALBERT G	N/A	DENTAL	FAMILY	05/01/2012	05/31/2012	115.89	0.00	115.89
	200235429	PICCARDI CHRISTOPHE J	N/A	MEDICAL	FAMILY	05/01/2012	05/31/2012	1505.46	0.00	1505.46
	200235429	PICCARDI CHRISTOPHE J	N/A	DENTAL	FAMILY	05/01/2012	05/31/2012	115.89	0.00	115.89
	200236814	POLACEK ANN B	N/A	MEDICAL	INDIVIDUAL	05/01/2012	05/31/2012	557.57	0.00	557.57
	200236814	POLACEK ANN B	N/A	DENTAL	INDIVIDUAL	05/01/2012	05/31/2012	38.07	0.00	38.07
	200236976	ROUND HARLE J	N/A	MEDICAL	FAMILY	05/01/2012	05/31/2012	1505.46	0.00	1505.46
	200236976	ROUND HARLE J	N/A	DENTAL	FAMILY	05/01/2012	05/31/2012	115.89	0.00	115.89
	200241078	WARNER SR MICHAEL G	N/A	MEDICAL	FAMILY	05/01/2012	05/31/2012	1505.46	0.00	1505.46
	200241078	WARNER SR MICHAEL G	N/A	DENTAL	FAMILY	05/01/2012	05/31/2012	115.89	0.00	115.89
<b>SUBSCRIBERS FOR CLASS 0001:</b>						<b>19</b>	<b>SUBTOTAL FOR CLASS 0001:</b>	<b>26278.83</b>	<b>0.00</b>	<b>26278.83</b>

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GROUP NAME Pascoag Utility District  
 GROUP NO. 0001D635  
 BILLING PERIOD 05/01/2012-05/31/2012  
 INVOICE NO. 121090000369  
 BILL DUE DATE 05/01/2012

INVOICE/STATEMENT

ANY MAINTENANCE NOT REFLECTED IN THIS  
BILL WILL BE INCLUDED IN YOUR NEXT BILL

SECTION 3

DETAIL OF SUBSCRIBERS FOR CURRENT BILLING PERIOD

ENROLLMENT INDICATOR	SUBSCRIBER ID	SUBSCRIBER NAME	DEPARTMENT NUMBER	COVERAGE TYPE	COVERED MEMBERS	FROM DATE	THRU DATE	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
		CLASS: 0003								
	200241008	BLODGETT JOHN R	N/A	DENTAL	SUB. SPOUSE	05/01/2012	05/31/2012	115.89	0.00	115.89
	200241036	JENKS RICHARD A	N/A	DENTAL	SUB. SPOUSE	05/01/2012	05/31/2012	115.89	0.00	115.89
SUBSCRIBERS FOR CLASS 0003:			2	SUBTOTAL FOR CLASS 0003:				231.78	0.00	231.78
SUBSCRIBERS FOR DEPARTMENT N/A:			21	SUBTOTAL FOR DEPARTMENT N/A:				26510.61	0.00	26510.61
SUBSCRIBERS FOR SUBGROUP 0001:			21	SUBTOTAL FOR SUBGROUP 0001:				26510.61	0.00	26510.61
SUBSCRIBERS CURRENT BILLING PERIOD:			21	TOTAL CURRENT BILLING PERIOD:				26510.61	0.00	26510.61

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**STATEMENT EXPLANATION:**

**Front Page:**

BALANCE FORWARD AMOUNT -- Any underpaid/overpaid amount carried forward as balance from prior period.  
 CURRENT MONTH BILLING -- Amount due for the current time period.  
 DISCRETIONARY ITEM -- The amount due for financial items used to adjust the invoice.  
 RETROACTIVE ADJUSTMENT -- The amount due for retroactive enrollment changes.  
 TOTAL AMOUNT DUE -- Total of the Prior unpaid amount, Current month bill, Discretionary fees, Retroactive adjustment and Balance forward.

