

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000492
10/05/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
Payment Amount:		13108.43	
SEE PAYMENT DETAIL LISTING			

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000492
10/05/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
Payment Amount:		13108.43	
SEE PAYMENT DETAIL LISTING			

M100000492

10/05/2026

*****13,108.43

PAY Thirteen Thousand One Hundred Eight and 43/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

NON-NEGOTIABLE

Payment Detail Listing

United Concordia Co Inc (UNITED 01)
PO Box 827300
PHILADELPHIA PA 19182-7300

Payment Number: M100000492
Payment Date: 10/05/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	10/05/2026	19.66 10-2140-272-000-20-500-000-000-0000	September Dental
	10/05/2026	23.60 10-1225-272-000-30-800-000-000-0000	September Dental
	10/05/2026	24.91 10-2140-272-000-30-800-000-000-0000	September Dental
	10/05/2026	27.53 10-2240-272-000-00-000-000-000-0000	September Dental
	10/05/2026	30.15 10-2620-282-000-00-000-000-000-0000	September Dental
	10/05/2026	30.15 10-2250-272-000-10-200-000-000-0000	September Dental
	10/05/2026	30.15 10-2160-272-000-10-200-000-000-0000	September Dental
	10/05/2026	30.15 10-2120-282-000-10-200-000-000-0000	September Dental
	10/05/2026	30.15 10-1110-282-000-30-800-000-000-0000	September Dental
	10/05/2026	30.15 10-1110-282-000-20-500-000-000-0000	September Dental
	10/05/2026	40.64 10-2839-272-000-00-000-000-000-0000	September Dental
	10/05/2026	53.74 10-2140-272-000-10-200-000-000-0000	September Dental
	10/05/2026	68.16 10-2611-272-000-00-000-000-000-0000	September Dental
	10/05/2026	68.16 10-2514-272-000-00-000-000-000-0000	September Dental
	10/05/2026	68.16 10-2440-272-000-30-800-000-000-0000	September Dental
	10/05/2026	68.16 10-2440-272-000-20-500-000-000-0000	September Dental
	10/05/2026	68.16 10-2440-272-000-10-200-000-000-0000	September Dental
	10/05/2026	68.16 10-2250-272-000-30-800-000-000-0000	September Dental
	10/05/2026	68.16 10-2190-272-000-00-000-000-000-0000	September Dental
	10/05/2026	68.16 10-2170-272-000-00-000-000-000-0000	September Dental
	10/05/2026	68.16 10-2160-272-000-30-800-000-000-0000	September Dental
	10/05/2026	68.16 10-2160-272-000-20-500-000-000-0000	September Dental
	10/05/2026	68.16 10-2125-272-000-30-800-000-000-0000	September Dental
	10/05/2026	68.16 10-2125-272-000-20-500-000-000-0000	September Dental
	10/05/2026	68.16 10-1241-282-000-30-800-000-000-0000	September Dental
	10/05/2026	68.16 10-1211-272-000-30-800-000-000-0000	September Dental
	10/05/2026	97.00 10-2269-272-000-00-000-000-012-0000	September Dental
	10/05/2026	97.00 10-2120-272-000-20-500-000-000-0000	September Dental
	10/05/2026	97.00 10-2120-272-000-10-200-000-000-0000	September Dental
	10/05/2026	102.25 10-3250-272-000-00-000-000-000-0000	September Dental
	10/05/2026	112.73 10-1225-272-000-10-200-000-000-0000	September Dental
	10/05/2026	136.33 10-2360-272-000-00-000-000-000-0000	September Dental
	10/05/2026	136.33 10-2250-272-000-20-500-000-000-0000	September Dental
	10/05/2026	136.33 10-2120-272-000-30-800-000-000-0000	September Dental
	10/05/2026	136.33 10-1801-272-217-10-200-000-000-0000	September Dental
	10/05/2026	136.33 10-1211-272-000-20-500-000-000-0000	September Dental
	10/05/2026	162.54 10-2513-272-000-00-000-000-000-0000	September Dental
	10/05/2026	162.54 10-2260-272-000-00-000-000-000-0000	September Dental
	10/05/2026	165.17 10-1231-272-000-30-800-000-000-0000	September Dental
	10/05/2026	165.17 10-0132-000-000-00-000-000-000-0000	September Dental
	10/05/2026	179.59 10-2818-272-000-00-000-000-000-0000	September Dental
	10/05/2026	195.32 10-2620-272-000-30-800-000-000-0000	September Dental
	10/05/2026	204.49 10-2620-272-000-00-000-000-000-0000	September Dental
	10/05/2026	204.49 10-2380-272-000-20-500-000-000-0000	September Dental
	10/05/2026	204.49 10-1231-272-000-20-500-000-000-0000	September Dental
	10/05/2026	224.15 10-2620-272-000-20-500-000-000-0000	September Dental
	10/05/2026	233.33 10-2380-272-000-10-200-000-000-0000	September Dental
	10/05/2026	233.33 10-1231-272-000-10-200-000-000-0000	September Dental
	10/05/2026	237.26 10-2380-272-000-30-800-000-000-0000	September Dental
	10/05/2026	262.17 10-1211-272-000-10-200-000-000-0000	September Dental
	10/05/2026	263.48 10-2620-272-000-10-200-000-000-0000	September Dental
	10/05/2026	330.33 10-1241-272-000-20-500-000-000-0000	September Dental
	10/05/2026	437.82 10-1241-272-000-10-200-000-000-0000	September Dental
	10/05/2026	504.67 10-1241-272-000-30-800-000-000-0000	September Dental
	10/05/2026	1574.32 10-1110-272-000-20-500-000-000-0000	September Dental
	10/05/2026	1692.30 10-1110-272-000-30-800-000-000-0000	September Dental
	10/05/2026	2958.62 10-1110-272-000-10-200-000-000-0000	September Dental

