

2018-2022
Mirabito Insurance Summary

Total of Bills from DVHT 2018-2022	Total of payments from Mirabitos 2018-2022	Result *	
\$74,697.80	\$76,449.00	-\$1,751.20	
*This means Mirabitos overpaid, we cut a check back to the Mirabitos for this amount on 12/31/22 with ck #18350			

2018
Mirabito Insurance

DVHT Bills		Checks from Mirabitos			Detail in QuickBooks	
Month of Bill	Mirabito Total	Check date	Check Amount	Check #	Deposit date in QB	Amount
Nov-18	\$1,301.36	12/4/2018	\$1,301.36	1463	12/7/2018	\$1,301.36

2019
Mirabito Insurance

DVHT Bills		Checks from Mirabitos			Detail in QuickBooks	
Month of Bill	Mirabito Total	Check date	Check Amount	Check #	Deposit date in QB	Amount
Dec-18	\$1,401.58	1/18/2019	\$1,401.00	1505	1/23/2019	\$1,401.00
Jan-19	\$1,401.58	(Intentionally left blank)			1/23/2019**	\$0.58
Feb-19	\$1,401.58	2/11/2019	\$1,401.00	1517	2/13/2019	\$1,401.00
Mar-19	\$1,401.58	3/20/2019	\$1,401.00	1536	3/25/2019	\$1,401.00
Apr-19	\$1,401.58	4/9/2019	\$1,401.00	1548	4/11/2019	\$1,401.00
May-19	\$1,401.58	5/6/2019	\$1,401.00	1560	5/7/2019	\$1,401.00
Jun-19	\$1,401.58	6/12/2019	\$1,401.00	1580	6/21/2019	\$1,401.00
Jul-19	\$1,401.58	7/11/2019	\$1,401.00	1595	7/19/2019	\$1,401.00
Aug-19	\$1,401.58	8/12/2019	\$1,401.00	1609	8/15/2019	\$1,401.00
Sep-19	\$1,401.58	9/9/2019	\$1,401.00	1625	9/10/2019	\$1,401.00
Oct-19	\$1,401.58	10/11/2019	\$1,401.00	1639	10/25/2019	\$1,401.00
Nov-19	\$1,401.58	11/7/2019	\$1,401.00	1646	12/4/2019	\$1,401.00
					**This was a cash deposit	

2020
Mirabito Insurance

DVHT Bills		Checks from Mirabitos			Detail in QuickBooks	
Month of Bill	Mirabito Total	Check date	Check Amount	Check #	Deposit date in QB	Amount
Dec-19	\$1,491.79	1/10/2020	\$1,491.79	1679	1/21/2020	\$1,491.79
Jan-20	\$1,491.79	2/25/2020	\$1,491.79	1695	3/4/2020	\$1,491.79
Feb-20	\$1,491.79	4/3/2020	\$1,491.79	1707	4/13/2020	\$1,491.79
Mar-20	\$1,491.79	4/28/2020	\$1,491.79	1713	(Intentionally left blank)	
Apr-20	\$1,491.79	5/12/2020	\$1,491.79	1719	5/22/2020	\$2,983.58
May-20	\$1,491.79	8/11/2020	\$1,491.79	1754	8/31/2020	\$1,491.79
Jun-20	\$1,491.79	9/14/2020	\$1,491.79	1767	9/21/2020	\$1,491.79
Jul-20	\$1,491.79	11/6/2020	\$1,491.79	1782	11/5/2020	\$1,491.79
Aug-20	\$1,491.79	11/25/2020	\$1,491.79	1787	12/21/2020	\$1,491.79
Sep-20	\$1,491.79					
Oct-20	\$1,491.79					
Nov-20	\$1,491.79					

2021
Mirabito Insurance

DVHT Bills		Checks from Mirabitos			Detail in QuickBooks	
Month of Bill	Mirabito Total	Check date	Check Amount	Check #	Deposit date in QB	Amount
Dec-20	\$1,576.37	2/8/2021	\$1,576.37	1814	2/10/2021	\$1,576.37
Jan-21	\$1,576.37	2/22/2021	\$1,536.77	1820	3/16/2021	\$1,536.77
Feb-21	\$1,576.37	3/18/2021	\$1,576.37	1831	4/19/2021	\$1,576.37
Mar-21	\$1,576.37	4/29/2021	\$1,576.37	1845	6/1/2021	\$1,576.37
Apr-21	\$1,576.37	6/10/2021	\$3,073.54	1864	7/2/2021	\$3,073.54
May-21	\$1,576.37	8/13/2021	\$1,576.37	1884	9/24/2021	\$1,576.37
Jun-21	\$1,576.37	9/22/2021	\$1,576.31	1894	9/29/2021	\$1,576.31
Jul-21	\$1,576.37	11/27/2021	\$1,576.37	1912	12/1/2021	\$1,576.37
Aug-21	\$1,576.37					
Sep-21	\$1,576.37					
Oct-21	\$1,576.37					
Nov-21	\$1,576.37					

2022
Mirabito Insurance

DVHT Bills		Checks from Mirabitos			Detail in QuickBooks		
Month of Bill	Mirabito Total	Check date	Check Amount	Check #	Deposit date in QB	Amount	
Dec-21	\$1,646.63	1/3/2022	\$3,223.02	1927	1/19/2022	\$3,223.02	
Jan-22	\$1,646.63	2/15/2022	\$1,646.65	1940	3/3/2022	\$1,646.65	
Feb-22	\$1,646.63	3/15/2022	\$1,646.65	1950	3/24/2023	\$1,646.65	
Mar-22	\$1,646.63	4/18/2022	\$1,646.65	1961	4/22/2022	\$1,646.65	
Apr-22	\$1,646.63	5/16/2022	\$1,646.65	1970	5/20/2022	\$1,646.65	
May-22	\$1,646.63	6/3/2022	\$1,646.65	4176	6/3/2022	\$1,646.65	
Jun-22	\$1,646.63	7/14/2022	\$1,646.65	4100	7/15/2022	\$1,646.65	
Jul-22	\$1,646.63	8/12/2022	\$1,646.65	4104	8/12/2022	\$1,646.65	
Aug-22	\$1,646.63	9/13/2022	\$1,646.65	2012	9/16/2022	\$1,646.65	
Sep-22	\$1,646.63	10/14/2022	\$1,646.65	2024	10/18/2022	\$1,646.65	
Oct-22	\$1,646.63	10/28/2022**	\$10,905.31	4119	10/28/2022	\$10,905.31	
Nov-22	\$1,646.63	11/7/2022	\$1,646.65	2033	11/14/2022	\$1,646.65	
		12/6/2022	\$1,646.65	2046	12/9/2022	\$1,646.65	
		**This was total of monies due to Borough for payments missed					

Delaware Valley Health Trust

**719 Dresher Road
Horsham, PA 19044**

**Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,**

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 11/1/2018 to 11/30/2018
Invoice Date: 10/24/2018 **Invoice ID:** 15485

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Fisher, Brett	430.18		Sgl 12/11/2017	\$526.63	\$60.85	Sgl	\$37.86	\$625.34
Flynn, Bradford	401.14		Sgl 8/9/2015	\$526.63	\$60.85	Sgl	\$37.86	\$625.34
Lamparter, Tanya	405.18		Cpl 1/1/2018	\$1,166.59	\$134.77	N/A	\$0.00	\$1,301.36
Yob, William	430.18		P/C 8/7/2016	\$1,108.94	\$128.12	P/C	\$97.54	\$1,334.60
				\$3,328.79	\$384.59		\$173.26	\$3,886.64
<i>Medical - Single: 2 Couple: 1 Single Parent: 1 Family: 0 Total: 4</i>								
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>								

Subtotal	\$3,328.79	\$384.59	\$173.26	\$3,886.64
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 1 Single Parent: 1 Family: 0 Total: 4</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>

	Medical Total	Rx Total	Dental Total
	\$3,328.79	\$384.59	\$173.26

Total DVHT Premium \$3,886.64

Total Due: \$3,886.64

Please Pay this Invoice as Billed. Any enrollment changes received after the first of each month will be reflected on the next monthly invoice. If you have any questions about this invoice please contact the Trust Office at (267) 803-5745. Remit payment to DVHT, PO Box 95000 - 5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 12/1/2018 to 12/31/2018
Invoice Date: 11/13/2018 **Invoice ID:** 15640

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Fisher, Brett	█	Sgl	12/11/2017	\$526.63	\$60.85	Sgl	\$37.86	\$625.34
Flynn, Bradford	█	Sgl	8/9/2015	\$526.63	\$60.85	Sgl	\$37.86	\$625.34
Lamparter, Tanya	█	Cpl	1/1/2018	\$1,166.59	\$134.77	N/A	\$0.00	\$1,301.36
Mirabito, Fiorella	█	Cpl	12/1/2018	\$1,166.59	\$134.77	N/A	\$0.00	\$1,301.36
Yob, William	█	P/C	8/7/2016	\$1,108.94	\$128.12	P/C	\$97.54	\$1,334.60
				\$4,495.38	\$519.36		\$173.26	\$5,188.00
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>								
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>								

Subtotal	\$4,495.38	\$519.36	\$173.26	\$5,188.00
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>

	Medical Total	Rx Total	Dental Total
	\$4,495.38	\$519.36	\$173.26

Total DVHT Premium \$5,188.00

Total Due: \$5,188.00

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 1/1/2019 to 1/31/2019
Invoice Date: 12/20/2018 **Invoice ID:** 15795

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Fisher, Brett		Sgl	12/11/2017	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Flynn, Bradford		Sgl	8/9/2015	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Lamparter, Tanya		Cpl	1/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Mirabito, Fiorella		Cpl	12/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Yob, William		P/C	8/7/2016	\$1,187.67	\$144.65	P/C	\$100.56	\$1,432.88
				\$4,814.55	\$586.37		\$178.62	\$5,579.54
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>								
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>								

Subtotal	\$4,814.55	\$586.37	\$178.62	\$5,579.54
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>

	Medical Total	Rx Total	Dental Total
	\$4,814.55	\$586.37	\$178.62

Total DVHT Premium \$5,579.54

Total Due: \$5,579.54

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 2/1/2019 to 2/28/2019
Invoice Date: 1/24/2019 **Invoice ID:** 15953

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Fisher, Brett		Sgl	12/11/2017	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Flynn, Bradford		Sgl	8/9/2015	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Lamparter, Tanya		Cpl	1/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Mirabito, Fiorella		Cpl	12/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Yob, William		P/C	8/7/2016	\$1,187.67	\$144.65	P/C	\$100.56	\$1,432.88
				\$4,814.55	\$586.37		\$178.62	\$5,579.54
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>								
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>								

Subtotal	\$4,814.55	\$586.37	\$178.62	\$5,579.54
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>

	Medical Total	Rx Total	Dental Total
	\$4,814.55	\$586.37	\$178.62

Total DVHT Premium \$5,579.54

Total Due: \$5,579.54

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 3/1/2019 to 3/31/2019
Invoice Date: 2/21/2019 **Invoice ID:** 16113

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Fisher, Brett		Sgl	12/11/2017	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Flynn, Bradford		Sgl	8/9/2015	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Lamparter, Tanya		Cpl	1/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Mirabito, Fiorella		Cpl	12/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Yob, William		P/C	8/7/2016	\$1,187.67	\$144.65	P/C	\$100.56	\$1,432.88
				\$4,814.55	\$586.37		\$178.62	\$5,579.54
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>								
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>								

Subtotal	\$4,814.55	\$586.37	\$178.62	\$5,579.54
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>

	Medical Total	Rx Total	Dental Total
	\$4,814.55	\$586.37	\$178.62

Total DVHT Premium \$5,579.54

Total Due: \$5,579.54

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 4/1/2019 to 4/30/2019
Invoice Date: 3/22/2019 **Invoice ID:** 16274

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Fisher, Brett		Sgl	12/11/2017	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Flynn, Bradford		Sgl	8/9/2015	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Lamparter, Tanya		Cpl	1/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Mirabito, Fiorella		Cpl	12/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Yob, William		P/C	8/7/2016	\$1,187.67	\$144.65	P/C	\$100.56	\$1,432.88
				\$4,814.55	\$586.37		\$178.62	\$5,579.54
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>								
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>								

