



PASCOAG
UTILITY DISTRICT

Pascoag Electric • Pascoag Water

253 Pascoag Main Street
P.O. Box 107
Pascoag, RI 02859
Phone: 401-568-6222
TTY via RI Relay: 711
Fax: 401-568-0066
www.pud-ri.org

April 10, 2024

Rhode Island Public Utilities Commission
Ms. Luly Massaro
Commission Clerk
89 Jefferson Blvd.
Warwick, RI 02888

Re: RIPUC Docket No.: ELXX24
Pascoag Utility District Cost of Service Study

Dear Ms. Massaro:

On behalf of Pascoag Utility District Electric Department (Pascoag, District, or PUD), we herewith file an original and nine copies of Pascoag's addition to item 5.9.A.11. which was omitted from the original filing on April 5, 2024. I will mail the original and nine copies to your office today.

Best Regards,

Harle J. Young

Manager of Finance and Customer Service

CC: Service List

**GENERAL LEDGER
JOURNAL DETAIL**

Journal : 2024000165
 Description : Invoice
 Created Date : 01/05/2024
 Created By : pscgclg
 Status : Approved

Approved/Rejected Date : 01/05/2024
 Approved/Rejected By : pscgclg
 Module : Accounts Payable
 Journal Activity : Invoice
 Batch : HR

Line	Div Account	Description	Dept	Actv	BU Project	Jrnl Code Reference	Date	Debit	Credit
1	1 0131.02	BCSB Electric Operating Cash	0	0		0 AP Wire Transfer Bank: 1	01/05/2024		4,630.80
2	1 0165.01	Prepayments/ Insurance	0	0		0 January Beacon	01/05/2024	1,104.22	
3	2 2165.0	Prepayments- Insurance	0	0		0 January Beacon	01/05/2024	3,526.58	
4	1 0146.0	Due From Associates	0	0		0 Due From Division 2	01/05/2024	3,526.58	
5	2 2145.0	A/R due from Electric	0	0		0 Due To Division 1	01/05/2024		3,526.58
Total for Journal Number 2024000165:								8,157.38	8,157.38

Example of Item 5.9.A.11

Please see Schedule DGB-RY-8 on page 142 of Pascoag's Rate filing for the Administrative Transfers allocations and Schedule DGB-RY-8 on page 143 for the Property Insurance allocations. Other Transactions are given a 80% Electric/ 20% Water Spit based on the number of customers.

Electric paid this invoice for \$4,630.80. This workers comp insurance invoice was broken out for us by the insurer. The electric portion was \$1,104.22 and the water's portion was \$3,526.58. Our software system creates a due from the water division 2 and an A/R to electric division 1 automatically. Please see the journal details above.

Once a week I run the Electric GL146.0 and the water GL 2145.0 and transfer the money to the appropriate division to zero out the accounts.

JN 202400 165

DEC 11 2023

Renewal Invoice



Agent:
Starkweather & Shepley Insurance Brokerage Inc
PO Box 549
Providence, RI 02901-0549
401-435-3600

Account Holder:
Pascoag Utility District
PO Box 107
Pascoag, RI 02859-0107

Invoice ID: 293118
Bill Date: 12/06/2023
Account Number: 20480795
Account Balance (Renewal Term): \$23,194.00
Minimum Amount Due: \$4,630.80
Payment Due Date: 01/19/2024

Thank you for choosing The Beacon Mutual Insurance Company.

Policy Number	Policy Term	Trans. Date	Install. Due Date	Description of Transactions	Adjustments	Policy Balance	Minimum Due
	01/19/24 - 01/19/25	12/06/23	01/19/24	Renewal Deposit	\$4,630.80		\$4,630.80
				Policy Term Total:	\$4,630.80		
				Policy Balance:		\$4,630.80	

NOTE:
Your policy will not be renewed if there is any past due amount owed on any policies under your account. If there is an outstanding balance due on your account, the renewal payment remitted will be used to satisfy any outstanding balance.

Payment Due Date: 01/19/2024

Account Balance: \$23,194.00

Minimum Due: \$4,630.80

Hgy 1-4-24

-----Detach here-----

Pay by Check: Add account number to check and make payable to:
The Beacon Mutual Insurance Company. Include **original invoice coupon**.

Invoice ID: 293118

Account Number: 20480795

Pay Online: [Beaconconnect.beaconmutual.com](https://beaconconnect.beaconmutual.com)

New payment options: Pay by phone, debit card, credit card, e-check, or ACH.
Waive your installment fee by paying with e-check or ACH.

Payment Due Date: 01/19/2024

The Beacon Mutual Insurance Co.
P.O. Box 416142
Boston, MA 02241-6142
|||||||

Account Balance: \$23,194.00

Minimum Amount Due: \$4,630.80

00204807953011924500463080901192400293118800000000000000003

Policy Installment Information

Account Number	Line of Business	Installment Plan			
[REDACTED]	Workers' Compensation	Nine-Payment Plan			
Total Written Premium	Renewal Balance				
\$23,154.00	\$23,194.00				
FUTURE INSTALLMENTS - All installments due 15 days after bill date					
Install. Due Date	Amount	Install. Due Date	Amount	Install. Due Date	Amount
02/19/2024	\$2,320.40	07/19/2024	\$2,320.40		
03/19/2024	\$2,320.40	08/19/2024	\$2,320.40		
04/19/2024	\$2,320.40	09/19/2024	\$2,320.40		
05/19/2024	\$2,320.40				
06/19/2024	\$2,320.40				

EASY PAYMENT OPTIONS

Pay Online: Beaconnect.beaconmutual.com

Schedule your automatic payment, or make a one-time payment.

To waive your installment fee, pay your minimum amount due either by e-check or ACH.

Pay by Phone: 833-326-7022

Schedule your automatic payment, or make a one-time payment through our call center.

Pay by Check: Add your account number on your check, and make the check payable to The Beacon Mutual Insurance Company. Include the **original invoice coupon**, and send to our payment lockbox:

The Beacon Mutual Insurance Co.
P.O. Box 416142
Boston, MA 02241-6142

BILLING QUESTIONS

For billing questions, certificates of insurance, policy changes, or coverage questions call your insurance agent at: Starkweather & Shepley Insurance Brokerage Inc
401-435-3600

For questions about your payment, or for help with Beacon's online or phone payment system call 833-326-7022.

BILLING INFORMATION

Minimum Amount Due: The minimum amount that must be paid in order to continue policy coverage.

Account Balance: Total amount due after applying all payments, credits, or additional charges received by our billing system since last billing.

Installment Fee: A service fee of \$5.00 is assessed on each installment bill, except where prohibited by law. Waive your installment fee by making your payment online by e-check or ACH.

Late Fee: A service fee of \$10.00 may be applied for all payments not received within 5 business days following the due date.

Non-Sufficient Funds Fee: A service fee of \$25.00 will be applied for all returned checks and ACH payments.

Report claims immediately online at beaconmutual.com or call 1-888-886-4450.

Policy Number	Adjustments	Minimum Due
0000028542	\$4,630.80	\$4,630.80

Thank you for your business!