Payment Amount: 13108.43



1000 UNION STREET
LEHIGHTON, PA 18235-

Invoice: 000386274
Due Date: 10/02/2026
Previous Bill Date/Current Bill Date: 08/31/2026 - 09/30/2026

Claims Invoice

Date	Invoice Number	Client Name	Client Number	Total Due
09/30/2026	000386274	LEHIGHTON AREA SCHOOL DISTRICT		\$13,108.43

Invoice Total Amount Due: \$13,108.43

Amount due includes the plan benefits paid and the network access fee to claims administrator per the Agreement for Administrative and Claims Payment Services. Additional information upon request.

The total amount due reflects the current period only and does not include any outstanding balances. If you have any questions concerning this invoice, please send an email to ASOClaims@ucci.com. Thank you.

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pynt # M100000493
10/06/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			3150.81		
SEE PAYMENT DETAIL LISTING					

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pynt # M100000493
10/06/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			3150.81		
SEE PAYMENT DETAIL LISTING					

M100000493

10/06/2026

*****3,150.81

PAY Three Thousand One Hundred Fifty and 81/100 Dollars

To the Order of:

Mutual of Omaha
Payment Processing Center
PO Box 2147
OMAHA NE 68103-2147

NON-NEGOTIABLE

Payment Detail Listing

Mutual of Omaha (MUTUAL OF)
Payment Processing Center
PO Box 2147
OMAHA NE 68103-2147

Payment Number: M100000493
Payment Date: 10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	10/06/2026	0.27 10-2620-213-000-00-000-000-0000	Sept Life
	10/06/2026	0.32 10-0132-000-000-00-000-000-0000	Sept Life
	10/06/2026	0.54 10-2620-213-000-30-800-000-000-0000	Sept Life
	10/06/2026	0.54 10-2620-213-000-20-500-000-000-0000	Sept Life
	10/06/2026	0.54 10-2620-213-000-10-200-000-000-0000	Sept Life
	10/06/2026	4.36 10-2818-213-000-00-000-000-000-0000	Sept Life
	10/06/2026	4.90 10-1225-213-000-30-800-000-000-0000	Sept Life
	10/06/2026	5.99 10-2140-213-000-20-500-000-000-0000	Sept Life
	10/06/2026	6.81 10-2839-213-000-00-000-000-000-0000	Sept Life
	10/06/2026	7.36 10-2140-213-000-30-800-000-000-0000	Sept Life
	10/06/2026	7.90 10-2240-213-000-00-000-000-000-0000	Sept Life
	10/06/2026	9.26 10-1225-213-000-20-500-000-000-0000	Sept Life
	10/06/2026	10.63 10-2160-213-000-30-800-000-000-0000	Sept Life
	10/06/2026	11.17 10-2160-213-000-10-200-000-000-0000	Sept Life
	10/06/2026	11.17 10-1231-213-000-20-500-000-000-0000	Sept Life
	10/06/2026	11.72 10-2440-213-000-10-200-000-000-0000	Sept Life
	10/06/2026	11.99 10-1801-213-217-10-200-000-000-0000	Sept Life
	10/06/2026	12.53 10-2440-213-000-30-800-000-000-0000	Sept Life
	10/06/2026	12.81 10-2160-213-000-20-500-000-000-0000	Sept Life
	10/06/2026	14.17 10-1211-213-000-30-800-000-000-0000	Sept Life
	10/06/2026	15.53 10-2611-213-000-00-000-000-000-0000	Sept Life
	10/06/2026	16.08 10-3250-213-000-00-000-000-000-0000	Sept Life
	10/06/2026	16.08 10-2140-213-000-10-200-000-000-0000	Sept Life
	10/06/2026	16.89 10-2250-213-000-20-500-000-000-0000	Sept Life
	10/06/2026	17.17 10-2250-213-000-10-200-000-000-0000	Sept Life
	10/06/2026	17.44 10-2260-213-000-00-000-000-000-0000	Sept Life
	10/06/2026	17.71 10-2250-213-000-30-800-000-000-0000	Sept Life
	10/06/2026	20.16 10-2513-213-000-00-000-000-000-0000	Sept Life
	10/06/2026	22.62 10-2120-213-000-20-500-000-000-0000	Sept Life
	10/06/2026	22.89 10-2120-213-000-10-200-000-000-0000	Sept Life
	10/06/2026	23.71 10-2269-213-000-00-000-000-012-0000	Sept Life
	10/06/2026	26.43 10-1211-213-000-20-500-000-000-0000	Sept Life
	10/06/2026	27.25 10-1225-213-000-10-200-000-000-0000	Sept Life
	10/06/2026	28.88 10-1211-213-000-10-200-000-000-0000	Sept Life
	10/06/2026	29.16 10-1231-213-000-30-800-000-000-0000	Sept Life
	10/06/2026	31.88 10-2120-213-000-30-800-000-000-0000	Sept Life
	10/06/2026	33.52 10-1241-213-000-20-500-000-000-0000	Sept Life
	10/06/2026	34.88 10-1231-213-000-10-200-000-000-0000	Sept Life
	10/06/2026	37.33 10-2380-213-000-20-500-000-000-0000	Sept Life
	10/06/2026	41.42 10-2380-213-000-30-800-000-000-0000	Sept Life
	10/06/2026	50.95 10-1241-213-000-10-200-000-000-0000	Sept Life
	10/06/2026	53.95 10-2360-213-000-00-000-000-000-0000	Sept Life
	10/06/2026	57.22 10-1241-213-000-30-800-000-000-0000	Sept Life
	10/06/2026	68.67 10-2380-213-000-10-200-000-000-0000	Sept Life
	10/06/2026	428.35 10-1110-213-000-20-500-000-000-0000	Sept Life
	10/06/2026	561.59 10-1110-213-000-30-800-000-000-0000	Sept Life
	10/06/2026	862.11 10-1110-213-000-10-200-000-000-0000	Sept Life
	10/06/2026	20.04 10-2611-214-000-00-000-000-000-0000	LTD & STD - Sept
	10/06/2026	21.11 10-3250-214-000-00-000-000-000-0000	LTD & STD - Sept
	10/06/2026	10.31 10-2260-214-000-00-000-000-000-0000	LTD & STD - Sept
	10/06/2026	10.31 10-2240-214-000-00-000-000-000-0000	LTD & STD - Sept
	10/06/2026	5.15 10-2818-214-000-00-000-000-000-0000	LTD & STD - Sept
	10/06/2026	8.79 10-2839-214-000-00-000-000-000-0000	LTD & STD - Sept
	10/06/2026	5.86 10-2513-214-000-00-000-000-000-0000	LTD & STD - Sept
	10/06/2026	20.35 10-2513-214-000-00-000-000-000-0000	LTD & STD - Sept
	10/06/2026	23.73 10-2380-214-000-30-800-000-000-0000	LTD & STD - Sept
	10/06/2026	30.10 10-2380-214-000-30-800-000-000-0000	LTD & STD - Sept
	10/06/2026	22.54 10-2380-214-000-20-500-000-000-0000	LTD & STD - Sept
	10/06/2026	25.77 10-2380-214-000-20-500-000-000-0000	LTD & STD - Sept
	10/06/2026	27.04 10-2380-214-000-10-200-000-000-0000	LTD & STD - Sept
	10/06/2026	31.83 10-2380-214-000-10-200-000-000-0000	LTD & STD - Sept
	10/06/2026	30.10 10-2380-214-000-10-200-000-000-0000	LTD & STD - Sept