Subtotal	\$4,814.55	\$586.37	\$178.62	\$5,579.54
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>

	Medical Total	Rx Total	Dental Total
	\$4,814.55	\$586.37	\$178.62

Total DVHT Premium \$5,579.54

Total Due: \$5,579.54

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 5/1/2019 to 5/31/2019
Invoice Date: 4/22/2019 **Invoice ID:** 16436

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Fisher, Brett		Sgl	12/11/2017	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Flynn, Bradford		Sgl	8/9/2015	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Lamparter, Tanya		Cpl	1/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Mirabito, Fiorella		Cpl	12/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Yob, William		P/C	8/7/2016	\$1,187.67	\$144.65	P/C	\$100.56	\$1,432.88
				\$4,814.55	\$586.37		\$178.62	\$5,579.54
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>								
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>								

Subtotal	\$4,814.55	\$586.37	\$178.62	\$5,579.54
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>

	Medical Total	Rx Total	Dental Total
	\$4,814.55	\$586.37	\$178.62

Total DVHT Premium \$5,579.54

Total Due: \$5,579.54

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 6/1/2019 to 6/30/2019
Invoice Date: 5/24/2019 **Invoice ID:** 16608

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Fisher, Brett		Sgl	12/11/2017	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Flynn, Bradford		Sgl	8/9/2015	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Lamparter, Tanya		Cpl	1/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Mirabito, Fiorella		Cpl	12/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Yob, William		P/C	8/7/2016	\$1,187.67	\$144.65	P/C	\$100.56	\$1,432.88
				\$4,814.55	\$586.37		\$178.62	\$5,579.54
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>								
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>								

Subtotal	\$4,814.55	\$586.37	\$178.62	\$5,579.54
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>

	Medical Total	Rx Total	Dental Total
	\$4,814.55	\$586.37	\$178.62

Total DVHT Premium \$5,579.54

Total Due: \$5,579.54

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 7/1/2019 to 7/31/2019
Invoice Date: 6/20/2019 **Invoice ID:** 16758

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Fisher, Brett		Sgl	12/11/2017	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Flynn, Bradford		Sgl	8/9/2015	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Lamparter, Tanya		Cpl	1/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Mirabito, Fiorella		Cpl	12/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Yob, William		P/C	8/7/2016	\$1,187.67	\$144.65	P/C	\$100.56	\$1,432.88
				\$4,814.55	\$586.37		\$178.62	\$5,579.54
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>								
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>								

Subtotal	\$4,814.55	\$586.37	\$178.62	\$5,579.54
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 0 Total: 3</i>

	Medical Total	Rx Total	Dental Total
	\$4,814.55	\$586.37	\$178.62

Total DVHT Premium \$5,579.54

Total Due: \$5,579.54

Please Pay this Invoice as Billed. Any enrollment changes received after the first of each month will be reflected on the next monthly invoice. If you have any questions about this invoice please contact the Trust Office at (267) 803-5745. Remit payment to DVHT, PO Box 95000 - 5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 8/1/2019 to 8/31/2019
Invoice Date: 7/24/2019 **Invoice ID:** 16922

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Lamparter, Tanya		Cpl	1/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Mirabito, Fiorella		Cpl	12/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Yob, William		P/C	8/7/2016	\$1,187.67	\$144.65	P/C	\$100.56	\$1,432.88
				\$4,250.53	\$517.67		\$139.59	\$4,907.79
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 0 Total: 4</i>								
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 0 Total: 2</i>								

Subtotal	\$4,250.53	\$517.67	\$139.59	\$4,907.79
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Action	Name	Department	Cov	Period	Medical Rate	Rx Rate	Dental Rate	Amount Due
Credits/Debits								
Terminated	Fisher, Brett	None		7/1/2019	(\$564.02)	(\$68.70)	(\$39.03)	(\$671.75)
<i>Single: 0 Couple: 0 Single Parent: 0 Family: 0 Total: 0</i>					(\$564.02)	(\$68.70)	(\$39.03)	(\$671.75)

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 0 Total: 4</i>
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 0 Total: 2</i>

	Medical Total	Rx Total	Dental Total
	\$3,686.51	\$448.97	\$100.56

Total DVHT Premium \$4,236.04

Total Due: \$4,236.04

Please Pay this Invoice as Billed. Any enrollment changes received after the first of each month will be reflected on the next monthly invoice. If you have any questions about this invoice please contact the Trust Office at (267) 803-5745. Remit payment to DVHT, PO Box 95000 - 5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 9/1/2019 to 9/30/2019
Invoice Date: 8/21/2019 **Invoice ID:** 17081

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Lamparter, Tanya		Cpl	1/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Mirabito, Fiorella		Cpl	12/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Yob, William		P/C	8/7/2016	\$1,187.67	\$144.65	P/C	\$100.56	\$1,432.88
				\$4,250.53	\$517.67		\$139.59	\$4,907.79
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 0 Total: 4</i>								
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 0 Total: 2</i>								

Subtotal	\$4,250.53	\$517.67	\$139.59	\$4,907.79
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 0 Total: 4</i>
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 0 Total: 2</i>

	Medical Total	Rx Total	Dental Total
	\$4,250.53	\$517.67	\$139.59

Total DVHT Premium \$4,907.79

Total Due: \$4,907.79

Please Pay this Invoice as Billed. Any enrollment changes received after the first of each month will be reflected on the next monthly invoice. If you have any questions about this invoice please contact the Trust Office at (267) 803-5745. Remit payment to DVHT, PO Box 95000 - 5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 11/1/2019 to 11/30/2019
Invoice Date: 10/23/2019 **Invoice ID:** 17405

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Lamparter, Tanya		Cpl	1/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Mirabito, Fiorella		Cpl	12/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Yob, William		P/C	8/7/2016	\$1,187.67	\$144.65	P/C	\$100.56	\$1,432.88
				\$4,250.53	\$517.67		\$139.59	\$4,907.79
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 0 Total: 4</i>								
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 0 Total: 2</i>								

Subtotal	\$4,250.53	\$517.67	\$139.59	\$4,907.79
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 0 Total: 4</i>
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 0 Total: 2</i>

	Medical Total	Rx Total	Dental Total
	\$4,250.53	\$517.67	\$139.59

Total DVHT Premium \$4,907.79

Total Due: \$4,907.79

Please Pay this Invoice as Billed. Any enrollment changes received after the first of each month will be reflected on the next monthly invoice. If you have any questions about this invoice please contact the Trust Office at (267) 803-5745. Remit payment to DVHT, PO Box 95000 - 5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 12/1/2019 to 12/31/2019
Invoice Date: 11/13/2019 **Invoice ID:** 17568

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$564.02	\$68.70	Sgl	\$39.03	\$671.75
Lamparter, Tanya		Cpl	1/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Mirabito, Fiorella		Cpl	12/1/2018	\$1,249.42	\$152.16	N/A	\$0.00	\$1,401.58
Tripp, Steven		Fam	11/5/2019	\$1,643.04	\$200.08	Fam	\$100.56	\$1,943.68
Yob, William		P/C	8/7/2016	\$1,187.67	\$144.65	P/C	\$100.56	\$1,432.88
				\$5,893.57	\$717.75		\$240.15	\$6,851.47
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 1 Total: 5</i>								
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 1 Total: 3</i>								

Subtotal	\$5,893.57	\$717.75	\$240.15	\$6,851.47
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Action	Name	Department	Cov	Period	Medical Rate	Rx Rate	Dental Rate	Amount Due
Credits/Debits								
Add/new	Tripp, Steven	None	Fam	11/1/2019	\$1,643.04	\$200.08	\$100.56	\$1,943.68
<i>Single: 0 Couple: 0 Single Parent: 0 Family: 1 Total: 1</i>					\$1,643.04	\$200.08	\$100.56	\$1,943.68

Total Membership Count and Monthly Premium Costs								
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 1 Total: 5</i>								
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 1 Total: 3</i>								

Medical Total	Rx Total	Dental Total
\$7,536.61	\$917.83	\$340.71

Total DVHT Premium \$8,795.15

Total Due: \$8,795.15

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 1/1/2020 to 1/31/2020
Invoice Date: 12/23/2019 **Invoice ID:** 17730

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Lamparter, Tanya		Cpl	1/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Mirabito, Fiorella		Cpl	12/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Tripp, Steven		Fam	11/5/2019	\$1,743.27	\$218.49	Fam	\$100.56	\$2,062.32
Yob, William		P/C	8/7/2016	\$1,260.12	\$157.96	P/C	\$100.56	\$1,518.64
				\$6,253.08	\$783.79		\$240.15	\$7,277.02
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 1 Total: 5</i>								
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 1 Total: 3</i>								

Subtotal	\$6,253.08	\$783.79	\$240.15	\$7,277.02
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 1 Total: 5</i>
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 1 Total: 3</i>

	Medical Total	Rx Total	Dental Total
	\$6,253.08	\$783.79	\$240.15

Total DVHT Premium \$7,277.02

Total Due: \$7,277.02

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 2/1/2020 to 2/29/2020
Invoice Date: 1/27/2020 **Invoice ID:** 17890

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Lamparter, Tanya		Cpl	1/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Mirabito, Fiorella		Cpl	12/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Tripp, Steven		Fam	11/5/2019	\$1,743.27	\$218.49	Fam	\$100.56	\$2,062.32
Yob, William		P/C	8/7/2016	\$1,260.12	\$157.96	P/C	\$100.56	\$1,518.64
				\$6,253.08	\$783.79		\$240.15	\$7,277.02
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 1 Total: 5</i>								
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 1 Total: 3</i>								

Subtotal	\$6,253.08	\$783.79	\$240.15	\$7,277.02
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 1 Total: 5</i>
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 1 Total: 3</i>

	Medical Total	Rx Total	Dental Total
	\$6,253.08	\$783.79	\$240.15

Total DVHT Premium \$7,277.02

Total Due: \$7,277.02

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 3/1/2020 to 3/31/2020
Invoice Date: 2/24/2020 **Invoice ID:** 18051

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Lamparter, Tanya		Cpl	1/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Mirabito, Fiorella		Cpl	12/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Tripp, Steven		Fam	11/5/2019	\$1,743.27	\$218.49	Fam	\$100.56	\$2,062.32
Yob, William		P/C	8/7/2016	\$1,260.12	\$157.96	P/C	\$100.56	\$1,518.64
				\$6,253.08	\$783.79		\$240.15	\$7,277.02
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 1 Total: 5</i>								
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 1 Total: 3</i>								

Subtotal	\$6,253.08	\$783.79	\$240.15	\$7,277.02
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 1 Total: 5</i>
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 1 Total: 3</i>

	Medical Total	Rx Total	Dental Total
	\$6,253.08	\$783.79	\$240.15

Total DVHT Premium \$7,277.02

Total Due: \$7,277.02

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 4/1/2020 to 4/30/2020
Invoice Date: 3/24/2020 **Invoice ID:** 18212

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Lamparter, Tanya		Cpl	1/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Mirabito, Fiorella		Cpl	12/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Tripp, Steven		Fam	11/5/2019	\$1,743.27	\$218.49	Fam	\$100.56	\$2,062.32
Yob, William		P/C	8/7/2016	\$1,260.12	\$157.96	P/C	\$100.56	\$1,518.64
				\$6,253.08	\$783.79		\$240.15	\$7,277.02
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 1 Total: 5</i>								
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 1 Total: 3</i>								

Subtotal	\$6,253.08	\$783.79	\$240.15	\$7,277.02
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 1 Couple: 2 Single Parent: 1 Family: 1 Total: 5</i>
<i>Dental - Single: 1 Couple: 0 Single Parent: 1 Family: 1 Total: 3</i>

	Medical Total	Rx Total	Dental Total
	\$6,253.08	\$783.79	\$240.15

Total DVHT Premium \$7,277.02

Total Due: \$7,277.02

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 6/1/2020 to 6/30/2020
Invoice Date: 5/22/2020 **Invoice ID:** 18545

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Lamparter, Tanya		Cpl	1/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Mirabito, Fiorella		Cpl	12/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Rasmus, Marena		Sgl	6/1/2020	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Tripp, Steven		Fam	11/5/2019	\$1,743.27	\$218.49	Fam	\$100.56	\$2,062.32
Yob, William		P/C	8/7/2016	\$1,260.12	\$157.96	P/C	\$100.56	\$1,518.64
				\$6,851.51	\$858.81		\$279.18	\$7,989.50

Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6

Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4

Subtotal	\$6,851.51	\$858.81	\$279.18	\$7,989.50
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4</i>

	Medical Total	Rx Total	Dental Total
	\$6,851.51	\$858.81	\$279.18

Total DVHT Premium \$7,989.50

Total Due: \$7,989.50

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 7/1/2020 to 7/31/2020
Invoice Date: 6/23/2020 **Invoice ID:** 18706

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Lamparter, Tanya		Cpl	1/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Mirabito, Fiorella		Cpl	12/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Rasmus, Marena		Sgl	6/1/2020	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Tripp, Steven		Fam	11/5/2019	\$1,743.27	\$218.49	Fam	\$100.56	\$2,062.32
Yob, William		P/C	8/7/2016	\$1,260.12	\$157.96	P/C	\$100.56	\$1,518.64
				\$6,851.51	\$858.81		\$279.18	\$7,989.50

Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6

Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4

Subtotal	\$6,851.51	\$858.81	\$279.18	\$7,989.50
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4</i>

	Medical Total	Rx Total	Dental Total
	\$6,851.51	\$858.81	\$279.18

Total DVHT Premium \$7,989.50

Total Due: \$7,989.50

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 8/1/2020 to 8/31/2020
Invoice Date: 7/27/2020 **Invoice ID:** 18856

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Lamparter, Tanya		Cpl	1/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Mirabito, Fiorella		Cpl	12/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Rasmus, Marena		Sgl	6/1/2020	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Tripp, Steven		Fam	11/5/2019	\$1,743.27	\$218.49	Fam	\$100.56	\$2,062.32
Yob, William		P/C	8/7/2016	\$1,260.12	\$157.96	P/C	\$100.56	\$1,518.64
				\$6,851.51	\$858.81		\$279.18	\$7,989.50

Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6

Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4

Subtotal	\$6,851.51	\$858.81	\$279.18	\$7,989.50
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4</i>

	Medical Total	Rx Total	Dental Total
	\$6,851.51	\$858.81	\$279.18

Total DVHT Premium \$7,989.50

Total Due: \$7,989.50

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 9/1/2020 to 9/30/2020
Invoice Date: 8/25/2020 **Invoice ID:** 19017

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Lamparter, Tanya		Cpl	1/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Mirabito, Fiorella		Cpl	12/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Rasmus, Marena		Sgl	6/1/2020	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Tripp, Steven		Fam	11/5/2019	\$1,743.27	\$218.49	Fam	\$100.56	\$2,062.32
Yob, William		P/C	8/7/2016	\$1,260.12	\$157.96	P/C	\$100.56	\$1,518.64
				\$6,851.51	\$858.81		\$279.18	\$7,989.50

Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6

Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4

Subtotal	\$6,851.51	\$858.81	\$279.18	\$7,989.50
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4</i>

	Medical Total	Rx Total	Dental Total
	\$6,851.51	\$858.81	\$279.18

Total DVHT Premium \$7,989.50

Total Due: \$7,989.50

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Delaware Valley Health Trust

**719 Dresher Road
Horsham, PA 19044**

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 10/1/2020 to 10/31/2020
Invoice Date: 9/21/2020 **Invoice ID:** 19178

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Lamparter, Tanya		Cpl	1/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Mirabito, Fiorella		Cpl	12/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Rasmus, Marena		Sgl	6/1/2020	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Tripp, Steven		Fam	11/5/2019	\$1,743.27	\$218.49	Fam	\$100.56	\$2,062.32
Yob, William		P/C	8/7/2016	\$1,260.12	\$157.96	P/C	\$100.56	\$1,518.64
				\$6,851.51	\$858.81		\$279.18	\$7,989.50

Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6

Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4

Subtotal	\$6,851.51	\$858.81	\$279.18	\$7,989.50
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4</i>

	Medical Total	Rx Total	Dental Total
	\$6,851.51	\$858.81	\$279.18

Total DVHT Premium \$7,989.50

Total Due: \$7,989.50

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 11/1/2020 to 11/30/2020
Invoice Date: 10/26/2020 **Invoice ID:** 19340

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Lamparter, Tanya		Cpl	1/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Mirabito, Fiorella		Cpl	12/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Rasmus, Marena		Sgl	6/1/2020	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Tripp, Steven		Fam	11/5/2019	\$1,743.27	\$218.49	Fam	\$100.56	\$2,062.32
Yob, William		P/C	8/7/2016	\$1,260.12	\$157.96	P/C	\$100.56	\$1,518.64
				\$6,851.51	\$858.81		\$279.18	\$7,989.50

Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6

Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4

Subtotal	\$6,851.51	\$858.81	\$279.18	\$7,989.50
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4</i>

	Medical Total	Rx Total	Dental Total
	\$6,851.51	\$858.81	\$279.18

Total DVHT Premium \$7,989.50

Total Due: \$7,989.50

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 12/1/2020 to 12/31/2020
Invoice Date: 11/18/2020 **Invoice ID:** 19503

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Lamparter, Tanya		Cpl	1/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Mirabito, Fiorella		Cpl	12/1/2018	\$1,325.63	\$166.16	N/A	\$0.00	\$1,491.79
Rasmus, Marena		Sgl	6/1/2020	\$598.43	\$75.02	Sgl	\$39.03	\$712.48
Tripp, Steven		Fam	11/5/2019	\$1,743.27	\$218.49	Fam	\$100.56	\$2,062.32
Yob, William		P/C	8/7/2016	\$1,260.12	\$157.96	P/C	\$100.56	\$1,518.64
				\$6,851.51	\$858.81		\$279.18	\$7,989.50

Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6

Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4

Subtotal	\$6,851.51	\$858.81	\$279.18	\$7,989.50
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4</i>

	Medical Total	Rx Total	Dental Total
	\$6,851.51	\$858.81	\$279.18

Total DVHT Premium \$7,989.50

Total Due: \$7,989.50

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 1/1/2021 to 1/31/2021
Invoice Date: 12/23/2020 **Invoice ID:** 19665

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Lamparter, Tanya		Cpl	1/1/2018	\$1,400.79	\$175.58	N/A	\$0.00	\$1,576.37
Mirabito, Fiorella		Cpl	12/1/2018	\$1,400.79	\$175.58	N/A	\$0.00	\$1,576.37
Rasmus, Marena		Sgl	6/1/2020	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Tripp, Steven		Fam	11/5/2019	\$1,842.11	\$230.88	Fam	\$106.26	\$2,179.25
Yob, William		P/C	8/7/2016	\$1,331.57	\$166.92	P/C	\$106.26	\$1,604.75
				\$7,239.98	\$907.50		\$295.00	\$8,442.48

Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6

Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4

Subtotal	\$7,239.98	\$907.50	\$295.00	\$8,442.48
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6</i>
<i>Dental - Single: 2 Couple: 0 Single Parent: 1 Family: 1 Total: 4</i>

	Medical Total	Rx Total	Dental Total
	\$7,239.98	\$907.50	\$295.00

Total DVHT Premium \$8,442.48

Total Due: \$8,442.48

Please Pay this Invoice as Billed. Any enrollment changes received after the first of each month will be reflected on the next monthly invoice. If you have any questions about this invoice please contact the Trust Office at (267) 803-5745. Remit payment to DVHT, PO Box 95000 - 5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 2/1/2021 to 2/28/2021
Invoice Date: 1/26/2021 **Invoice ID:** 19827

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Lamparter, Tanya		Cpl	1/1/2018	\$1,400.79	\$175.58	Cpl	\$106.26	\$1,682.63
Mirabito, Fiorella		Cpl	12/1/2018	\$1,400.79	\$175.58	N/A	\$0.00	\$1,576.37
Rasmus, Marena		Sgl	6/1/2020	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Tripp, Steven		Fam	11/5/2019	\$1,842.11	\$230.88	Fam	\$106.26	\$2,179.25
Yob, William		P/C	8/7/2016	\$1,331.57	\$166.92	P/C	\$106.26	\$1,604.75
				\$7,239.98	\$907.50		\$401.26	\$8,548.74

Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6

Dental - Single: 2 Couple: 1 Single Parent: 1 Family: 1 Total: 5

Subtotal	\$7,239.98	\$907.50	\$401.26	\$8,548.74
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Action	Name	Department	Cov	Period	Medical Rate	Rx Rate	Dental Rate	Amount Due
Credits/Debits								
Change Cover	Lamparter, Tanya	None	Cpl	1/1/2021	\$0.00	\$0.00	\$106.26	\$106.26
<i>Single: 0 Couple: 1 Single Parent: 0 Family: 0 Total: 1</i>					\$0.00	\$0.00	\$106.26	\$106.26

Total Membership Count and Monthly Premium Costs								
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6</i>								
<i>Dental - Single: 2 Couple: 1 Single Parent: 1 Family: 1 Total: 5</i>								

	Medical Total	Rx Total	Dental Total
	\$7,239.98	\$907.50	\$507.52

Total DVHT Premium \$8,655.00

Total Due: \$8,655.00

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Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014
ATTN:
manager@boroughofbath.org,

Group Number:
Group Number: 721185 (PPO)
Coverage Period: 3/1/2021 to 3/31/2021
Invoice Date: 2/17/2021 **Invoice ID:** 19989

Name	Last 4 SSN	Med Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford		Sgl	8/9/2015	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Lamparter, Tanya		Cpl	1/1/2018	\$1,400.79	\$175.58	Cpl	\$106.26	\$1,682.63
Mirabito, Fiorella		Cpl	12/1/2018	\$1,400.79	\$175.58	N/A	\$0.00	\$1,576.37
Rasmus, Marena		Sgl	6/1/2020	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Tripp, Steven		Fam	11/5/2019	\$1,842.11	\$230.88	Fam	\$106.26	\$2,179.25
Yob, William		P/C	8/7/2016	\$1,331.57	\$166.92	P/C	\$106.26	\$1,604.75
				\$7,239.98	\$907.50		\$401.26	\$8,548.74

Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6

Dental - Single: 2 Couple: 1 Single Parent: 1 Family: 1 Total: 5

Subtotal	\$7,239.98	\$907.50	\$401.26	\$8,548.74
Rate Relief				\$0.00
Discount	Trust Count = 1 (0%)			\$0.00

Total Membership Count and Monthly Premium Costs
<i>Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 1 Total: 6</i>
<i>Dental - Single: 2 Couple: 1 Single Parent: 1 Family: 1 Total: 5</i>

	Medical Total	Rx Total	Dental Total
	\$7,239.98	\$907.50	\$401.26

Total DVHT Premium \$8,548.74

Total Due: \$8,548.74

Please Pay this Invoice as Billed. Any enrollment changes received after the first of each month will be reflected on the next monthly invoice. If you have any questions about this invoice please contact the Trust Office at (267) 803-5745. Remit payment to DVHT, PO Box 95000 - 5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 4/1/2021 to 4/30/2021
Invoice Date: 3/24/2021 Invoice ID: 20248

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford	■	Sgl	08/09/2015	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Lamparter, Tanya	■	Cpl	01/01/2018	\$1,400.79	\$175.58	Cpl	\$106.26	\$1,682.63
Mirabito, Fiorella	■	Cpl	12/01/2018	\$1,400.79	\$175.58	N/A	\$0.00	\$1,576.37
Rasmus, Marena	■	Sgl	06/01/2020	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Yob, William	■	P/C	08/07/2016	\$1,331.57	\$166.92	P/C	\$106.26	\$1,604.75
				\$5,397.87	\$676.62		\$295.00	\$6,369.49
Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5							MTD Discount:	\$0.00
Dental - Single: 2 Couple: 1 Single Parent: 1 Family: 0 Total: 4							Group Total after Discount:	\$6,369.49

Subtotal	\$5,397.87	\$676.62	\$295.00	\$6,369.49
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Bill To: Borough of Bath
 121 S Walnut Street
 Bath, PA 18014

Group Number: (HMO)
 Group Number: 721185 (PPO)
 Coverage Period: 4/1/2021 to 4/30/2021
 Invoice Date: 3/24/2021 Invoice ID: 20248