**Section 3: ENROLLMENT INDICATOR**

- A -- New Enrollment
- B -- Changes
- C -- Cancellation/Termination
- No Change (No Indicator)

FOR ASSISTANCE CALL (401)459-2341 ext. 6064 OR (800)637-3718 ext. 6064  
 ASK FOR MEMBERSHIP ADMINISTRATION SERVICES

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ATTACHMENT TO: DIV 2-5



**Premium Statement**

**Billing Name:** PASCOAG UTILITY DISTRICT  
**Billing Number:** 0132055-001 1  
**Due Date:** 2/1/2012  
**Statement Date:** 1/18/2012  
**Insuring Company:** UNUM LIFE INSURANCE COMPANY OF AMERICA

Description	Amount
Long Term Care - Employee (LTC EE)	\$437.10
Lives: 19	
Long Term Care - Spouse (LTC SP)	\$83.10
Lives: 1	
<b>Current Period Amount:</b>	<b>\$520.20</b>
Prior Period Amount Adjustment:	\$0.00
<b>Sub Total:</b>	<b>\$520.20</b>
Prior Total Amount Due:	\$520.20
Amount Paid:	\$520.20
Balance Forward:	\$0.00
<b>Total Amount Due:</b>	<b>\$520.20</b>

**Payment Instructions:**

1. Payment must be received on or before 2/1/2012.
2. [Print Premium Statement Without Employee Detail](#)
3. Mail check with printed Premium Statement to:

UNUM LIFE INSURANCE COMPANY OF AMERICA  
 PO BOX 406990  
 ATLANTA, GA 30384-6990

**Billing Period:**  
 2/1/2012 - 2/29/2012

J4-16806 08 C



Employee Detail

Billing Name: PASCOAG UTILITY DISTRICT

Billing Number: 0132055-001 1

Due Date: 2/1/2012

Statement Date: 1/18/2012

NAME: ALLAIRE, JUDITH R	ID NO: XXXXX6622		
LTC EE	LTC SP		TOTAL DUE
COVERAGE			
PREMIUM	\$45.00		\$45.00
NAME: BARRENTINE, JAMES D	ID NO: XXXXX3436		
LTC EE	LTC SP		TOTAL DUE
COVERAGE			
PREMIUM	\$10.80		\$10.80
NAME: BENOIT, MILES M	ID NO: XXXXX8604		
LTC EE	LTC SP		TOTAL DUE
COVERAGE			
PREMIUM	\$10.80		\$10.80
NAME: BLODGETT, JOHN R	ID NO: XXXXX6746		
LTC EE	LTC SP		TOTAL DUE
COVERAGE			
PREMIUM	\$40.20		\$40.20
NAME: CHOQUETTE, JULIE M	ID NO: XXXXX5511		
LTC EE	LTC SP		TOTAL DUE
COVERAGE			
PREMIUM	\$14.40		\$14.40
NAME: COURNOYER, CHRISTINE L	ID NO: XXXXX9797		
LTC EE	LTC SP		TOTAL DUE
COVERAGE			
PREMIUM	\$45.00		\$45.00
NAME: DOWNS, DESARAE A	ID NO: XXXXX7568		
LTC EE	LTC SP		TOTAL DUE
COVERAGE			
PREMIUM	\$10.80		\$10.80
NAME: DUPUIS, MATTHEW G	ID NO: XXXXX4937		
LTC EE	LTC SP		TOTAL DUE
COVERAGE			
PREMIUM	\$10.80		\$10.80
NAME: GILMOUR, CATHLEEN L	ID NO: XXXXX9051		
LTC EE	LTC SP		TOTAL DUE
COVERAGE			
PREMIUM	\$10.80		\$10.80
NAME: GUERTIN, WILLIAM T	ID NO: XXXXX2391		
LTC EE	LTC SP		TOTAL DUE
COVERAGE			
PREMIUM	\$16.80		\$16.80
NAME: KIMATIAN, GARY M	ID NO: XXXXX2774		
LTC EE	LTC SP		TOTAL DUE
COVERAGE			
PREMIUM	\$31.20		\$31.20
NAME: KIRKWOOD, MICHAEL R	ID NO: XXXXX3579		
LTC EE	LTC SP		TOTAL DUE
COVERAGE			
PREMIUM	\$40.20		\$40.20