Payment Detail Listing

Invoice #	Invoice Date PO #	Amount Account Code	Description
	10/06/2026	14.52 10-2360-214-000-00-000-000-0000	LTD & STD - Sept
	10/06/2026	37.11 10-2360-214-000-00-000-000-0000	LTD & STD - Sept
	10/06/2026	12.25 10-2260-214-000-00-000-000-0000	LTD & STD - Sept
	10/06/2026	9.57 10-2140-214-000-30-000-000-0000	LTD & STD - Sept
	10/06/2026	7.66 10-2140-214-000-20-500-000-0000	LTD & STD - Sept
	10/06/2026	21.05 10-2140-214-000-10-200-000-0000	LTD & STD - Sept
	10/06/2026	30.77 10-2269-214-000-00-000-000-012-0000	LTD & STD - Sept
	Payment Amount:	3150.81	

Current Balance: **\$3,150.81**
Currently paid to: 09/01/2026

[Pay Now](#)



Next Bill Generation Date: 10/30/2026

Delivery Method: ☐ Paper Bill (U.S. Mail) ☐ Paperless

View My Bill: 09/01/2026 - 09/30/2026 (# 002168360606) - Ready to Pay

Bill Details

[View/Save PDF Bill](#)

Invoice Number: 002168360606

Product Breakdown

Class	Plan	Lives	Volume	Rate	Premium (Monthly)
AX01 All Eligible Administrators	Life	260	\$27,248,500.00	0.08/1000	\$2,179.88
	AD&D	260	\$27,248,500.00	0.02/1000	\$544.97
	LTD	18	\$137,742.86	0.14/100	\$192.84
	STD	18	\$21,192.73	0.11/10	\$233.12

Total Due on 09/01/2026: **\$3,150.81**

Current Balance: **\$3,150.81** ●
Currently paid to: 09/01/2026

 Next Bill Generation Date: 10/30/2026

Your payment was processed successfully! [Click Here to Print](#)

This payment will be applied to your account within one to two business days.

Funds may be withdrawn by United of Omaha Life Insurance Company or one of its affiliates, including Mutual of Omaha Insurance Company or Companion Life Insurance Company.

You can view the status of your payment in the Payment History section.

Payment Amount	Account Number	Payment ID	Payment Submitted Date
\$3,150.81	[REDACTED]	[REDACTED]	10/05/2026 9:57 AM

Coverage	Age Range	Class	Coverage Tier	Coverages	Volume	Premium (Monthly)		
Basic Life & AD&D		Act 93	Employee Only	17.00	3013000.00	301.79		
Basic Life & AD&D		Professional Staff	Employee Only	169.00	23716000.00	2371.74		
Basic Life & AD&D		Superintendent	Employee Only	1.00	433000.00	43.29		
Basic Life and AD&D - Support		default	Employee Only	73.00	3575000.00	357.03	2,724.85	27,248,500.00
Employer-Funded Long-Term Disability		default	Employee Only	18.00	137863.79	192.84	137,742.86	
Employer-Funded Short-Term Disability		default	Employee Only	18.00	21191.64	233.12	21,192.73	
Totals:				296	30,901,055.42	3,150.81		