Action	Name	Dept	Period	Med Cov	Med Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
Credits / Debits									
Subscriber Terminated	Tripp, Steven	None	03/01/2021	Fam	(\$1,842.11)	(\$230.88)	Fam	(\$106.26)	(\$2,179.25)
					(\$1,842.11)	(\$230.88)		(\$106.26)	(\$2,179.25)
								MTD Discount:	\$0.00
								Group Total after Discount:	(\$2,179.25)

Medical - Single: 0 Couple: 0 Single Parent: 0 Family: 1 Total: 1
 Dental - Single: 0 Couple: 0 Single Parent: 0 Family: 1 Total: 1

Total Membership Count and Monthly Premium Costs
Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5 Dental - Single: 2 Couple: 1 Single Parent: 1 Family: 0 Total: 4

	Medical Total	Rx Total	Dental Total
	\$3,555.76	\$445.74	\$188.74

Total DVHT Premium \$6,369.49
 Trust Count = 1 (0%) \$0.00
 Total Due \$4,190.24

Please Pay this Invoice as Billed. Any enrollment changes received after the first of each month will be reflected on the next monthly invoice. If you have any questions about this invoice please contact the Trust Office at (267) 803-5745. Remit payment to DVHT, PO Box 95000 - 5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 5/1/2021 to 5/31/2021
Invoice Date: 4/22/2021 Invoice ID: 20512

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford	■	Sgl	08/09/2015	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Lamparter, Tanya	■	Cpl	01/01/2018	\$1,400.79	\$175.58	Cpl	\$106.26	\$1,682.63
Mirabito, Fiorella	■	Cpl	12/01/2018	\$1,400.79	\$175.58	N/A	\$0.00	\$1,576.37
Rasmus, Marena	■	Sgl	06/01/2020	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Yob, William	■	P/C	08/07/2016	\$1,331.57	\$166.92	P/C	\$106.26	\$1,604.75
				\$5,397.87	\$676.62		\$295.00	\$6,369.49
Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5							MTD Discount:	\$0.00
Dental - Single: 2 Couple: 1 Single Parent: 1 Family: 0 Total: 4							Group Total after Discount:	\$6,369.49

Subtotal	\$5,397.87	\$676.62	\$295.00	\$6,369.49
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Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 5/1/2021 to 5/31/2021
Invoice Date: 4/22/2021 Invoice ID: 20512

Total Membership Count and Monthly Premium Costs
Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5 Dental - Single: 2 Couple: 1 Single Parent: 1 Family: 0 Total: 4

	Medical Total	Rx Total	Dental Total
	\$5,397.87	\$676.62	\$295.00

Trust Count = 1 (0%)	\$0.00
Total Due	\$6,369.49

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 6/1/2021 to 6/30/2021
Invoice Date: 5/24/2021 Invoice ID: 20590

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford	████	Sgl	08/09/2015	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,400.79	\$175.58	Cpl	\$106.26	\$1,682.63
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,400.79	\$175.58	N/A	\$0.00	\$1,576.37
Rasmus, Marena	████	Sgl	06/01/2020	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Yob, William	████	P/C	08/07/2016	\$1,331.57	\$166.92	P/C	\$106.26	\$1,604.75
				\$5,397.87	\$676.62		\$295.00	\$6,369.49
Medical - Single (Sgl): 2 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 5							MTD Discount:	\$0.00
Dental - Single (Sgl): 2 Couple (Cpl): 1 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 4							Group Total after Discount:	\$6,369.49

Subtotal	\$5,397.87	\$676.62	\$295.00	\$6,369.49
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Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 6/1/2021 to 6/30/2021
Invoice Date: 5/24/2021 Invoice ID: 20590

Total Membership Count and Monthly Premium Costs
Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5 Dental - Single: 2 Couple: 1 Single Parent: 1 Family: 0 Total: 4

	Medical Total	Rx Total	Dental Total
	\$5,397.87	\$676.62	\$295.00

Trust Count = 1 (0%)	\$0.00
Total Due	\$6,369.49

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 7/1/2021 to 7/31/2021
Invoice Date: 6/24/2021 Invoice ID: 20761

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford	████	Sgl	08/09/2015	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,400.79	\$175.58	Cpl	\$106.26	\$1,682.63
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,400.79	\$175.58	N/A	\$0.00	\$1,576.37
Rasmus, Marena	████	Sgl	06/01/2020	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Yob, William	████	P/C	08/07/2016	\$1,331.57	\$166.92	P/C	\$106.26	\$1,604.75
				\$5,397.87	\$676.62		\$295.00	\$6,369.49
Medical - Single (Sgl): 2 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 5							MTD Discount:	\$0.00
Dental - Single (Sgl): 2 Couple (Cpl): 1 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 4							Group Total after Discount:	\$6,369.49

Subtotal	\$5,397.87	\$676.62	\$295.00	\$6,369.49
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Bill To: Borough of Bath
 121 S Walnut Street
 Bath, PA 18014

Group Number: (HMO)
 Group Number: 721185 (PPO)
 Coverage Period: 7/1/2021 to 7/31/2021
 Invoice Date: 6/24/2021 Invoice ID: 20761

Total Membership Count and Monthly Premium Costs
Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5 Dental - Single: 2 Couple: 1 Single Parent: 1 Family: 0 Total: 4

	Medical Total	Rx Total	Dental Total
	\$5,397.87	\$676.62	\$295.00

Trust Count = 1 (0%) \$0.00
 Total Due \$6,369.49

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 8/1/2021 to 8/31/2021
Invoice Date: 7/23/2021 Invoice ID: 21015

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Flynn, Bradford	████	Sgl	08/09/2015	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,400.79	\$175.58	Cpl	\$106.26	\$1,682.63
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,400.79	\$175.58	N/A	\$0.00	\$1,576.37
Rasmus, Marena	████	Sgl	06/01/2020	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Yob, William	████	P/C	08/07/2016	\$1,331.57	\$166.92	P/C	\$106.26	\$1,604.75
				\$5,397.87	\$676.62		\$295.00	\$6,369.49
Medical - Single (Sgl): 2 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 5							MTD Discount:	\$0.00
Dental - Single (Sgl): 2 Couple (Cpl): 1 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 4							Group Total after Discount:	\$6,369.49

Subtotal	\$5,397.87	\$676.62	\$295.00	\$6,369.49
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Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 8/1/2021 to 8/31/2021
Invoice Date: 7/23/2021 Invoice ID: 21015

Total Membership Count and Monthly Premium Costs
Medical - Single: 2 Couple: 2 Single Parent: 1 Family: 0 Total: 5 Dental - Single: 2 Couple: 1 Single Parent: 1 Family: 0 Total: 4

	Medical Total	Rx Total	Dental Total
	\$5,397.87	\$676.62	\$295.00

Trust Count = 1 (0%)	\$0.00
Total Due	\$6,369.49

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 8/1/2021 to 9/30/2021
Invoice Date: 8/23/2021 Invoice ID: 21219

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Blakeslee, Allen	████	Cpl	07/21/2021	\$1,400.79	\$175.58	Cpl	\$106.26	\$1,682.63
Flynn, Bradford	████	Sgl	08/09/2015	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Kowalchuk, Steve	████	Sgl	07/13/2021	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,400.79	\$175.58	Cpl	\$106.26	\$1,682.63
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,400.79	\$175.58	N/A	\$0.00	\$1,576.37
Rasmus, Marena	████	Sgl	06/01/2020	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Yob, William	████	P/C	08/07/2016	\$1,331.57	\$166.92	P/C	\$106.26	\$1,604.75
				\$7,431.02	\$931.47		\$442.50	\$8,804.99
Medical - Single (Sgl): 3 Couple (Cpl): 3 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 7							MTD Discount:	\$0.00
Dental - Single (Sgl): 3 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 6							Group Total after Discount:	\$8,804.99

Subtotal	\$7,431.02	\$931.47	\$442.50	\$8,804.99
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Bill To: Borough of Bath
 121 S Walnut Street
 Bath, PA 18014

Group Number: (HMO)
 Group Number: 721185 (PPO)
 Coverage Period: 9/1/2021 to 9/30/2021
 Invoice Date: 8/23/2021 Invoice ID: 21219

Action	Name	Dept	Period	Med Cov	Med Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
Credits / Debits									
Coverage Change	Kowalchuk, Steve	None	07/01/2021	Sgl	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Coverage Change	Kowalchuk, Steve	None	08/01/2021	Sgl	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Coverage Change	Blakeslee, Allen	None	07/01/2021	Cpl	\$1,400.79	\$175.58	Cpl	\$106.26	\$1,682.63
Coverage Change	Blakeslee, Allen	None	08/01/2021	Cpl	\$1,400.79	\$175.58	Cpl	\$106.26	\$1,682.63
					\$4,066.30	\$509.70		\$295.00	\$4,871.00
								MTD Discount:	\$0.00
								Group Total after Discount:	\$4,871.00

Medical - Single: 2 Couple: 2 Single Parent: 0 Family: 0 Total: 4
 Dental - Single: 2 Couple: 2 Single Parent: 0 Family: 0 Total: 4

Total Membership Count and Monthly Premium Costs
Medical - Single: 3 Couple: 3 Single Parent: 1 Family: 0 Total: 7 Dental - Single: 3 Couple: 2 Single Parent: 1 Family: 0 Total: 6

	Medical Total	Rx Total	Dental Total
	\$11,497.32	\$1,441.17	\$737.50

Trust Count = 1 (0%) \$0.00
 Total Due \$13,675.99

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 10/1/2021 to 10/31/2021
Invoice Date: 9/17/2021 Invoice ID: 21407

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Craig, Christopher	████	Sgl	08/10/2021	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Flynn, Bradford	████	Sgl	08/09/2015	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Kowalchuk, Steve	████	Sgl	07/13/2021	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,400.79	\$175.58	Cpl	\$106.26	\$1,682.63
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,400.79	\$175.58	N/A	\$0.00	\$1,576.37
Rasmus, Marena	████	Sgl	06/01/2020	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Yob, William	████	P/C	08/07/2016	\$1,331.57	\$166.92	P/C	\$106.26	\$1,604.75
				\$6,662.59	\$835.16		\$377.48	\$7,875.23
Medical - Single (Sgl): 4 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 7							MTD Discount:	\$0.00
Dental - Single (Sgl): 4 Couple (Cpl): 1 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 6							Group Total after Discount:	\$7,875.23

Subtotal	\$6,662.59	\$835.16	\$377.48	\$7,875.23
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Bill To: Borough of Bath
 121 S Walnut Street
 Bath, PA 18014

Group Number: (HMO)
 Group Number: 721185 (PPO)
 Coverage Period: 10/1/2021 to 10/31/2021
 Invoice Date: 9/17/2021 Invoice ID: 21407

Action	Name	Dept	Period	Med Cov	Med Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
Credits / Debits									
Coverage Change	Craig, Christopher	None	08/01/2021	Sgl	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Coverage Change	Craig, Christopher	None	09/01/2021	Sgl	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Subscriber Terminated	Blakeslee, Allen	None	09/01/2021	Cpl	(\$1,400.79)	(\$175.58)	Cpl	(\$106.26)	(\$1,682.63)
					(\$136.07)	(\$17.04)		(\$23.78)	(\$176.89)
								MTD Discount:	\$0.00
								Group Total after Discount:	(\$176.89)

Medical - Single: 2 Couple: 1 Parent/Child: 0 Parent/Children: 0 Family: 0 Total: 3
 Dental - Single: 2 Couple: 1 Parent/Child: 0 Parent/Children: 0 Family: 0 Total: 3

Total Membership Count and Monthly Premium Costs
Medical - Single: 4 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 7 Dental - Single: 4 Couple: 1 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 6

	Medical Total	Rx Total	Dental Total
	\$6,526.52	\$818.12	\$353.70

Trust Count = 1 (0%) \$0.00
 Total Due \$7,698.34

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 11/1/2021 to 11/30/2021
Invoice Date: 10/22/2021 Invoice ID: 21584