ATTACHMENT TO: DIV 2-5

NAME: LAPORTE, LINDA ANN	ID NO: XXXXX6396		
LTC EE LTC SP			TOTAL DUE
COVERAGE			
PREMIUM \$40.20			\$40.20
NAME: LEDUC, ROBERT A	ID NO: XXXXX7552		
LTC EE LTC SP			TOTAL DUE
COVERAGE			
PREMIUM \$11.70			\$11.70
NAME: LIMA, MICHAEL A	ID NO: XXXXX9126		
LTC EE LTC SP			TOTAL DUE
COVERAGE			
PREMIUM \$35.40			\$35.40
NAME: MENARD, DOUGLAS A	ID NO: XXXXX2537		
LTC EE LTC SP			TOTAL DUE
COVERAGE			
PREMIUM \$17.40			\$17.40
NAME: PICCARDI, CHRISTOPHER	ID NO: XXXXX0446		
LTC EE LTC SP			TOTAL DUE
COVERAGE			
PREMIUM \$10.80			\$10.80
NAME: ROUND, HARLE J	ID NO: XXXXX7544		
LTC EE LTC SP			TOTAL DUE
COVERAGE			
PREMIUM \$22.20 \$83.10			\$105.30
NAME: WARNER, MICHAEL G	ID NO: XXXXX5786		
LTC EE LTC SP			TOTAL DUE
COVERAGE			
PREMIUM \$12.60			\$12.60





Mutual of Omaha  
Mutual of Omaha Plaza  
Omaha, NE 68175



GPIP-P111218000307000179 116331-250  
**PERSONAL & CONFIDENTIAL**  
PASCOAG UTILITY DISTRICT  
CHRIS COURNOYER  
253 PASCOAG MAIN ST  
PO BOX 107  
PASCOAG RI 02859

Group ID: G00013G2  
Bill Group ID: 0001  
Due Date: 01/01/2012  
Boston Group Office

Did you know you can manage your account online? Visit **Employer Access**, our secure plan administration website, at [mutualofomaha.com/employeraccess](http://mutualofomaha.com/employeraccess) to add, update or terminate employee coverage, request reports, pay your bill, plus much more. Not signed up yet? Visit [mutualofomaha.com/employeraccess](http://mutualofomaha.com/employeraccess) to register.

Prefer to send your payment via mail? Remember to include the following to ensure proper credit to your account:

- The Premium Remittance Slip below
- Your Group ID and Bill Group ID on your check
- Premium payment as billed

For your convenience, use the enclosed envelope to submit your payment.

Please do not include correspondence or enrollment updates with premium payments.

**DETACH HERE AND RETURN THIS SLIP WITH YOUR PAYMENT**

**Billing Statement**

**Premium Remittance Slip**

**Invoice Number: 000230622085**

Please make check or money order payable to *Mutual of Omaha*. Return this premium remittance with your payment to ensure proper credit



Mutual of Omaha

PASCOAG UTILITY DISTRICT  
CHRIS COURNOYER  
253 PASCOAG MAIN ST  
PO BOX 107  
PASCOAG RI02859

Group ID: G00013G2  
Bill Group ID: 0001  
Due Date: 01/01/2012  
Boston Group Office

MUTUAL OF OMAHA  
PAYMENT PROCESSING CENTER  
PO BOX 2147  
OMAHA NE 68103-2147

**TOTAL AMOUNT DUE: \$ 1,546.88**

126201 6000136200011 9999999990 00001546886

GPIP-P111218000307000179  
0103600000000000101



Group ID: G00013G2  
Bill Group ID: 0001  
Invoice Number: 000230622085  
Boston Group Office