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pynt # M100000494
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	10/06/2026	2357.81 10-0462-213-000-00-000-000-0000	EE Vol Life Sept
	10/06/2026	1842.11 10-0462-214-000-00-000-000-0000	EE Vol LTD Sept
	Payment Amount:	4199.92	

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pynt # M100000494
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	10/06/2026	2357.81 10-0462-213-000-00-000-000-0000	EE Vol Life Sept
	10/06/2026	1842.11 10-0462-214-000-00-000-000-0000	EE Vol LTD Sept
	Payment Amount:	4199.92	

M100000494

10/06/2026

*****4,199.92

PAY Four Thousand One Hundred Ninety-Nine and 92/100 Dollars

To the Order of:

Mutual of Omaha
Payment Processing Center
PO Box 2147
OMAHA NE 68103-2147

NON-NEGOTIABLE

Bill Group Dashboard My Bill Payments Help & Documents

Current Bill Group: [REDACTED]

Current Balance: **\$4,199.92**
Currently paid to: 09/01/2026

[Pay Now](#)



Next Bill Generation Date: 10/30/2026

Delivery Method: ☐ Paper Bill (U.S. Mail) ☐ Paperless

View My Bill: 09/01/2026 - 09/30/2026 (# 002168360607) - Ready to Pay

Bill Details

[View/Save PDF Bill](#)

Invoice Number: 002168360607

Product Breakdown

Class	Plan	Lives	Volume	Rate	Premium (Monthly)
AX01 All Eligible Administrators	AD&D Vol Employee	111	\$10,000,000.00	0.02/1000	\$200.00
	Life Vol Spouse	55	\$1,295,000.00	Age Banded	\$143.08
	Life Vol Employee	111	\$10,000,000.00	Age Banded	\$1,915.75
	AD&D Vol Spouse	55	\$1,295,000.00	0.02/1000	\$25.90
	Life Vol Dep	62	\$522,000.00	0.1/1000	\$52.20
	AD&D Vol Dep	62	\$522,000.00	0.04/1000	\$20.88
	LTD Vol	110	\$452,520.38	Age Banded	\$1,842.11

Total Due on 09/01/2026: **\$4,199.92**

Bill Group Dashboard My Bill Payments ▾ Help & Documents ▾

Current Bill Group: [REDACTED]

Current Balance: **\$4,199.92** ⓘ
Currently paid to: 09/01/2026



Next Bill Generation Date: 10/30/2026

Your payment was processed successfully! [Click Here to Print](#)

This payment will be applied to your account within one to two business days.

Funds may be withdrawn by United of Omaha Life Insurance Company or one of its affiliates, including Mutual of Omaha Insurance Company or Companion Life Insurance Company.

You can view the status of your payment in the [Payment History](#) section.

Payment Amount	Account Number	Payment ID	Payment Submitted Date
\$4,199.92	[REDACTED]	[REDACTED]	10/05/2026 10:00 AM



Coverage	Age Range	Class	Coverage Tier	Coverages	Volume	Premium (Monthly)
Voluntary Child Life		Support	Children Only	9.00	80000.00	11.28
Voluntary Child Life		Act 93/Business Admini	Children Only	53.00	442000.00	62.32
Voluntary Employee Life		Support	Employee Only	24.00	1730000.00	548.15
Voluntary Employee Life		Act 93/Business Admini	Employee Only	87.00	8170000.00	1574.6
Voluntary LTD		Support	Employee Only	32.00	275395.85	2420.67
Voluntary LTD		Professional Staff	Employee Only	28.00	377121.53	1421.29
Voluntary Spouse Life		Support	Spouse Only	10.00	190000.00	47.8
Voluntary Spouse Life		Act 93/Business Admini	Spouse Only	45.00	1105000.00	121.18
Totals:				338	12149520.38	4,200.44
				Child Life Diff		-0.52
						4,199.92

73.6 73.08 -0.52

2115.75 1915.75

1842.11

168.98 143.08

Vendor: PITNEY 01-Pitney Bowes Inc
Reserve Account PO Box 223648 PITTSBURGH PA 15250-2648

Pymt # M100000495
10/08/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	10/08/2026	547.63 10-2380-530-000-30-800-000-000-0000	Postage Machine Refill
	10/08/2026	100.07 10-2360-530-000-00-000-000-070-0000	Postage Machine Refill
	10/08/2026	204.45 10-2260-530-000-00-000-000-060-0000	Postage Machine Refill
	10/08/2026	12.91 10-0132-000-000-00-000-000-000-0000	Postage Machine Refill
	10/08/2026	112.96 10-2380-530-000-20-500-000-050-0000	Postage Machine Refill
	10/08/2026	728.56 10-2513-530-000-00-000-000-025-0000	Postage Machine Refill
	10/08/2026	167.22 10-2380-530-000-10-200-000-020-0000	Postage Machine Refill
	10/08/2026	126.20 10-1241-530-000-00-000-000-012-0000	Postage Machine Refill
	Payment Amount:	2000.00	

Vendor: PITNEY 01-Pitney Bowes Inc
Reserve Account PO Box 223648 PITTSBURGH PA 15250-2648

Pymt # M100000495
10/08/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	10/08/2026	547.63 10-2380-530-000-30-800-000-000-0000	Postage Machine Refill
	10/08/2026	100.07 10-2360-530-000-00-000-000-070-0000	Postage Machine Refill
	10/08/2026	204.45 10-2260-530-000-00-000-000-060-0000	Postage Machine Refill
	10/08/2026	12.91 10-0132-000-000-00-000-000-000-0000	Postage Machine Refill
	10/08/2026	112.96 10-2380-530-000-20-500-000-050-0000	Postage Machine Refill
	10/08/2026	728.56 10-2513-530-000-00-000-000-025-0000	Postage Machine Refill
	10/08/2026	167.22 10-2380-530-000-10-200-000-020-0000	Postage Machine Refill
	10/08/2026	126.20 10-1241-530-000-00-000-000-012-0000	Postage Machine Refill
	Payment Amount:	2000.00	