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Craig, Christopher	████	Sgl	08/10/2021	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Flynn, Bradford	████	Sgl	08/09/2015	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Kowalchuk, Steve	████	Sgl	07/13/2021	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,400.79	\$175.58	Cpl	\$106.26	\$1,682.63
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,400.79	\$175.58	N/A	\$0.00	\$1,576.37
Rasmus, Marena	████	Sgl	06/01/2020	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Yob, William	████	P/C	08/07/2016	\$1,331.57	\$166.92	P/C	\$106.26	\$1,604.75
				\$6,662.59	\$835.16		\$377.48	\$7,875.23
Medical - Single (Sgl): 4 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 7							MTD Discount:	\$0.00
Dental - Single (Sgl): 4 Couple (Cpl): 1 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 6							Group Total after Discount:	\$7,875.23

Subtotal	\$6,662.59	\$835.16	\$377.48	\$7,875.23
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Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 11/1/2021 to 11/30/2021
Invoice Date: 10/22/2021 Invoice ID: 21584

Total Membership Count and Monthly Premium Costs
Medical - Single: 4 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 7 Dental - Single: 4 Couple: 1 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 6

	Medical Total	Rx Total	Dental Total
	\$6,662.59	\$835.16	\$377.48

Trust Count = 1 (0%)	\$0.00
Total Due	\$7,875.23

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 12/1/2021 to 12/31/2021
Invoice Date: 11/19/2021 Invoice ID: 21726

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Craig, Christopher	████	Sgl	08/10/2021	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Flynn, Bradford	████	Sgl	08/09/2015	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Kowalchuk, Steve	████	Sgl	07/13/2021	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,400.79	\$175.58	Cpl	\$106.26	\$1,682.63
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,400.79	\$175.58	N/A	\$0.00	\$1,576.37
Rasmus, Marena	████	Sgl	06/01/2020	\$632.36	\$79.27	Sgl	\$41.24	\$752.87
Yob, William	████	P/C	08/07/2016	\$1,331.57	\$166.92	P/C	\$106.26	\$1,604.75
				\$6,662.59	\$835.16		\$377.48	\$7,875.23
Medical - Single (Sgl): 4 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 7							MTD Discount:	\$0.00
Dental - Single (Sgl): 4 Couple (Cpl): 1 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 6							Group Total after Discount:	\$7,875.23

Subtotal	\$6,662.59	\$835.16	\$377.48	\$7,875.23
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Bill To: Borough of Bath
 121 S Walnut Street
 Bath, PA 18014

Group Number: (HMO)
 Group Number: 721185 (PPO)
 Coverage Period: 12/1/2021 to 12/31/2021
 Invoice Date: 11/19/2021 Invoice ID: 21726

Total Membership Count and Monthly Premium Costs
Medical - Single: 4 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 7 Dental - Single: 4 Couple: 1 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 6

	Medical Total	Rx Total	Dental Total
	\$6,662.59	\$835.16	\$377.48

Trust Count = 1 (0%) \$0.00
 Total Due \$7,875.23

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 1/1/2022 to 1/31/2022
Invoice Date: 12/22/2021 Invoice ID: 22029

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Craig, Christopher	████	Sgl	08/10/2021	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Flynn, Bradford	████	Sgl	08/09/2015	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Kowalchuk, Steve	████	Sgl	07/13/2021	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,449.81	\$196.82	N/A	\$0.00	\$1,646.63
Rasmus, Marena	████	Sgl	06/01/2020	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Yob, William	████	P/C	08/07/2016	\$1,378.17	\$187.11	P/C	\$106.26	\$1,671.54
				\$6,895.75	\$936.19		\$377.48	\$8,209.42
Medical - Single (Sgl): 4 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 7							MTD Discount:	\$0.00
Dental - Single (Sgl): 4 Couple (Cpl): 1 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 6							Group Total after Discount:	\$8,209.42

Subtotal	\$6,895.75	\$936.19	\$377.48	\$8,209.42
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Bill To: Borough of Bath
 121 S Walnut Street
 Bath, PA 18014

Group Number: (HMO)
 Group Number: 721185 (PPO)
 Coverage Period: 1/1/2022 to 1/31/2022
 Invoice Date: 12/22/2021 Invoice ID: 22029

Total Membership Count and Monthly Premium Costs
Medical - Single: 4 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 7 Dental - Single: 4 Couple: 1 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 6

	Medical Total	Rx Total	Dental Total
	\$6,895.75	\$936.19	\$377.48

Trust Count = 1 (0%) \$0.00
 Total Due \$8,209.42

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 2/1/2022 to 2/28/2022
Invoice Date: 1/25/2022 Invoice ID: 22312

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Craig, Christopher	████	Sgl	08/10/2021	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Flynn, Bradford	████	Sgl	08/09/2015	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Kowalchuk, Steve	████	Sgl	07/13/2021	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,449.81	\$196.82	N/A	\$0.00	\$1,646.63
Rasmus, Marena	████	Sgl	06/01/2020	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Yob, William	████	P/C	08/07/2016	\$1,378.17	\$187.11	P/C	\$106.26	\$1,671.54
				\$6,895.75	\$936.19		\$377.48	\$8,209.42
Medical - Single (Sgl): 4 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 7							MTD Discount:	\$0.00
Dental - Single (Sgl): 4 Couple (Cpl): 1 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 6							Group Total after Discount:	\$8,209.42

Subtotal	\$6,895.75	\$936.19	\$377.48	\$8,209.42
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Bill To: Borough of Bath
 121 S Walnut Street
 Bath, PA 18014

Group Number: (HMO)
 Group Number: 721185 (PPO)
 Coverage Period: 2/1/2022 to 2/28/2022
 Invoice Date: 1/25/2022 Invoice ID: 22312

Total Membership Count and Monthly Premium Costs
Medical - Single: 4 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 7 Dental - Single: 4 Couple: 1 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 6

	Medical Total	Rx Total	Dental Total
	\$6,895.75	\$936.19	\$377.48

Trust Count = 1 (0%) \$0.00
 Total Due \$8,209.42

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 3/1/2022 to 3/31/2022
Invoice Date: 2/18/2022 Invoice ID: 22461

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Craig, Christopher	████	Sgl	08/10/2021	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Flynn, Bradford	████	Sgl	08/09/2015	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Kowalchuk, Steve	████	Sgl	07/13/2021	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,449.81	\$196.82	N/A	\$0.00	\$1,646.63
Rasmus, Marena	████	Cpl	06/01/2020	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
				\$6,312.90	\$857.04			\$336.24
								\$7,506.18

Medical - Single (Sgl): 3 Couple (Cpl): 3 Parent/Child (PC): 0 Parent/Children (P/C): 0 Family (Fam): 0 Total: 6 MTD Discount: \$0.00
Dental - Single (Sgl): 3 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 0 Family (Fam): 0 Total: 5 Group Total after Discount: \$7,506.18

Subtotal	\$6,312.90	\$857.04	\$336.24	\$7,506.18
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Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 3/1/2022 to 3/31/2022
Invoice Date: 2/18/2022 Invoice ID: 22461

Total Membership Count and Monthly Premium Costs
Medical - Single: 3 Couple: 3 Parent/Child: 0 Parent/Children: 0 Family: 0 Total: 6 Dental - Single: 3 Couple: 2 Parent/Child: 0 Parent/Children: 0 Family: 0 Total: 5

	Medical Total	Rx Total	Dental Total
	\$6,312.90	\$857.04	\$336.24

Trust Count = 1 (0%)	\$0.00
Total Due	\$7,506.18

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 4/1/2022 to 4/30/2022
Invoice Date: 3/24/2022 Invoice ID: 22581

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Craig, Christopher	████	P/C	08/10/2021	\$1,378.17	\$187.11	P/C	\$106.26	\$1,671.54
Flynn, Bradford	████	Sgl	08/09/2015	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Kowalchuk, Steve	████	Sgl	07/13/2021	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,449.81	\$196.82	N/A	\$0.00	\$1,646.63
Rasmus, Marena	████	Cpl	06/01/2020	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
				\$7,036.58	\$955.29			\$8,393.13

Medical - Single (Sgl): 2 Couple (Cpl): 3 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 6 MTD Discount: \$0.00
 Dental - Single (Sgl): 2 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 5 Group Total after Discount: \$8,393.13

Subtotal	\$7,036.58	\$955.29	\$401.26	\$8,393.13
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Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 4/1/2022 to 4/30/2022
Invoice Date: 3/24/2022 Invoice ID: 22581

Total Membership Count and Monthly Premium Costs
Medical - Single: 2 Couple: 3 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 6 Dental - Single: 2 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 5

	Medical Total	Rx Total	Dental Total
	\$7,036.58	\$955.29	\$401.26

Trust Count = 1 (0%)	\$0.00
Total Due	\$8,393.13

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 5/1/2022 to 5/31/2022
Invoice Date: 4/21/2022 Invoice ID: 22765

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Craig, Christopher	████	P/C	08/10/2021	\$1,378.17	\$187.11	P/C	\$106.26	\$1,671.54
Flynn, Bradford	████	Sgl	08/09/2015	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Kowalchuk, Steve	████	Sgl	07/13/2021	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,449.81	\$196.82	N/A	\$0.00	\$1,646.63
Rasmus, Marena	████	Cpl	06/01/2020	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
				\$7,036.58	\$955.29			\$8,393.13

Medical - Single (Sgl): 2 Couple (Cpl): 3 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 6 MTD Discount: \$0.00
 Dental - Single (Sgl): 2 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 5 Group Total after Discount: \$8,393.13

Subtotal	\$7,036.58	\$955.29	\$401.26	\$8,393.13
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Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 5/1/2022 to 5/31/2022
Invoice Date: 4/21/2022 Invoice ID: 22765

Total Membership Count and Monthly Premium Costs
Medical - Single: 2 Couple: 3 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 6 Dental - Single: 2 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 5

	Medical Total	Rx Total	Dental Total
	\$7,036.58	\$955.29	\$401.26

Trust Count = 1 (0%)	\$0.00
Total Due	\$8,393.13

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 6/1/2022 to 6/30/2022
Invoice Date: 5/23/2022 Invoice ID: 22990

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Craig, Christopher	████	P/C	08/10/2021	\$1,378.17	\$187.11	P/C	\$106.26	\$1,671.54
Flynn, Bradford	████	Sgl	08/09/2015	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Kowalchuk, Steve	████	Sgl	07/13/2021	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,449.81	\$196.82	N/A	\$0.00	\$1,646.63
				\$5,586.77	\$758.47		\$295.00	\$6,640.24
Medical - Single (Sgl): 2 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 5							MTD Discount:	\$0.00
Dental - Single (Sgl): 2 Couple (Cpl): 1 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 4							Group Total after Discount:	\$6,640.24

Subtotal	\$5,586.77	\$758.47	\$295.00	\$6,640.24
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Bill To: Borough of Bath
 121 S Walnut Street
 Bath, PA 18014

Group Number: (HMO)
 Group Number: 721185 (PPO)
 Coverage Period: 6/1/2022 to 6/30/2022
 Invoice Date: 5/23/2022 Invoice ID: 22990

Action	Name	Dept	Period	Med Cov	Med Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
Credits / Debits									
Subscriber Terminated	Rasmus, Marena	None	05/01/2022	Cpl	(\$1,449.81)	(\$196.82)	Cpl	(\$106.26)	(\$1,752.89)
					(\$1,449.81)	(\$196.82)		(\$106.26)	(\$1,752.89)
								MTD Discount:	\$0.00
								Group Total after Discount:	(\$1,752.89)

Medical - Single: 0 Couple: 1 Parent/Child: 0 Parent/Children: 0 Family: 0 Total: 1
 Dental - Single: 0 Couple: 1 Parent/Child: 0 Parent/Children: 0 Family: 0 Total: 1

Total Membership Count and Monthly Premium Costs
Medical - Single: 2 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 5 Dental - Single: 2 Couple: 1 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 4

	Medical Total	Rx Total	Dental Total
	\$4,136.96	\$561.65	\$188.74

Trust Count = 1 (0%) \$0.00
 Total Due \$4,887.35

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 7/1/2022 to 7/31/2022
Invoice Date: 6/22/2022 Invoice ID: 23074

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Craig, Christopher	████	P/C	08/10/2021	\$1,378.17	\$187.11	P/C	\$106.26	\$1,671.54
Flynn, Bradford	████	Sgl	08/09/2015	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Kowalchuk, Steve	████	Sgl	07/13/2021	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,449.81	\$196.82	N/A	\$0.00	\$1,646.63
				\$5,586.77	\$758.47		\$295.00	\$6,640.24
Medical - Single (Sgl): 2 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 5							MTD Discount:	\$0.00
Dental - Single (Sgl): 2 Couple (Cpl): 1 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 4							Group Total after Discount:	\$6,640.24