Due Date: 01/01/2012  
Billing Date: 12/16/2011  
Coverage Period From: 01/01/2012  
Through: 01/31/2012

ATTACHMENT TO: DIV 2-5

ACCOUNT SUMMARY

12/01/2011	PREVIOUS TOTAL DUE	1,546.88	
12/05/2011	PAYMENT	-1,461.91	
12/05/2011	PAYMENT	-84.97	
	OUTSTANDING BALANCE AS OF 12/16/2011		0.00
	CURRENT PREMIUM DUE		1,546.88
	<b>TOTAL DUE</b>		<b>\$ 1,546.88</b>

PLEASE PAY THIS AMOUNT

PLEASE NOTE:

Enrollment updates can be done online through Employer Access, our secure plan administration website. Visit [mutualofomaha.com/employeraccess](http://mutualofomaha.com/employeraccess) to add, update or terminate employee coverage, request reports, pay your bill, plus much more. Not signed up yet? Visit [mutualofomaha.com/employeraccess](http://mutualofomaha.com/employeraccess) to register.

Have a question for us? Contact your dedicated service team at 1-800-769-7159 between 8:00 a.m. and 8:00 p.m. ET. For your convenience, information may be sent via email to [gps.east@mutualofomaha.com](mailto:gps.east@mutualofomaha.com) or faxed to 402-997-1994.

Only pay the premium for your group as billed. Adjustments for additions, changes and terminations will be reflected in a subsequent billing.

Please do not include correspondence or enrollment updates with premium payments.

GP/P-P111218000307000179  
020300000000000000



DO NOT RETURN THIS PAGE

Group ID: G00013G2  
Bill Group ID: 0001  
Invoice Number: 000230622085  
Boston Group Office

Due Date: 01/01/2012  
Billing Date: 12/16/2011  
Coverage Period From: 01/01/2012  
Through: 01/31/2012

ATTACHMENT TO: DIV 2-5

ACCOUNT DETAIL

PLAN	PARTICIPANT/ FAMILY INDICATOR	CURRENT NUMBER OF PARTICIPANTS	VOLUME	CURRENT	ADJUSTMENT	NET
Life	Participant	19	2,047,000	1,023.50		1,023.50
AD&D	Participant	19	2,047,000	61.41		61.41
LTD	Participant	19	88,840	461.97		461.97
CURRENT BILL TOTALS				\$ 1,546.88	\$ 0.00	\$ 1,546.88
BALANCE CARRIED FORWARD						\$ 0.00
TOTAL						\$ 1,546.88

Group ID: G00013G2  
 Bill Group ID: 0001  
 Invoice Number: 000230622085  
 Boston Group Office

Due Date: 01/01/2012  
 Billing Date: 12/16/2011  
 Coverage Period From: 01/01/2012  
 Through: 01/31/2012

