



**MICHIGAN MUNICIPAL LEAGUE
WORKERS' COMPENSATION FUND**

1675 Green Road, Ann Arbor, MI 48105

INVOICE

New Haven, Village Of
P.O. Box 480429
New Haven, MI 480480429

Invoice #: 5005207
Policy #: 5002300-23
Installment #:
Invoice Date: 03/26/2025
Due Date: 05/26/2025

POLICY#	DESCRIPTION	AMOUNT
5002300-23	Payroll Audit 7/1/2023 to 7/1/2024	\$6,006.00
AMOUNT DUE:		\$6,006.00

MAKE CHECK PAYABLE TO: MML Workers' Compensation Fund

PAYMENT MAILING ADDRESS

MML Workers' Compensation Fund
PO BOX 712087
CINCINNATI, OH 45271-2087

OR:

ACH PAYMENT OPTION

Bank: Key Bank, N.A.
Routing #: 041001039
Account #: 6000694481

For questions about remittance details, call Insurance Accounting at (734) 669-6373.
For policy or invoice questions, call Underwriting at (248) 204-8530.

FOR PROPER CREDIT, PLEASE DETACH THIS STUB AND RETURN WITH YOUR PAYMENT



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WORKERS' COMPENSATION FUND**

Mail to:

MML Workers' Compensation Fund
PO BOX 712087
CINCINNATI, OH 45271-2087

Member Name:
New Haven, Village Of

Invoice #: 5005207
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Payment Enclosed: _____