Subtotal	\$5,586.77	\$758.47	\$295.00	\$6,640.24
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Bill To: Borough of Bath
 121 S Walnut Street
 Bath, PA 18014

Group Number: (HMO)
 Group Number: 721185 (PPO)
 Coverage Period: 7/1/2022 to 7/31/2022
 Invoice Date: 6/22/2022 Invoice ID: 23074

Total Membership Count and Monthly Premium Costs
Medical - Single: 2 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 5 Dental - Single: 2 Couple: 1 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 4

	Medical Total	Rx Total	Dental Total
	\$5,586.77	\$758.47	\$295.00

Trust Count = 1 (0%) \$0.00
 Total Due \$6,640.24

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 8/1/2022 to 8/31/2022
Invoice Date: 7/21/2022 Invoice ID: 23338

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Amey, Stephen	████	Sgl	06/19/2022	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Craig, Christopher	████	P/C	08/10/2021	\$1,378.17	\$187.11	P/C	\$106.26	\$1,671.54
Flynn, Bradford	████	Sgl	08/09/2015	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Kowalchuk, Steve	████	Sgl	07/13/2021	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,449.81	\$196.82	N/A	\$0.00	\$1,646.63
Zrelak, Justin	████	Cpl	06/05/2022	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
				\$7,691.07	\$1,044.15		\$442.50	\$9,177.72
Medical - Single (Sgl): 3 Couple (Cpl): 3 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 7							MTD Discount:	\$0.00
Dental - Single (Sgl): 3 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 6							Group Total after Discount:	\$9,177.72

Subtotal	\$7,691.07	\$1,044.15	\$442.50	\$9,177.72
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Bill To: Borough of Bath
 121 S Walnut Street
 Bath, PA 18014

Group Number: (HMO)
 Group Number: 721185 (PPO)
 Coverage Period: 8/1/2022 to 8/31/2022
 Invoice Date: 7/21/2022 Invoice ID: 23338

Action	Name	Dept	Period	Med Cov	Med Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
Credits / Debits									
Coverage Change	Amey, Stephen	None	06/01/2022	Sgl	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Coverage Change	Amey, Stephen	None	07/01/2022	Sgl	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Coverage Change	Zrelak, Justin	None	07/01/2022	Cpl	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
Coverage Change	Zrelak, Justin	None	06/01/2022	Cpl	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
					\$4,208.60	\$571.36		\$295.00	\$5,074.96
								MTD Discount:	\$0.00
								Group Total after Discount:	\$5,074.96

Medical - Single: 2 Couple: 2 Parent/Child: 0 Parent/Children: 0 Family: 0 Total: 4
 Dental - Single: 2 Couple: 2 Parent/Child: 0 Parent/Children: 0 Family: 0 Total: 4

Total Membership Count and Monthly Premium Costs
Medical - Single: 3 Couple: 3 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 7 Dental - Single: 3 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 6

	Medical Total	Rx Total	Dental Total
	\$11,899.67	\$1,615.51	\$737.50

Trust Count = 1 (0%) \$0.00
 Total Due \$14,252.68

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 9/1/2022 to 9/30/2022
Invoice Date: 8/23/2022 Invoice ID: 23486

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Amey, Stephen	████	Sgl	06/19/2022	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Craig, Christopher	████	P/C	08/10/2021	\$1,378.17	\$187.11	P/C	\$106.26	\$1,671.54
Flynn, Bradford	████	Sgl	08/09/2015	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Kowalchuk, Steve	████	Sgl	07/13/2021	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,449.81	\$196.82	N/A	\$0.00	\$1,646.63
Zrelak, Justin	████	Cpl	06/05/2022	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
				\$7,691.07	\$1,044.15		\$442.50	\$9,177.72
Medical - Single (Sgl): 3 Couple (Cpl): 3 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 7							MTD Discount:	\$0.00
Dental - Single (Sgl): 3 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 6							Group Total after Discount:	\$9,177.72

Subtotal	\$7,691.07	\$1,044.15	\$442.50	\$9,177.72
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Bill To: Borough of Bath
 121 S Walnut Street
 Bath, PA 18014

Group Number: (HMO)
 Group Number: 721185 (PPO)
 Coverage Period: 9/1/2022 to 9/30/2022
 Invoice Date: 8/23/2022 Invoice ID: 23486

Total Membership Count and Monthly Premium Costs
Medical - Single: 3 Couple: 3 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 7 Dental - Single: 3 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 6

	Medical Total	Rx Total	Dental Total
	\$7,691.07	\$1,044.15	\$442.50

Trust Count = 1 (0%) \$0.00
 Total Due \$9,177.72

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 10/1/2022 to 10/31/2022
Invoice Date: 9/22/2022 Invoice ID: 23702

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Amey, Stephen	████	Sgl	06/19/2022	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Craig, Christopher	████	P/C	08/10/2021	\$1,378.17	\$187.11	P/C	\$106.26	\$1,671.54
Flynn, Bradford	████	Sgl	08/09/2015	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,449.81	\$196.82	N/A	\$0.00	\$1,646.63
Zrelak, Justin	████	Cpl	06/05/2022	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
				\$7,036.58	\$955.29			\$8,393.13

Medical - Single (Sgl): 2 Couple (Cpl): 3 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 6 MTD Discount: \$0.00
Dental - Single (Sgl): 2 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 5 Group Total after Discount: \$8,393.13

Subtotal	\$7,036.58	\$955.29	\$401.26	\$8,393.13
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Bill To: Borough of Bath
 121 S Walnut Street
 Bath, PA 18014

Group Number: (HMO)
 Group Number: 721185 (PPO)
 Coverage Period: 10/1/2022 to 10/31/2022
 Invoice Date: 9/22/2022 Invoice ID: 23702

Action	Name	Dept	Period	Med Cov	Med Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
Credits / Debits									
Subscriber Terminated	Kowalchuk, Steve	None	09/01/2022	Sgl	(\$654.49)	(\$88.86)	Sgl	(\$41.24)	(\$784.59)
					(\$654.49)	(\$88.86)		(\$41.24)	(\$784.59)
								MTD Discount:	\$0.00
								Group Total after Discount:	(\$784.59)

Medical - Single: 1 Couple: 0 Parent/Child: 0 Parent/Children: 0 Family: 0 Total: 1
 Dental - Single: 1 Couple: 0 Parent/Child: 0 Parent/Children: 0 Family: 0 Total: 1

Total Membership Count and Monthly Premium Costs
Medical - Single: 2 Couple: 3 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 6 Dental - Single: 2 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 5

	Medical Total	Rx Total	Dental Total
	\$6,382.09	\$866.43	\$360.02

Trust Count = 1 (0%) \$0.00
 Total Due \$7,608.54

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 11/1/2022 to 11/30/2022
Invoice Date: 10/21/2022 Invoice ID: 23789

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Amey, Stephen	████	Sgl	06/19/2022	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Craig, Christopher	████	P/C	08/10/2021	\$1,378.17	\$187.11	P/C	\$106.26	\$1,671.54
Flynn, Bradford	████	Sgl	08/09/2015	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,449.81	\$196.82	N/A	\$0.00	\$1,646.63
Zrelak, Justin	████	Cpl	06/05/2022	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
				\$7,036.58	\$955.29			\$8,393.13

Medical - Single (Sgl): 2 Couple (Cpl): 3 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 6 MTD Discount: \$0.00
Dental - Single (Sgl): 2 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 5 Group Total after Discount: \$8,393.13

Subtotal	\$7,036.58	\$955.29	\$401.26	\$8,393.13
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Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 11/1/2022 to 11/30/2022
Invoice Date: 10/21/2022 Invoice ID: 23789

Total Membership Count and Monthly Premium Costs
Medical - Single: 2 Couple: 3 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 6 Dental - Single: 2 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 5

	Medical Total	Rx Total	Dental Total
	\$7,036.58	\$955.29	\$401.26

Trust Count = 1 (0%)	\$0.00
Total Due	\$8,393.13

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 12/1/2022 to 12/31/2022
Invoice Date: 11/18/2022 Invoice ID: 23960

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Amey, Stephen	████	Sgl	06/19/2022	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Craig, Christopher	████	P/C	08/10/2021	\$1,378.17	\$187.11	P/C	\$106.26	\$1,671.54
Flynn, Bradford	████	Sgl	08/09/2015	\$654.49	\$88.86	Sgl	\$41.24	\$784.59
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
Mirabito, Fiorella	████	Cpl	12/01/2018	\$1,449.81	\$196.82	N/A	\$0.00	\$1,646.63
Zrelak, Justin	████	Cpl	06/05/2022	\$1,449.81	\$196.82	Cpl	\$106.26	\$1,752.89
				\$7,036.58	\$955.29			\$8,393.13

Medical - Single (Sgl): 2 Couple (Cpl): 3 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 6 MTD Discount: \$0.00
 Dental - Single (Sgl): 2 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 5 Group Total after Discount: \$8,393.13

Subtotal	\$7,036.58	\$955.29	\$401.26	\$8,393.13
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Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 12/1/2022 to 12/31/2022
Invoice Date: 11/18/2022 Invoice ID: 23960

Total Membership Count and Monthly Premium Costs
Medical - Single: 2 Couple: 3 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 6 Dental - Single: 2 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 5

	Medical Total	Rx Total	Dental Total
	\$7,036.58	\$955.29	\$401.26

Trust Count = 1 (0%)	\$0.00
Total Due	\$8,393.13

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

Delaware Valley Health Trust

719 Dresher Road
Horsham, PA 19044

Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 1/1/2023 to 1/31/2023
Invoice Date: 12/21/2022 Invoice ID: 24104

Name	SSN (Last 4)	Medical Cov	Effective Date	Medical Rate	Rx Rate	Dental Cov	Dental Rate	Amount Due
None - PPO \$25/\$35 - RX \$10/\$30/\$50								
Amey, Stephen	████	Sgl	06/19/2022	\$706.84	\$98.99	Sgl	\$41.24	\$847.07
Craig, Christopher	████	P/C	08/10/2021	\$1,488.42	\$208.44	P/C	\$106.26	\$1,803.12
Flynn, Bradford	████	Sgl	08/09/2015	\$706.84	\$98.99	Sgl	\$41.24	\$847.07
Lamparter, Tanya	████	Cpl	01/01/2018	\$1,565.79	\$219.25	Cpl	\$106.26	\$1,891.30
Zrelak, Justin	████	Cpl	06/05/2022	\$1,565.79	\$219.25	Cpl	\$106.26	\$1,891.30
				\$6,033.68	\$844.92		\$401.26	\$7,279.86
Medical - Single (Sgl): 2 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 5							MTD Discount:	\$0.00
Dental - Single (Sgl): 2 Couple (Cpl): 2 Parent/Child (PC): 0 Parent/Children (P/C): 1 Family (Fam): 0 Total: 5							Group Total after Discount:	\$7,279.86

Subtotal	\$6,033.68	\$844.92	\$401.26	\$7,279.86
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Bill To: Borough of Bath
121 S Walnut Street
Bath, PA 18014

Group Number: (HMO)
Group Number: 721185 (PPO)
Coverage Period: 1/1/2023 to 1/31/2023
Invoice Date: 12/21/2022 Invoice ID: 24104

Total Membership Count and Monthly Premium Costs
Medical - Single: 2 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 5 Dental - Single: 2 Couple: 2 Parent/Child: 0 Parent/Children: 1 Family: 0 Total: 5

	Medical Total	Rx Total	Dental Total
	\$6,033.68	\$844.92	\$401.26

Rate Stabilization Fund	(\$2,813.50)
Trust Count = 1 (0%)	\$0.00
Total Due	\$4,466.36

Please pay this Invoice as billed. Any enrollment changes received after the Invoice Date will be reflected on the next monthly invoice. If you have questions regarding this invoice, please contact Madelena Mele at (267) 803-5745. Remit payment to DVHT, PO Box 95000-5440, Philadelphia, PA 19195-5440.