ATTACHMENT TO: DIV 2-5

PARTICIPANT DETAIL

PARTICIPANT	ID	FAMILY INDICATOR	EFF DATE	PLAN	VOLUME	AMOUNT	ADJ	TOTAL
Allaire, Judith	6622	Participant	12/01/08	Life	150,000	75.00		
		Participant	12/01/08	AD&D	150,000	4.50		
		Participant	12/01/08	LTD	7,125	37.05		
Barrentine, James	3436	Participant	12/01/08	Life	117,000	58.50		116.55
		Participant	12/01/08	AD&D	117,000	3.51		
		Participant	12/01/08	LTD	4,843	25.18		
Benoit, Miles	8604	Participant	05/17/11	Life	67,000	33.50		87.19
		Participant	05/17/11	AD&D	67,000	2.01		
		Participant	06/01/11	LTD	2,758	14.34		
Blodgett, John	6746	Participant	12/01/08	Life	101,000	50.50		49.85
		Participant	12/01/08	AD&D	101,000	3.03		
		Participant	12/01/08	LTD	4,200	21.84		
Choquette, Julie	5511	Participant	12/01/08	Life	71,000	35.50		75.37
		Participant	12/01/08	AD&D	71,000	2.13		
		Participant	12/01/08	LTD	2,958	15.38		
Cournoyer, Christine	9797	Participant	12/01/08	Life	108,000	54.00		53.01
		Participant	12/01/08	AD&D	108,000	3.24		
		Participant	12/01/08	LTD	4,463	23.21		
Downs, Desarae	7568	Participant	12/01/08	Life	91,000	45.50		80.45
		Participant	12/01/08	AD&D	91,000	2.73		
		Participant	12/01/08	LTD	3,767	19.59		
Dupuis, Matthew	4937	Participant	12/01/08	Life	111,000	55.50		67.82
		Participant	12/01/08	AD&D	111,000	3.33		
		Participant	12/01/08	LTD	4,590	23.87		
Gilmour, Cathleen	9051	Participant	12/01/08	Life	71,000	35.50		82.70
		Participant	12/01/08	AD&D	71,000	2.13		
		Participant	12/01/08	LTD	2,958	15.38		
Guertin, William	2391	Participant	12/01/08	Life	150,000	75.00		53.01
		Participant	12/01/08	AD&D	150,000	4.50		
		Participant	12/01/08	LTD	7,125	37.05		
Kimalian, Gary	2774	Participant	11/23/10	Life	92,000	46.00		116.55
		Participant	11/23/10	AD&D	92,000	2.76		
		Participant	12/01/10	LTD	3,805	19.79		
Kirkwood, Michael	3579	Participant	12/28/10	Life	150,000	75.00		68.55
		Participant	12/28/10	AD&D	150,000	4.50		
		Participant	01/01/11	LTD	8,333	43.33		
Laporte, Linda Ann	6396	Participant	12/01/08	Life	77,000	38.50		122.83
		Participant	12/01/08	AD&D	77,000	2.31		
		Participant	12/01/08	LTD	3,208	16.68		
Leduc, Robert	7552	Participant	12/01/08	Life	138,000	69.00		57.49

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030500000000000100

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Group ID: G00013G2  
 Bill Group ID: 0001  
 Invoice Number: 000230622085  
 Boston Group Office

Due Date: 01/01/2012  
 Billing Date: 12/16/2011  
 Coverage Period From: 01/01/2012  
 Through: 01/31/2012

ATTACHMENT TO: DIV 2-5

PARTICIPANT DETAIL

PARTICIPANT	ID	FAMILY INDICATOR	EFF DATE	PLAN	VOLUME	AMOUNT	ADJ	TOTAL
		Participant	12/01/08	AD&D	138,000	4.14		
		Participant	12/01/08	LTD	5,738	29.84		
Lima, Michael	9126	Participant	12/01/08	Life	114,000	57.00		102.98
		Participant	12/01/08	AD&D	114,000	3.42		
		Participant	12/01/08	LTD	4,721	24.55		
Menard, Douglas	2537	Participant	01/05/09	Life	111,000	55.50		84.97
		Participant	01/05/09	AD&D	111,000	3.33		
		Participant	02/01/09	LTD	4,590	23.87		
Piccardi, Christopher	0446	Participant	12/01/08	Life	145,000	72.50		82.70
		Participant	12/01/08	AD&D	145,000	4.35		
		Participant	12/01/08	LTD	6,042	31.42		
Round, Harle	7544	Participant	12/01/08	Life	97,000	48.50		108.27
		Participant	12/01/08	AD&D	97,000	2.91		
		Participant	12/01/08	LTD	4,033	20.97		
Warner Sr, Michael	5786	Participant	04/25/11	Life	86,000	43.00		72.38
		Participant	04/25/11	AD&D	86,000	2.58		
		Participant	05/01/11	LTD	3,583	18.63		64.21
<b>PARTICIPANT PREMIUM</b>						<b>\$ 1,546.88</b>		
<b>PARTICIPANT ADJUSTMENTS</b>							<b>\$ 0.00</b>	
<b>CURRENT PREMIUM</b>						<b>\$ 1,546.88</b>		

