



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

Coverage Period **December 2024**

Statement Date: 11/18/2024
Client ID: 30062303
Statement Number: 821668439

Payment Activity

Previous Statement Balance:	\$	44.90
Payments Received:	\$	(44.90)
Remaining Balance:	\$	0.00

Current Statement Activity

Remaining Balance:	\$	0.00
Current Charges:	\$	44.90
Adjustments:	\$	0.00
Amount Due:	\$	44.90
Payment Due Date:	Due Upon Receipt	

Paying your bill has never been easier. Access our online tools at 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: December 2024
Statement Date: 11/18/2024

Client ID: 30062303
Statement Number: 821668439
Customer Ref: 3476332

Indicate Amount Paid

☐ Statement Amount: \$44.90
Payment Due Date: **Due Upon Receipt**

☐ Other Amount: _____

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

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Payment Activity

Payments Received			
Date	Description		Amount
11/01/2024	Customer ACH Pymt	\$	(44.90)
Total Payments Received:		\$	(44.90)

Current Statement Activity

Current Charges
Coverage Period December 2024

Division 0001 LLPS INC.						
Coverage	Members Billed			Rate		Amount Due
Member Only	1	@	\$	11.08	\$	11.08
Member + One	2	@	\$	16.91	\$	33.82
Member + Children	0	@	\$	30.32	\$	0.00
Member + Family	0	@	\$	30.32	\$	0.00
Total Membership:		3			\$	44.90