MY PLACE RESTAURANT
270 EAST NORTHAMPTON ST.
BATH, PA 18014

No. 1463
60-1292/31S

Date 12/4/18

Pay to the Order of BORO OF BATH \$1301.³⁶

* Thirteen hundred one ³⁶ ~~00~~ Dollars Security details on back



FIRST NORTHERN
BANK & TRUST
MEMBER FDIC

For INS Dec

Emmanuel M. ...

⑆031312929⑆



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Barough of Bath

#5602...107

DO NOT SIGN / WRITE / STAMP BELOW THIS LINE
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ESSA B&T >231372248<

2018-12-07
0901444210

FEDERAL RESERVE BANK REGULATIONS GO



Jewelry, 60% of value, non-ferrous include a Memo Form
Serial List and Security Screen
Presence of these features may indicate alteration
All other features may indicate alteration

MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No.

1646

60-1282/313

Date 11/7/19

Pay to the order of Boro of Bath

\$ 1401.00

Fourteen hundred one ⁰⁰/₁₀₀ Dollars



FIRST NORTHERN
BANK AND TRUST CO
MEMBER FDIC

for _____

Ernest M. [Signature]

⑆031312929⑆



ENDORSE HERE

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ONLY

Borough of Bath
JHFA0009107

MP

FOR DEPOSIT ONLY
ACCT# 560223107
BOROUGH OF BATH
2019-12-04
0886070127
>231372248<



FEDERAL RESERVE BOARD OF GOVERNORS
WASHINGTON, D.C. 20551
SERIALS ACQUISITION
300 NORTH ZEEB ROAD
ANN ARBOR, MI 48106-1500
FEDERAL RESERVE BOARD OF GOVERNORS
WASHINGTON, D.C. 20551
SERIALS ACQUISITION
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ANN ARBOR, MI 48106-1500
FEDERAL RESERVE BOARD OF GOVERNORS
WASHINGTON, D.C. 20551
SERIALS ACQUISITION
300 NORTH ZEEB ROAD
ANN ARBOR, MI 48106-1500

0 Note(s)

MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No.

1639

60-1292713

Date 10/11/19

Pay to the order of Boro of Bath \$ 1401.00

Fourteen hundred one ⁰⁰/₁₀₀ Dollars



FIRST NORTHERN
BANK AND TRUST CO
MEMBER FDIC

for _____

Ernest M. [Signature]

⑆031312929⑆



ENDORSE HERE

K

ONLY

Borough of Bath
Office 2107

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MP For Deposit Only
Acct# 560223107
Borough of Bath
2019-10-25
0886967604
>231372248<



Public - Jan 2019
Philip S. Bergeron, MD

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FEDERAL RESERVE BOARD OF GOVERNORS REG. G-C

0 Note(s)

MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No.

1625

60-1292/313

Date

9/9/19

Pay to the order of

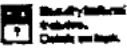
Bow of Bath

\$ 401.00

Fourteen Hundred one

00

Dollars

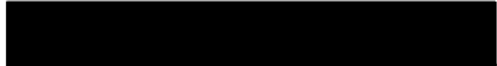


FIRST NORTHERN
BANK AND TRUST CO
Member FDIC

for

[Handwritten Signature]

⑆031312929⑆



01-1-19

270 EAST NORTHAMPTON STREET
BATH, PA 18014

No.

7509

60-1292312

Date 8/12/19

Pay to the order of Boro of Bath \$ 1401.⁰⁰

Fourteen hundred one ⁰⁰/₁₀₀ dollars

Security features
on back.
Details on back.



FIRST NORTHERN
BANK AND TRUST CO.
firstnorthern.com • Member FDIC

[Signature] LP

for _____

⑆031312929⑆



MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

1895

No.

60-10022213

Date 7/11/19

\$ 101.11

Pay to the order of BORO OF BATH

Forty One Hundred and one

PAID TO THE ORDER OF
PAYEE'S ACCOUNT



FIRST NORTHERN
BANK AND TRUST
1101 North 10th Street
Bath, PA 18014

Barbara J. Brown

for



⑆62621E1E0⑆

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FOR DEPOSIT ONLY
Borough of Bath
#60229107

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092962248

ESSA B&T >231372248<
2019-07-20
0908524013

Padlock design is a certification mark of the Check
Payment Systems Association

Absence of the following Security Features may indicate alteration

- Watermark
- Large or raised area of embossing in bottom left
- Security watermark or any alteration
- Color of ink
- Microprint
- Security watermark or any alteration
- Large or raised area of embossing in bottom left
- Watermark

FEDERAL RESERVE BOARD OF GOVERNORS REG. C.C.

MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

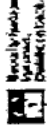
1580
60-1092813

No.
Date 6/21/17

Pay to the order of Boco of Bath

\$ 1401.00

Fourteen hundred one ^{and} no/100ths



FIRST NORTHERN
BANK AND TRUST CO.
1stnort.com • Member FDIC

Ernst M. B...

for

⑆2627E1E0⑆

DS FORM 1047

ENDORSE HERE ONLY

Borough of Bath
#5612094107

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MP FEDERAL RESERVE NOTE FOR FEDERAL RESERVE USE

2017 596832

ESSA B&T >231372248<
2019-06-21
0907596832



Padlock design is a certification mark of the Check
Payment Systems Association

Warning

Absence of the following Security Features may indicate alterations

- MP Mark: 11
- 1. Serial, control or "F" marked
- 2. The "F" or "F" on and back of envelope is torn or
- 3. Serial, control or "F" marked
- 4. The "F" or "F" on and back of envelope is torn or
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- 9. The "F" or "F" on and back of envelope is torn or
- 10. The "F" or "F" on and back of envelope is torn or

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MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No. 1536
60-1292/813

Date 3.20.19

Pay to the order of

Borough of Bath
for the amount of

\$ 1740.00

for the amount of

Dollars

Money Order



FIRST NORTHERN
BANK AND TRUST CO
MEMBER FDIC

Guilford Stewart

for *Guilford Stewart*

⑆3131921E0⑆

FOR DEPOSIT ONLY
Borough of Bath
#RR099107

FOR DEPOSIT ONLY
Acct# 560223107
Borough of Bath
2019-03-22
0886233714
>231372248<

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FEDERAL RESERVE BOARD OF GOVERNORS WASH DC
FEDERAL RESERVE NOTE
SERIAL NO. 123456789
AMOUNT \$1740.00
DATE 3/20/19
PAY TO THE ORDER OF
BOROUGH OF BATH
ACCT NO. 560223107
MEMBER FDIC

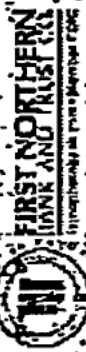
MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No. 1782
FD-1882 (3-83)

Date 11/6/80

Pay to the order of BOBO OF BATH \$ 1491.79

FOURTEEN hundred ninety one and 79/100 DOLLARS



FIRST NORTHERN
BANK AND TRUST CO.
Member FDIC

[Handwritten Signature]

STAMP FOR

5628271E01

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022042221320 11/6/80 231972248 22050228112602204

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Federal Reserve Board of Governors Reg. Co.
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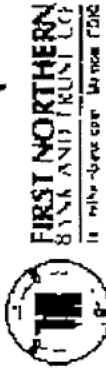
MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

1767
60-1282/513

No.
Date 9/14/00

Pay to the order of Bath Boro \$1491.79

Fourteen hundred ninety one ⁷⁹/₁₀₀ Dollars



FIRST NORTHERN
BANK AND TRUST CO.
A MEMBER OF THE FIRST NORTHERN FINANCIAL GROUP

for Health Ins [Redacted] Emerald [Signature]

⑆031312929⑆

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0886415374
>231372248<

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ACCEPTED FOR DEPOSIT IN FULL PAYMENT OF THE
FEDERAL RESERVE NOTE OF THE FEDERAL RESERVE BANK OF
PHILADELPHIA

MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

1754
80-1292/313

No.

Date 8/11/2

Pay to the order of Boro of Bath \$ 149 / 79

Fourteen hundred ninety one / 79 Dollars



FIRST NORTHERN
BANK AND TRUST CO.
MEMBER FDIC

for Ernest J. Miller



⑆311312929⑆



For deposit only

For Deposit Only
Acct# 560223107
Borough of Bath
2020-08-31
0886789500
<231372248>

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FEDERAL RESERVE BOARD OF GOVERNORS REG. CO.
ACCEPTANCE FOR DEPOSIT ONLY
BANK OF AMERICA
MEMBER FDIC

MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

1719
80-1282312

No. 512 / 20
Date

Pay to the order of Boro of Bath

\$ 1491.79

Fourteen hundred ninety one and 79/100 Dollars



FIRST NORTHERN
BANK AND TRUST CO.
Member FDIC

for Ernest M. B

⑆31312929⑆

FOR DEPOSIT ONLY
Acct# 560223107
Borough of Bath
2020-05-22
0886011591
>231372248<

For deposit only



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FEDERAL RESERVE BOARD OF GOVERNORS REG. C.C.
This check is subject to the provisions of the Federal Reserve Act and the Board of Governors of the Federal Reserve System.

MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

1707

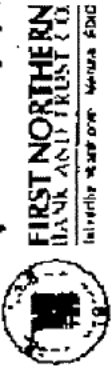
80-1892/ST3

No.

Date 4/3/80

Pay to the order of Baths Borg \$ 149.79

Fifty four hundred ninety one and 79/100 Dollars



for [Redacted] [Signature]

⑆031312929⑆

FEDERAL RESERVE BOARD OF GOVERNORS REG. 12
-CERTS. - FILING DESK - FEDERAL RESERVE
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For Deposit Only
Acct# 560223107
Borough of Bath
2020-04-13
0886056047
>231372248<

MP
ENDORSE HERE
X
for deposit only

MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

1695

60-1282313

No.

2/25/78

Date

Pay to the order of Borough of Bath

\$ 1491.79

FOURTEEN HUNDRED NINETY ONE AND 79/100 Dollars



FIRST NORTHERN
BANK AND TRUST CO
41 NORTH MAIN ST. BATH, PA 18014

for William M. Niabete MP

⑆B2627E7E0⑆

0 Note(s)

Page 2 / 2

FOR DEPOSIT ONLY

FOR DEPOSIT ONLY
Acct# 560223107
Borough of Bath
2020-03-04
0886947763
>231372248<

MP

X

ENDORSE HERE

FEDERAL RESERVE BOARD OF GOVERNORS REG. C.C.
An official checking account for the Borough of Bath
Do not write or sign on this line
MP



MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

1679

60-1002/313

No.

Date 1/10/20

Pay to the order of Boro of Bath

\$1491.79

Fourteen hundred ninety one 79 Dollars



FIRST NORTHERN
BANK AND TRUST CO
Member FDIC

Ernest St. M. [Signature]

16252719291

(Mater U)

(Mater)

Page 2 / 2

FOR DEPOSIT ONLY
Acct# 560223107
Borough of Bath
2020-01-20
0886553350
>2313722248<

FEDERAL RESERVE BOARD OF GOVERNORS REG CC
ACCOUNT OF THE BATH BOROUGH FEDERAL RESERVE BANK
DATE 1/10/20
AMOUNT \$1491.79
PAY TO THE ORDER OF BORO OF BATH



ENDORSE HERE

MP

X

MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

1912

60-1292/313

No.

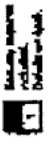
Date 11.17.21

Pay to the order of

COROUCH of BATH

\$ 1576.57

FIFTEEN HUNDRED SEVENTY SIX ⁵⁷/₁₀₀ Dollars



FIRST NORTHERN
BANK AND TRUST CO.
INCORPORATED 1914 - MEMPHIS, TENN.