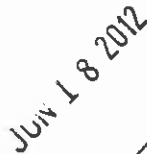
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Billing ID: 606768-001  
Page 8 of 8

**HUMANA**  
Specialty Benefits
**Invoice**

For coverage in July 2012

HBSG10LETHBSG103Q0614201204130028726  
PASCOAG UTILITY DISTRICT  
CHRISTINE COURNOYER  
253 PASCOAG MAIN ST  
PASCOAG, RI 02859


 JUN 18 2012
**PASCOAG UTILITY DISTRICT**Billing ID  
606768-001Invoice number - Invoice date  
744532593 - June 13, 2012Billing Representative  
LAURA ENGEL, ext. 5470  
ANCILLARY TEAM 1 SMALL GROUPPayment due  
July 1, 2012**Invoice Summary**

Amount due from last invoice	\$1,204.11
Total payments received	-\$1,204.11
Amount past due	\$0.00
Premiums this period	\$1,204.11
Member adjustments	\$0.00
Fees and other adjustments	\$0.00
<b>Please pay total amount due</b>	<b>\$1,204.11</b>

Paying your invoice on time ensures that your employees get the coverage they need. Now you can save time by paying your invoice online at [Humana.com](http://Humana.com).

When you register for the employer portal at [Humana.com](http://Humana.com), you may have access to the following reports:

- Plan demographics
- Medical cost recap
- Hospital utilization
- Physician and other provider costs - in-plan vs. out-of-plan

ATTACHMENT TO: DIV 2-5

## Group Summary

### ► Payments

Date	Description	Amount	Balance
	Amount due from last invoice		\$1,204.11
Jun 6	Payment received (thank you)	-\$1,135.14	\$68.97
Jun 6	Payment received (thank you)	-\$68.97	\$0.00
	<b>Amount past due</b>		<b>\$0.00</b>

### ► Premiums by Product Type

Product type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
Specialty	61	\$1,057.07	3	\$36.93	1	\$12.96	5	\$97.15	\$1,204.11
<b>Totals</b>	<b>61</b>	<b>\$1,057.07</b>	<b>3</b>	<b>\$36.93</b>	<b>1</b>	<b>\$12.96</b>	<b>5</b>	<b>\$97.15</b>	<b>\$1,204.11</b>

ATTACHMENT TO: DIV 2-5

Premiums by Plan Type

Plan type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
LBE	19	\$496.44	0	\$0.00	0	\$0.00	0	\$0.00	\$496.44
ABE	19	\$88.65	0	\$0.00	0	\$0.00	0	\$0.00	\$88.65
LTD	19	\$446.06	0	\$0.00	0	\$0.00	0	\$0.00	\$446.06
VIS	4	\$25.92	3	\$36.93	1	\$12.96	5	\$97.15	\$172.96
<b>Totals</b>	<b>61</b>	<b>\$1,057.07</b>	<b>3</b>	<b>\$36.93</b>	<b>1</b>	<b>\$12.96</b>	<b>5</b>	<b>\$97.15</b>	<b>\$1,204.11</b>

Plan Type Legend	
ABE	BASIC EMPLOYEE AD&D
LBE	BASIC EMPLOYEE LIFE
LTD	LONG TERM DISABILITY
VIS	VISION

InvtLTR 0002-0004 028726.com

Questions about your invoice? Call LAURA ENGEL, your Billing Representative, at 1-800-233-4013. Don't forget, you can pay your invoice online at [Humana.com](http://Humana.com).





