



WageWorks, Inc.
<PO Box>
<City, State, Zip>

Date: 1/8/2018
Form: CLC04
Doc ID: 00000000
Account #: 0000000000



To Sample Participant and Covered Dependents
4609 Regents Boulevard
Irving, TX 75063

Doc: 73617332 Sequence: 505 Form: 4 Server: 1

Cancellation Notice

Participant Name: Sample Participant
Account Number: 0000000000
Employer / Plan Sponsor: Sample Systems, Inc.

Dear Sample Participant,

Please accept this notice that your continuation coverage under Sample Systems, Inc.'s group health plan has terminated for the following reason:

No Premium Payment Made.

COBRA payments must be sent (e.g., postmarked by the USPS) on or before the last day of the applicable grace period and actually received by the COBRA administrator. Your premium was never received.

Your continuation coverage ended on 11/30/2017.

If you submit any further premium payments, these payments will be refunded to you. WageWorks is not liable for coverage during the period after it receives a further premium payment from you and before it issues a refund check.

An individual conversion health insurance policy may be available to the individual(s) named above. Contact your insurance carrier as soon as possible for more information, as there may be a limited time period for enrolling in a policy.

If you have any questions, please contact us at <Phone Number>.

Sincerely,
WageWorks, Inc.

00830750050501

