

BILLING DETAIL

Group Name: AMER LEASING SALES INC
 Group Number: 294392

Invoice Number: 0200412057884
 Page Number: 2 of 2

MEMBERSHIP DETAIL

ID#	Subscriber	Product	Contract Type	No Cov	Rate Chg*	Subscriber Amount	Dep Amount	Premium Amount
454A51143	BAHARY, MADJID	ILSG1000	FAM	03		202.98	306.48	509.46
339581415	BAMBOUYANI, ROY	ILSG1000	FAM	04		296.12	361.92	658.04
444720855	HOSSEINI, HOSSEIN	ILSG1000	FAM	04		263.55	322.11	585.66
323620112	HOSSEININEJAD, AMI	ILSG1000	FAM	05		228.07	344.35	572.42
076A69560	HUYNH, VINH	ILSG1000	FAM	04	B	202.98	306.48	509.46
344986904	JAHANSHIRI, MOHAMM	ILSG1000	FAM	04		134.83	277.53	412.36
358647618	OBAEI, HOSSEIN	ILSG1000	FAM	05		263.55	322.11	585.66
320688344	SOLTANI, HABIBULAH	ILSG1000	FAM	04		263.55	322.11	585.66
Membership Detail Subtotal						1855.63	2563.09	4418.72

*Rate Change Legend:
 B=New Age Rate C=New Area Category D=New Age Rate & Area Category
 E=Next Bill Reflects New Age Rate F=New Area Category & Next Bill Reflects New Age Rate

ELIGIBILITY CHANGE(S)

Eligibility change received after the 1st of month may be reflected on your next bill.

ID#	Subscriber	Product	Effective Date	Change Code	Subscriber Amount	Dep Amount	Premium Amount
076A69560	HUYNH, VINH	ILSG1000	12-01-04	ADDSUB	162.83	295.84	458.67
Eligibility Change Subtotal					162.83	295.84	458.67

PAYMENTS POLICY

Payments are due and payable in full upon receipt.

Premiums must be paid in full by the end of the grace period in order for coverage to continue. Reinstatement is at the absolute and sole discretion of UNICARE and reinstatement fee will apply.

You understand and agree that the depositing of a check does not constitute acceptance of premium or a guarantee of coverage.

FOR UNICARE BILLING QUESTIONS CALL 1-888-742-2505.