ATTACHMENT TO: DIV 2-5

► Employee Detail:  
PASCOAG UTILITY DISTRICT  
606768-001

PASCOAG UTILITY DISTRICT

Member Name	Member ID Number	Plan	Coverage Type	Premium			Total Premium
				Medical	Dental	Specialty	
ALLAIRE, JUDITH	011132919	LBE-100.0K	EMP			\$28.00	\$75.43
	011132919	ABE-100.0K	EMP			\$5.00	
	011132920	LTD-7.3K	EMP			\$35.95	
	011132921	VIS	EMP			\$6.48	
	<b>Employee Total</b>						
BARRENTINE, JAMES	011132922	LBE-100.0K	EMP			\$28.00	\$63.52
	011132922	ABE-100.0K	EMP			\$5.00	
	011132923	LTD-4.9K	EMP			\$24.04	
	011132924	VIS	EMP			\$6.48	
	<b>Employee Total</b>						
BENIOT, MILES	011132925	LBE-69.0K	EMP			\$19.32	\$36.76
	011132925	ABE-69.0K	EMP			\$3.45	
	011132926	LTD-2.8K	EMP			\$13.99	
	<b>Employee Total</b>						
BLODGETT, JOHN	011132928	LBE-100.0K	EMP			\$28.00	\$65.89
	011132928	ABE-100.0K	EMP			\$5.00	
	011132929	LTD-4.2K	EMP			\$20.58	
	011132930	VIS	ESP			\$12.31	
	<b>Employee Total</b>						
CHOQUETTE, JULIE	011132931	LBE-74.0K	EMP			\$20.72	\$39.34
	011132931	ABE-74.0K	EMP			\$3.70	
	011132932	LTD-3.0K	EMP			\$14.92	
	<b>Employee Total</b>						
COURNOYER, CHRISTINE	011132934	LBE-100.0K	EMP			\$28.00	\$68.52
	011132934	ABE-100.0K	EMP			\$5.00	
	011132935	LTD-4.7K	EMP			\$23.21	
	011132936	VIS	ESP			\$12.31	
	<b>Employee Total</b>						
DOWNS, DESARAE	011132937	LBE-91.0K	EMP			\$25.48	\$54.96
	011132937	ABE-91.0K	EMP			\$4.55	
	011132938	LTD-3.7K	EMP			\$18.45	
	011132939	VIS	EMP			\$6.48	
	<b>Employee Total</b>						

ATTACHMENT TO: DIV 2-5

PASCOAG UTILITY DISTRICT (Continued)

Member Name	Member ID Number	Plan	Coverage Type	Premium			Total Premium
				Medical	Dental	Specialty	
DUPUIS, MATTHEW	011132940	LBE-100.0K	EMP			\$28.00	\$75.42
	011132940	ABE-100.0K	EMP			\$5.00	
	011132941	LTD-4.6K	EMP			\$22.99	
	011132942	VIS	FAM			\$19.43	
<b>Employee Total</b>							
GILMOUR, CATHLEEN	011132943	LBE-74.0K	EMP			\$20.72	\$39.34
	011132943	ABE-74.0K	EMP			\$3.70	
	011132944	LTD-3.0K	EMP			\$14.92	
<b>Employee Total</b>							
GUERTIN, WILLIAM	011132946	LBE-100.0K	EMP			\$28.00	\$88.38
	011132946	ABE-100.0K	EMP			\$5.00	
	011132947	LTD-7.3K	EMP			\$35.95	
	011132948	VIS	FAM			\$19.43	
<b>Employee Total</b>							
KIMATIAN, GARY	011132949	LBE-96.0K	EMP			\$26.88	\$70.65
	011132949	ABE-96.0K	EMP			\$4.80	
	011132950	LTD-3.9K	EMP			\$19.54	
	011132951	VIS	FAM			\$19.43	
<b>Employee Total</b>							
KIRKWOOD, MICHAEL	011132952	LBE-100.0K	EMP			\$28.00	\$80.31
	011132952	ABE-100.0K	EMP			\$5.00	
	011132953	LTD-8.3K	EMP			\$40.83	
	011132954	VIS	EMP			\$6.48	
<b>Employee Total</b>							
LAPORTE, LINDA	011132955	LBE-80.0K	EMP			\$22.40	\$42.59
	011132955	ABE-80.0K	EMP			\$4.00	
	011132956	LTD-3.3K	EMP			\$16.19	
<b>Employee Total</b>							
LEDUC, ROBERT	011132958	LBE-100.0K	EMP			\$28.00	\$61.94
	011132958	ABE-100.0K	EMP			\$5.00	
	011132959	LTD-5.9K	EMP			\$28.94	
<b>Employee Total</b>							
LIMA, MICHAEL	011132961	LBE-100.0K	EMP			\$28.00	\$68.97
	011132961	ABE-100.0K	EMP			\$5.00	
	011132962	LTD-4.8K	EMP			\$23.66	
	011132963	VIS	ESP			\$12.31	
<b>Employee Total</b>							