M100000495

10/08/2026

*****2,000.00

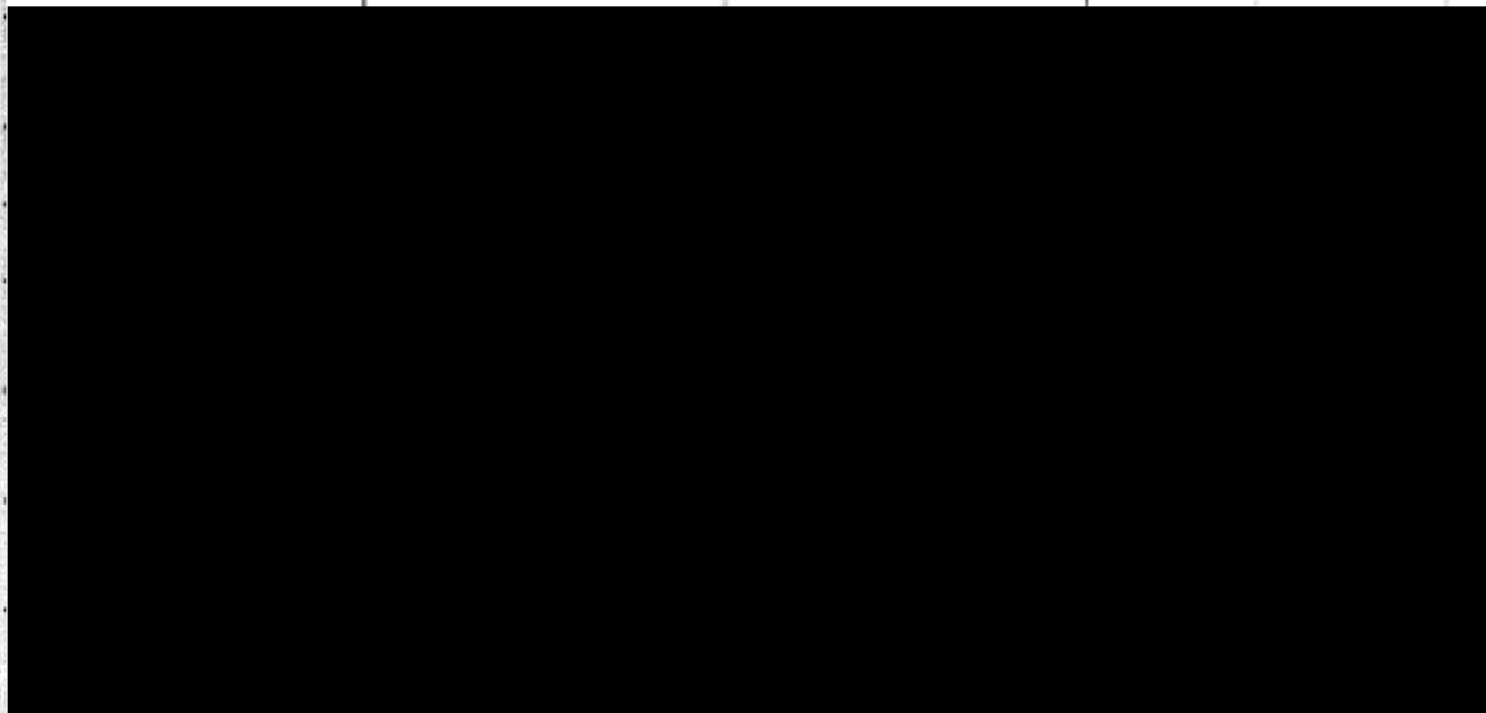
PAY Two Thousand and 00/100 Dollars

To the Order of:

Pitney Bowes Inc
Reserve Account
PO Box 223648
PITTSBURGH PA 15250-2648

NON-NEGOTIABLE

Transaction Date	Account	Description	Amount
Oct 07, 2026		External Deposit	2000.00



Vendor: COMMONW05-Dept of Labor & Industry-B
Commonwealth of Pennsylvania Bureau of Occ. & Inds. Safety 6

Pymt # M100000496
10/16/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	10/16/2026	960.31 10-2120-250-000-20-500-000-000-0000	PA UC Qtr. 3
Payment Amount:		960.31	

Vendor: COMMONW05-Dept of Labor & Industry-B
Commonwealth of Pennsylvania Bureau of Occ. & Inds. Safety 6

Pymt # M100000496
10/16/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	10/16/2026	960.31 10-2120-250-000-20-500-000-000-0000	PA UC Qtr. 3
Payment Amount:		960.31	

M100000496

10/16/2026

*****960.31

PAY Nine Hundred Sixty and 31/100 Dollars

To the Order of:

Dept of Labor & Industry-B
Commonwealth of Pennsylvania
Bureau of Occ. & Inds. Safety
651 Boas Street
HARRISBURG PA 17121

NON-NEGOTIABLE



Pennsylvania
Department of Labor & Industry
OFFICE OF UNEMPLOYMENT COMPENSATION TAX SERVICES

Date: 10/11/2026
UC Account Number: [REDACTED]

LEHIGHTON AREA SCHOOL DISTRICT
PO BOX 1490
MECHANICSBURG PA 17055-1490

**PENNSYLVANIA UNEMPLOYMENT COMPENSATION
STATEMENT OF ACCOUNT**

Dear Employer:

Your account shows a total balance due of \$4,292.16, interest calculated through 10/11/2026. See page two for an itemization.

