|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Form FS-575  Rev. 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\*\*\*