For the Cash of

for

⑆031312929⑆

MF

MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

1894
60-1282313

No. 7
Date 9/22/21

Pay to the order of Bozo of Bath \$ 1576.31

Fifty hundred seventy six ³¹/₁₀₀ dollars



FIRST NORTHERN
BANK AND TRUST CO
Incorporated in PA. No. 44 FDIC

for Emmanuel D'Amico MP

0313129290

0 Ntate(s)

Date 9 / 21

For deposit only



DO NOT WRITE BEYOND THIS LINE
For Deposit Only
Acct# 560223107
Borough of Bath
2021-09-29
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MP

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FEDERAL RESERVE BOARD OF GOVERNORS REG. CO
FEDERAL RESERVE NOTE
SERIAL NO. 123456789
DATE OF ISSUE 09/22/21
AMOUNT \$1576.31
PAY TO THE ORDER OF BOZO OF BATH
FIRST NORTHERN BANK AND TRUST CO
BATH, PA 18014



MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No. 1884
60-1292313

Date 8.13.21

Pay to the order of BOROUGH of BATH \$ 1576.37

FIFTEEN HUNDRED SEVENTY SIX ^{37/100} Dollars Federal Reserve Note



FIRST NORTHERN
BANK AND TRUST CO.
Member FDIC

for Insurance
[Signature]

⑆031312929⑆

0 Note(s)

age 2 / 2

for deposit only



For Deposit Only
Acct# 560223107
Borough of Bath
2021-09-24
0886693635
>231372248<

FEDERAL RESERVE BOARD OF GOVERNORS REG. C.C.
[Faint text and logo]

PLEASE PRINT

X
E9

MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No. 1884
60-1282/13

Date 6.10.54

Pay to the order of Borough of Bath \$ 3073.57

THREE THOUSAND SEVENTY THREE ⁵⁴ XX Dollars



FIRST NORTHERN
BANK AND TRUST CO.
INCORPORATED IN PA. MEMBER FDIC

for INSURANCE MAY + JUNE Quint

⑆031312929⑆

DO NOT WRITE IN THESE SPACES
MP For Deposit Only
Acct# 560223107
Borough of Bath
2021-07-02
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For deposit only



ENDORSE HERE

FEDERAL RESERVE BOARD OF GOVERNORS REG. CO.



MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

1831

80-1292313

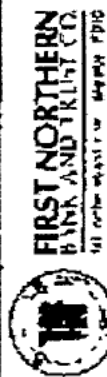
No.

Date 3.18.21

Pay to the order of Borough of Bath

\$ 1576.37

Fifteen hundred seventy six and 37/100 Dollars



for *INS.* *Quatt*

⑆031312929⑆

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE
MP
For Deposit Only
Acct# 560223107
Borough of Bath
2021-04-19
0886760035
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for deposit only



FEDERAL RESERVE BOARD OF GOVERNORS
U.S. DEPARTMENT OF THE TREASURY
WASHINGTON, D.C. 20535



MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No. 1820
60-1582510

Date 2/22/21

\$ 1536.77

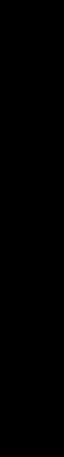
Pay to the order of Baro of Bath
Fifteen hundred thirty six and 77/100 Dollars



FIRST NORTHERN
BANK AND TRUST CO
MEMBERSHIP ACTIVE FDIC



for Baro of Bath



⑆031312929⑆

ENDORSE HERE

X



For
Deposit Only

DELIVER TO THE BANK OR OTHER DEPOSITARY WITHIN THE TIME

MP

For Deposit Only
Acct# 560223107
Borough of Bath
2021-03-16
0886663133
>231372248<



[Faint, mostly illegible text, likely a notice or disclaimer from the bank.]

FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

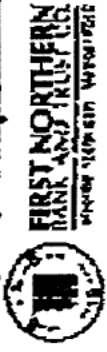
MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

1814
60-1082318

No. _____
Date 2/18/21

Pay to the order of Board of Bath \$ 1576.57

Fifteen hundred seventy six and 27/100 Dollars



FIRST NORTHERN
BANK AND TRUST
MEMBER FDIC

for _____
Erin M. [Signature]

⑆031312929⑆

For deposit only



ENDORSE HERE

X

FOR DEPOSIT ONLY
Acct# 560223107
BOROUGH OF BATH
2021-02-10
0886662587
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FEDERAL RESERVE BOARD OF GOVERNORS WASHINGTON, DC
This check is not valid for cashing at any bank or other financial institution unless it is cashed at the bank of issue.



MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No. 2046
80-1292/313

Date 12/6/22

Pay to the order of Boro of Bath \$ 1646.65

Sixteen hundred forty six ⁶⁵/₁₀₀ Dollars



FIRST NORTHERN
BANK AND TRUST CO.
Member FDIC

for Insurance Reimbursement Ernest A. [Signature]

⑆031312929⑆



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BOROUGH OF BATH
for
DEPOSIT ONLY

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
#3107
RESERVE FOR PHYSICAL INSTITUTION USE
MP

22060073357 12/9/22 231372248 2206022ST12502206



Patricia Jennings is circulation manager of the
Payment Systems Association

Warning!

Adverse of the following Security Features may indicate alteration
of the note:

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- Watermark: 2024
- Color: 2024
- Microprint: 2024
- Optical Character Recognition: 2024
- Security: 2024
- Watermark: 2024
- Color: 2024
- Microprint: 2024
- Optical Character Recognition: 2024

*FEDERAL RESERVE BOARD OF GOVERNORS REG. C.C.

55 MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No.

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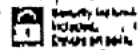
60-1292/313

Date 11/7/22

Pay to the order of Boro of Bath

\$ 1646.65

Sixteen hundred forty six ⁶⁵/₁₀₀ Dollars

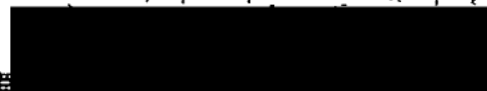


FIRST NORTHERN
BANK AND TRUST CO
Member FDIC

for NOV. 22

[Signature]

⑆031312929⑆



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BOROUGH OF BATH
for
DEPOSIT ONLY

DO NOT WRITE ~~STAMP~~ ON ~~REVERSE~~ THIS LINE
RESERVED FOR FUTURE USE
MP MP

22030043446 11/14/22 231372248 22020226T12502203



Pay to the order of
Payee's Name

Attendance of the following persons is hereby certified as being present at the meeting of the Board of Directors of the Federal Reserve Bank of New York, held on this day of May, 2012, at New York, New York, for the purpose of the following business:
* FEDERAL RESERVE BOARD OF GOVERNORS REG. C.

FIGRELLA REGINELLI MIRABITO
270 E NORTHAMPTON ST.
BATH, PA 18014

60-7224/2313

4119

DATE

10/28/22

PAY TO
THE ORDER OF

BOROUGH of BATH

\$ 10,905.³¹/₁₀₀

ten thousand nine hundred and five ³¹/₁₀₀ DOLLARS

ESSA Bank & Trust

Fiorella Mirabito

MEMO

⑆ 231372248⑆



FRONTIER

11/10

BOROUGH OF BATH

for

DEPOSIT ONLY

FOR Deposit Only

Acct# 560223107

Borough of Bath

2022-10-28

0886392643

>231372248<

MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No.

2012

60-1282/313

Date 9/13/22

Pay to the order of Boro of Bath \$ 1646.65

Sixteen hundred forty six ⁶⁵/₁₀₀ Dollars



FIRST NORTHERN
BANK AND TRUST CO
www.fnb.com - Member FDIC

for Insurance

Emanuel M. [Signature] MP

⑆031312929⑆



03 6901 01213

ENDORSE HERE

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BOROUGH OF BATH

for DEPOSIT ONLY 3109

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RESERVED FOR FEDERAL INSTITUTION USE
MP

0 Note(s)

022042279973 9/16/22 231372245 220302225T12502204

Postmark design is a certification mark of the Check
Payment Systems Association

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Attendance of the following Security Features may indicate alteration
of the check:

- Security Features
- Watermark
- Microprint
- Color Shifting
- Security Thread
- Security Symbols

* FEDERAL RESERVE BOARD OF GOVERNORS REG. Q.C.

IORELLA REGINELLI MIRABITO
270 E NORTHAMPTON ST.
BATH, PA 18014

50-724/2313

4104

DATE 8.12.22

Borough of Bath
PAY TO THE ORDER OF *Mr. Thomas Dijkhuizen forty six & 65* \$ *1646.65*
DOLLARS

ESSA Bank & Trust

MEMO *Insurance*

Ioirella Reginelli Mirabito

⑆231372248⑆



2
FIORELLA REGINELLI MIRABITO
270 E NORTHAMPTON ST.
BATH, PA 18014

60-7224/2313

4100

DATE

7. 14 22

PAY TO
THE ORDER OF

Borough of Bath

\$1646.⁶⁵/₁₀₀

One thousand six hundred forty six ⁶⁵/₁₀₀ DOLLARS

ESSA Bank & Trust

MEMO

Health Insurance

Fiorella Mirabito

⑆ 23 13 7 22 4 8 ⑆

SECURITY 8 18

ENDORSE HERE

CHECK HERE FOR MOBILE OR REMOTE DEPOSIT ONLY
BOROUGH OF BATH

AT _____ **DEPOSIT ONLY** _____
NAME OF FINANCIAL INSTITUTION
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE *

022042269957 7/16/22 231372248 22050226T12502204

Printed by: **Bank of America**
and hold it in strict confidence and secrecy per Fed Reg 31.201

Signature: _____
Date: _____
Title: _____
Branch: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
Fax: _____
E-mail: _____
Website: _____

FIGRELLA REGINELLI MIRABITO
270 E NORTHAMPTON ST.
BATH, PA 18014

60-7224/2313

4176

DATE 6.3.22

PAY TO THE ORDER OF Township of Bath \$ 1646.65
One thousand six hundred forty six & .65 DOLLARS

ESSA Bank & Trust

MEMO Insurance Reimburse

Louise Guakato

⑆ 231372248⑆



SPRINT

MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No. 1970
50-1292/313

Date 5.16.77

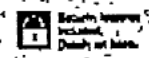
Pay to the order of

Birough G. Bett

\$ 11646.⁶⁵

One thousand six hundred forty six ⁶⁵/₁₀₀

Dollars



FIRST NORTHERN
BANK AND TRUST CO.
Member FDIC

for Health Insurance

Jessie G. Stuart

1:031312929:



MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No.

1961

60-1292/313

Date

4/18/22

Pay to the order of

Boro of Bath

\$ 1646.65

Sixteen hundred forty six

⁶⁵/₁₀₀

Dollars

See city, town or
county clerk's office
for full name and
address of bank.



FIRST NORTHERN
BANK AND TRUST CO.
firstnorthern.com • Member FDIC

Comandante

for

0313129296



MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No.

1950

80-1292/313

Date 3/15/22

Pay to the order of Bath Boro

\$ 1646.65

Sixteen hundred forty six ⁶⁵ ~~00~~ Dollars



FIRST NORTHERN
BANK AND TRUST CO.
Member FDIC

Ernest M. Minto MP

for _____

⑆031312929⑆



ENDORSE HERE

X

**For
deposit only**

MP
FOR DEPOSIT ONLY
ACCT# 560223107
BOROUGH OF BATH
2022-03-24
0886941006
>231372248<



Division of System Administration
Federal Reserve Board
Washington, D.C. 20540

Washington

Director of the Washington Support Office
Federal Reserve Board
Washington, D.C. 20540

FEDERAL RESERVE BOARD OF GOVERNORS REG. C.C.

MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No. 1840
60-1292/313

Date 2/15/22

Pay to the order of Bath Boro \$ 1646.65

Sixteen hundred forty six ⁶⁵/₁₀₀ dollars



FIRST NORTHERN
BANK AND TRUST CO
MEMBER FDIC

for _____

Ernest M. [Signature]

⑆031312929⑆



MY PLACE RESTAURANT
270 EAST NORTHAMPTON STREET
BATH, PA 18014

No.

1927

60-1292/313

Date 1/3/21

Pay to
the order of

Boro of Bath

\$

3223.02

Thirty two hundred twenty three ⁰²/₁₀₀ Dollars



FIRST NORTHERN
BANK AND TRUST CO
MEMBER FDIC

for Dec 21 + Jan 22

[Signature]

⑆031312929⑆



ENDORSE HERE

X

\$
III **FOR**
deposit only

DO NOT WRITE BEYOND THE SOLID LINE
MP **FOR DEPOSIT ONLY**
Acct# 560223107
BOYOUTH OF BATH
2022-01-19
0886080342
>231372248<



DEPOSIT ONLY
MP 560223107

ALIGNED TO THE RIGHT OF THE CHECK NUMBER
MP 560223107
BOYOUTH OF BATH
2022-01-19
0886080342
>231372248<

FEDERAL RESERVE BOARD OF GOVERNORS RI G L C