You must pay amounts due electronically through your employer self-service portal at www.uctax.pa.gov.

Payment of current benefit charges must be received within 30 days from the date of this notice to avoid interest charges.

Payments of contributions, reimbursement of benefit charges, interest and/or penalties are required to be remitted electronically through the Unemployment Compensation Management System (UCMS) if the total liability for a payment period is, or at any point was, \$5,000 or more. Failure to make payment electronically will result in a penalty equal to the greater of \$25 or 10% of the remittance amount, up to a maximum of \$500.

Contributions unpaid on the date on which they are due and payable, as prescribed by the department, shall bear interest as provided under Section 308 of the Pennsylvania Unemployment Compensation Law, at the rate of one-twelfth (1/12) of the annual rate determined by the Secretary of Revenue under Section 806 of the Fiscal Code, 72 P.S. § 806, per month or fraction of a month, or at the rate of one per centum (1%) per month or fraction of a month (12% per year), whichever is greater, from the date they become due until paid.

If applicable, a lien and/or other legal action(s) may be initiated if your account is not brought into compliance within 10 days from the date of this notice. Additionally, as a result of Executive Order 2021-06, Worker Protection and Investment, the lien delinquency information may be subject to posting on the Non-Compliance List within the Department of Labor and Industry's website.

If you have any questions, please contact Employer Tax Services at 866-403-6163 weekdays from 7:30 a.m. to 4:00 p.m. Eastern Time. Visit your employer self-service portal at www.uctax.pa.gov for additional information regarding your account, or access the department website shown below.

Department of Labor & Industry | Office of UC Tax Services
651 Boas Street | Harrisburg, PA 17121-0750 | pa.gov/uc/tax

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*

CURRENT BENEFIT CHARGE ACTIVITY

BENEFIT CHARGES AND CREDITS		
Billable Period	Amount of Charges	Amount of Adjustments*
3rd Quarter 2026	\$3,683.78	\$0.00
TOTAL	\$3,683.78	\$0.00

*Benefit Charge Adjustments will reduce the Amount Due for the period to which they apply. If the period is paid in full, the adjustment will create a credit that will be applied as an Amount Paid to outstanding balance due. If the credit is more than the balance due on the account, the excess credit will be applied to the next Statement of Account.

CURRENT AND PAST DUE REIMBURSABLE CHARGES AND/OR INTEREST

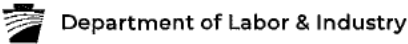
BILLABLE PERIOD	RECEIVABLE TYPE	AMOUNT DUE	AMOUNT PAID	BALANCE DUE
3rd Quarter 2026	Benefit Charges	\$3,683.78	\$2,723.47	\$960.31
TOTAL		\$3,683.78	\$2,723.47	\$960.31

CONTRIBUTIONS, INTEREST, AND/OR PENALTIES

QTR/YEAR	RECEIVABLE TYPE	AMOUNT DUE	AMOUNT PAID	BALANCE DUE
3/2026	Employee Withholding	\$3,331.85	\$0.00	\$3,331.85
TOTAL		\$3,331.85	\$0.00	\$3,331.85

STATEMENT OF ACCOUNT SUMMARY

	AMOUNT DUE
EMPLOYEE WITHHOLDING	\$3,331.85
BENEFIT CHARGES	\$960.31
TOTAL	\$4,292.16



Employer Name
LEHIGHTON AREA SCHOOL DISTRICT

Employer Account
[REDACTED]

FEIN
[REDACTED]

Billing Cycle
Quarterly

Classification Type
Article XII (political subdivision)

Status
Active

Status Effective
01/01/1978

Financing Method
Reimbursable

Make a Payment

Payment Confirmation

Transaction Date
10/15/2026 09:28 AM

Transaction Number
[REDACTED]

Warehouse Release Date
10/16/2026

Method Of Payment [\[Click to View\]](#)
[REDACTED]

Payment Details

Contributions, Interest and/or Penalties

Payment Item	Amount
Quarterly Report-3rd Quarter 2026	\$0.00
Employee Withholding Contributions	\$0.00

Viewing all records

Reimbursable Payments

Payment Item	Amount
Reimbursable Benefit Charge	\$960.31

Viewing all records

Optional Payments

Payment Item	Amount
Employee Withholding Credit	\$0.00
Employer Contribution Credit	\$0.00

Viewing all records

Total Amount Paid

\$ 960.31

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M180000497
10/20/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			426.60		
SEE PAYMENT DETAIL LISTING					

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M180000497
10/20/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			426.60		
SEE PAYMENT DETAIL LISTING					

M180000497

10/20/2026

*****426.60

PAY Four Hundred Twenty-Six and 60/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

