



Annuity Statement



CLAIM NUMBER	NAME AND ADDRESS			
[REDACTED]	[REDACTED] CINCINNATI OH 45248			
GROSS MONTHLY ANNUITY	DEDUCTIONS OR ADDITIONS			NET MONTHLY PAYMENT
	CODE	DESCRIPTION	AMOUNT	
\$2684.00	112	Blue Cross/Blue Shield Service Benefit Plan-Basic	- 285.42	\$2129.72
	46	Basic Life Insurance Premiums	- 17.88	
	42	Federal Dental Insurance	- 101.75	
	31	Federal Income Tax Withheld	- 74.23	
	32	State Income Tax Withheld	- 75.00	