



QUARTERLY INVOICE

Town Of Erie
Attn: Amy Teetzel
P.O. Box 750
Erie CO 80516

Date: January 01, 2019

Invoice #: W19077

Member ID: 11100

DESCRIPTION	COVERAGE DATES	AMOUNT DUE
Workers' Compensation Coverage: (see breakdown of annual contribution attached)	01/01/2019-01/01/2020	\$75,593.25
	TOTAL	\$75,593.25

This invoice constitutes your Workers' Compensation Pool billing for 2019. Based on your selection when you accepted your quote, you opted to pay your contribution premium in quarterly installments. Your first quarter payment is due on January 1, 2019. Payments received in our office after February 15 will be charged interest at the current Prime Rate.

Delinquencies are subject to CIRSA Bylaws, Article VIII (1) (a) and Article XV.

PAYMENT OPTIONS:

Pay On-Line Website Address:

<https://www.cirsa.org/billpay>

Pay On-Line by EFT:

Bank Name: Wells Fargo Bank N.A.
Account Name: CIRSA WC
Routing Number: 102000076
Account Number: 1018076885

Pay by Check Mailing Address:

CIRSA
P.O. Box 910543
Denver, CO 80291-0543