ATTACHMENT TO: DIV 2-5

PASCOAG UTILITY DISTRICT (Continued)

Member Name	Member ID Number	Plan	Coverage Type	Premium			Total Premium
				Medical	Dental	Specialty	
MENARD, DOUGLAS	011132964	LBE-100.0K	EMP			\$28.00	
	011132964	ABE-100.0K	EMP			\$5.00	
	011132965	LTD-4.6K	EMP			\$22.99	
	011132966	VIS	ECH			\$12.96	
<b>Employee Total</b>							<b>\$68.95</b>
PICCARDI, CHRISTOPHER	011132967	LBE-100.0K	EMP			\$28.00	
	011132967	ABE-100.0K	EMP			\$5.00	
	011132968	LTD-6.2K	EMP			\$30.48	
<b>Employee Total</b>							<b>\$63.48</b>
ROUND, HARLE	011132970	LBE-100.0K	EMP			\$28.00	
	011132970	ABE-100.0K	EMP			\$5.00	
	011132971	LTD-4.1K	EMP			\$20.35	
	011132972	VIS	FAM			\$19.43	
<b>Employee Total</b>							<b>\$72.78</b>
WARNER, MICHAEL	011132973	LBE-89.0K	EMP			\$24.92	
	011132973	ABE-89.0K	EMP			\$4.45	
	011132974	LTD-3.6K	EMP			\$18.08	
	011132975	VIS	FAM			\$19.43	
<b>Employee Total</b>							<b>\$66.88</b>

Cobra Coverage   
 State Continuation Coverage   
 State Continuation with Subsidy

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
PUBLIC UTILITIES COMMISSION

IN RE: PASCOAG UTILITY DISTRICT  
CHANGE IN ELECTRIC BASE  
DISTRIBUTION RATES

DOCKET NO. 4341

PASCOAG UTILITY DISTRICT, ELECTRIC DIVISION'S RESPONSES  
TO THE DIVISION OF PUBLIC UTILITIES AND CARRIERS'  
SECOND SET OF DATA REQUESTS  
(Issued August 20, 2012)

DIV 2-6. Please identify overtime hours and expense in each of the years 2007 through 2011.

RESPONSE Please see attached for a breakdown of overtime hours and expense.

RESPONDENT Judith R. Allaire

**Summary of Overtime Expense**

Year	Operations		Administrative		(1)
	Expense	Hours	Expense	Hours	
2011	\$ 58,025.31	1621	\$ 5,408.74	189	
2010	\$ 42,611.82	1006.5	\$ 5,146.21	179.5	
2009	\$ 28,520.74	733	\$ 2,790.11	202	
2008	\$ 52,828.26	1333.5	\$ 4,328.39	164.5	
2007	\$ 31,570.78	885.5	\$ 4,801.25	187	

(1) At the beginning of FY 2011, Pascoag had 20 employees.  
 At the end of FY 2011, Pascoag had 18 employees. As of the filing date, June 2012, Pascoag has 18 full-time employees.