NON-NEGOTIABLE

Payment Detail Listing

United Concordia Co Inc (UNITED 01)
PO Box 827300
PHILADELPHIA PA 19182-7300

Payment Number: M100000497
Payment Date: 10/20/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	10/20/2026	0.64 10-2140-272-000-20-500-000-000-0000	Dental Admin Fee Sept
	10/20/2026	0.77 10-1225-272-000-30-800-000-000-0000	Dental Admin Fee Sept
	10/20/2026	0.81 10-2140-272-000-30-800-000-000-0000	Dental Admin Fee Sept
	10/20/2026	0.90 10-2240-272-000-00-000-000-000-0000	Dental Admin Fee Sept
	10/20/2026	0.98 10-2250-272-000-10-200-000-000-0000	Dental Admin Fee Sept
	10/20/2026	0.98 10-2160-272-000-10-200-000-000-0000	Dental Admin Fee Sept
	10/20/2026	1.32 10-2839-272-000-00-000-000-000-0000	Dental Admin Fee Sept
	10/20/2026	1.75 10-2140-272-000-10-200-000-000-0000	Dental Admin Fee Sept
	10/20/2026	2.22 10-2611-272-000-00-000-000-000-0000	Dental Admin Fee Sept
	10/20/2026	2.22 10-2514-272-000-00-000-000-000-0000	Dental Admin Fee Sept
	10/20/2026	2.22 10-2440-272-000-30-800-000-000-0000	Dental Admin Fee Sept
	10/20/2026	2.22 10-2440-272-000-20-500-000-000-0000	Dental Admin Fee Sept
	10/20/2026	2.22 10-2440-272-000-10-200-000-000-0000	Dental Admin Fee Sept
	10/20/2026	2.22 10-2250-272-000-30-800-000-000-0000	Dental Admin Fee Sept
	10/20/2026	2.22 10-2190-272-000-00-000-000-000-0000	Dental Admin Fee Sept
	10/20/2026	2.22 10-2170-272-000-00-000-000-000-0000	Dental Admin Fee Sept
	10/20/2026	2.22 10-2160-272-000-30-800-000-000-0000	Dental Admin Fee Sept
	10/20/2026	2.22 10-2160-272-000-20-500-000-000-0000	Dental Admin Fee Sept
	10/20/2026	2.22 10-2125-272-000-30-800-000-000-0000	Dental Admin Fee Sept
	10/20/2026	2.22 10-2125-272-000-20-500-000-000-0000	Dental Admin Fee Sept
	10/20/2026	2.22 10-1211-272-000-30-800-000-000-0000	Dental Admin Fee Sept
	10/20/2026	3.16 10-2269-272-000-00-000-000-012-0000	Dental Admin Fee Sept
	10/20/2026	3.16 10-2120-272-000-20-500-000-000-0000	Dental Admin Fee Sept
	10/20/2026	3.16 10-2120-272-000-10-200-000-000-0000	Dental Admin Fee Sept
	10/20/2026	3.33 10-3250-272-000-00-000-000-000-0000	Dental Admin Fee Sept
	10/20/2026	3.67 10-1225-272-000-10-200-000-000-0000	Dental Admin Fee Sept
	10/20/2026	4.44 10-2360-272-000-00-000-000-000-0000	Dental Admin Fee Sept
	10/20/2026	4.44 10-2250-272-000-20-500-000-000-0000	Dental Admin Fee Sept
	10/20/2026	4.44 10-2120-272-000-30-800-000-000-0000	Dental Admin Fee Sept
	10/20/2026	4.44 10-1801-272-217-10-200-000-000-0000	Dental Admin Fee Sept
	10/20/2026	4.44 10-1211-272-000-20-500-000-000-0000	Dental Admin Fee Sept
	10/20/2026	5.29 10-2513-272-000-00-000-000-000-0000	Dental Admin Fee Sept
	10/20/2026	5.29 10-2260-272-000-00-000-000-000-0000	Dental Admin Fee Sept
	10/20/2026	5.38 10-1231-272-000-30-800-000-000-0000	Dental Admin Fee Sept
	10/20/2026	5.38 10-0132-000-000-00-000-000-000-0000	Dental Admin Fee Sept
	10/20/2026	5.84 10-2818-272-000-00-000-000-000-0000	Dental Admin Fee Sept
	10/20/2026	6.36 10-2620-272-000-30-800-000-000-0000	Dental Admin Fee Sept
	10/20/2026	6.65 10-2620-272-000-00-000-000-000-0000	Dental Admin Fee Sept
	10/20/2026	6.65 10-2380-272-000-20-500-000-000-0000	Dental Admin Fee Sept
	10/20/2026	6.65 10-1231-272-000-20-500-000-000-0000	Dental Admin Fee Sept
	10/20/2026	7.29 10-2620-272-000-20-500-000-000-0000	Dental Admin Fee Sept
	10/20/2026	7.59 10-2380-272-000-10-200-000-000-0000	Dental Admin Fee Sept
	10/20/2026	7.59 10-1231-272-000-10-200-000-000-0000	Dental Admin Fee Sept
	10/20/2026	7.72 10-2380-272-000-30-800-000-000-0000	Dental Admin Fee Sept
	10/20/2026	8.53 10-1211-272-000-10-200-000-000-0000	Dental Admin Fee Sept
	10/20/2026	8.57 10-2620-272-000-10-200-000-000-0000	Dental Admin Fee Sept
	10/20/2026	10.75 10-1241-272-000-20-500-000-000-0000	Dental Admin Fee Sept
	10/20/2026	14.25 10-1241-272-000-10-200-000-000-0000	Dental Admin Fee Sept
	10/20/2026	16.42 10-1241-272-000-30-800-000-000-0000	Dental Admin Fee Sept
	10/20/2026	51.23 10-1110-272-000-20-500-000-000-0000	Dental Admin Fee Sept
	10/20/2026	55.07 10-1110-272-000-30-800-000-000-0000	Dental Admin Fee Sept
	10/20/2026	102.41 10-1110-272-000-10-200-000-000-0000	Dental Admin Fee Sept
Payment Amount:		426.60	

Recipient: [REDACTED] **LEHIGHTON AREA SCHOOL DISTRICT**

As Of: 09/23/2026

Invoice Number: 219976488

Due Date: 10/18/2026

Prior Amount Due: \$417.60

Payments: \$417.60CR

Cash Posted Check #
09/15/2026

\$417.60CR

Current Amount 09/01/2026 - 09/30/2026: \$417.60

Retroactive Adjustment Amount 08/01/2026 - 08/31/2026: \$9.00

Total Amount Due: \$426.60

Make a one-time payment quickly and conveniently, no registration necessary.
Available on UnitedConcordia.com under the Employers Tab.
You can also call us toll-free to process your payment by credit card or ACH.

