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| Form FS-575Rev. 07-17 |
| HIGHWAY COMMISSION INSURANCE FUND**- RECEIPT OF PAYMENT -** |
| **Subscriber Information**  |
| Name (First MI Last) | EmplID | Employment Status | Location |
| **Payment Received** |
| Amount Paid**$**      | Check #      | Check Date      |
| **Person Receiving Payment** |
| Insurance Representative (First Last)   | Date Received:           |
|  |
| **PLAN** | COVERAGE MONTH(S) | **PAID** |
| **Medical Ins.** |       | **$** |       |
| **Basic Life** |  | **$** |       |
| **Optional Life** |  | **$** |       |
| Make checks payable to:Highway Commission Insurance Fund | **TOTAL** | **$** |  |

\*\*\*Attach check here\*\*\*