



LLPS INC.  
6323 W SAGINAW HWY STE E  
LANSING MI 48917-2492

Coverage Period	August 2020
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Statement Date:	07/18/2020
Client ID:	30062303
Statement Number:	809939955

Payment Activity	
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Previous Statement Balance:	\$ 53.05
Payments Received:	\$ (58.87)
Other Adjustments:	\$ 5.82
Remaining Balance:	\$ 0.00

Current Statement Activity	
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Remaining Balance:	\$ 0.00
Current Charges:	\$ 47.23
Adjustments:	\$ 0.00
<b>Amount Due:</b>	<b>\$ 47.23</b>
<b>Payment Due Date:</b>	<b>Due Upon Receipt</b>

Paying your bill has never been easier. Access our online tools at [www.vsp.com](http://www.vsp.com) by clicking the Employers tab, then going to "Manage Your Plan". You'll have tools at your fingertips that will make paying bills and managing eligibility a snap.

**Questions? Please call 800.216.6248 if you have questions regarding your statement.**

**Please detach and return this portion with your payment.**

Client Name: LLPS INC.  
Coverage Period: August 2020  
Statement Date: 07/18/2020

Client ID: 30062303  
Statement Number: 809939955  
Customer Ref: 3476332

**Indicate Amount Paid**

☐ Statement Amount: \$47.23  
Payment Due Date: **Due Upon Receipt**

☐ Other Amount: \_\_\_\_\_

VSP INSURANCE CO. (CT)  
PO BOX 742788  
LOS ANGELES CA 90074-2788

**Payment Activity****Payments Received**

Date	Description	Amount
07/02/2020	Customer Lbox Pymt	\$ (5.82)
07/03/2020	Customer ACH Pymt	\$ (53.05)
<b>Total Payments Received:</b>		<b>\$ (58.87)</b>

**Current Statement Activity****Current Charges****Coverage Period August 2020****Division 0001 LLPS INC.**

Coverage	Members Billed			Rate	Amount Due
Member Only	0	@	\$	11.08 \$	0.00
Member + One	1	@	\$	16.91 \$	16.91
Member + Children	0	@	\$	30.32 \$	0.00
Member + Family	1	@	\$	30.32 \$	30.32
<b>Total Membership:</b>	<b>2</b>			<b>\$</b>	<b>47.23</b>