For enrollment forms, visit our website at www.UnitedConcordia.com.
Fax enrollment forms to 800-329-9093.
Do not submit enrollment changes or other written communication with your payment.

GO PAPERLESS! Take care of enrollment and billing quickly and easily
by using our secure online Group Administration Portal,
available under Employers on UnitedConcordia.com

Questions? Call 888-320-3316 Monday through Friday 8:00 a.m. to 5:00 p.m. in all time zones.



Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pynt # M100000498
10/20/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	10/20/2026	-7.20 10-1110-272-000-20-500-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	1.00 10-1110-272-000-10-200-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	5.40 10-2611-272-000-00-000-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	3.60 10-2120-272-000-30-800-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	1.00 10-1241-272-000-30-800-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	1.00 10-1110-272-000-20-500-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	1.00 10-2120-272-000-10-200-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	1.00 10-1110-272-000-30-800-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	1.00 10-1110-272-000-10-200-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	1.00 10-1110-272-000-20-500-000-000-0000	Dental Admin Cobra Sept
Payment Amount:		14.40	

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pynt # M100000498
10/20/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	10/20/2026	-7.20 10-1110-272-000-20-500-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	1.00 10-1110-272-000-10-200-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	5.40 10-2611-272-000-00-000-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	3.60 10-2120-272-000-30-800-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	1.00 10-1241-272-000-30-800-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	1.00 10-1110-272-000-20-500-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	1.00 10-2120-272-000-10-200-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	1.00 10-1110-272-000-30-800-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	1.00 10-1110-272-000-10-200-000-000-0000	Dental Admin Cobra Sept
	10/20/2026	1.00 10-1110-272-000-20-500-000-000-0000	Dental Admin Cobra Sept
Payment Amount:		14.40	

M100000498

10/20/2026

*****14.40

PAY Fourteen and 40/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

NON-NEGOTIABLE

Recipient:

LEHIGHTON AREA SCHOOL DISTRICT COBRA

As Of: 09/23/2026

Invoice Number: 219976873

Due Date: 10/18/2026

Prior Amount Due:

\$16.20

Payments:

\$16.20CR

Cash Posted Check #

09/15/2026

\$16.20CR

Current Amount 09/01/2026 - 09/30/2026:

\$16.20

Retroactive Adjustment Amount 05/01/2026 - 08/31/2026:

\$1.80CR

Total Amount Due:

\$14.40

Make a one-time payment quickly and conveniently, no registration necessary.
Available on UnitedConcordia.com under the Employers Tab.
You can also call us toll-free to process your payment by credit card or ACH.

For enrollment forms, visit our website at www.UnitedConcordia.com.

Fax enrollment forms to 800-329-9093.

Do not submit enrollment changes or other written communication with your payment.

GO PAPERLESS! Take care of enrollment and billing quickly and easily
by using our secure online Group Administration Portal,
available under Employers on UnitedConcordia.com

Questions? Call 888-320-3316 Monday through Friday 8:00 a.m. to 5:00 p.m. in all time zones.

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000499
10/20/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	10/20/2026	1.80 10-1110-282-000-20-500-000-000-0000	Dental Admin Fee Retiree - Sep
	10/20/2026	1.80 10-1110-282-000-30-800-000-000-0000	Dental Admin Fee Retiree - Sep
	10/20/2026	1.80 10-2620-282-000-00-000-000-000-0000	Dental Admin Fee Retiree - Sep
	Payment Amount:	5.40	

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000499
10/20/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	10/20/2026	1.80 10-1110-282-000-20-500-000-000-0000	Dental Admin Fee Retiree - Sep
	10/20/2026	1.80 10-1110-282-000-30-800-000-000-0000	Dental Admin Fee Retiree - Sep
	10/20/2026	1.80 10-2620-282-000-00-000-000-000-0000	Dental Admin Fee Retiree - Sep
	Payment Amount:	5.40	

M100000499

10/20/2026

*****5.40

PAY Five and 40/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

NON-NEGOTIABLE

Recipient: [REDACTED] **LEHIGHTON AREA SCHOOL DISTRICT**

As Of: 09/23/2026

Invoice Number: 219976876

Due Date: 10/18/2026

Prior Amount Due: \$1.80

Payments: \$1.80CR

Cash Posted Check #
09/15/2026

\$1.80CR

Current Amount 09/01/2026 - 09/30/2026: \$5.40

Total Amount Due: \$5.40

Make a one-time payment quickly and conveniently, no registration necessary.
Available on UnitedConcordia.com under the Employers Tab.
You can also call us toll-free to process your payment by credit card or ACH.

For enrollment forms, visit our website at www.UnitedConcordia.com.
Fax enrollment forms to 800-329-9093.
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available under Employers on UnitedConcordia.com

Questions? Call 888-320-3316 Monday through Friday 8:00 a.m. to 5:00 p.m. in all time zones.

