

Johnny Football And Eligible Covered Dependents
4609 Regents Boulevard
IRVING, TX 75063

Re: Monthly Premium Invoice
CCS Alpha - 32986

To: Johnny Football and Eligible Covered Dependents (if applicable) - 0116121773

Enclosed you will find your monthly premium payment invoice with remittance coupon. The invoice shows your premium payment that is due and must be paid in full by the end of the grace period. It is very important that your full payment is on time and is postmarked no later than the end of the grace period shown on the invoice. Failure to remit full payment prior to the grace period end date may result in loss of coverage without possibility of reinstatement.

PAYMENT OPTIONS

- Automatic Payment Option: You may choose to make recurring payments through Electronic Funds Transfer directly from your bank account. Visit our website at mybenefits.wageworks.com and follow the login instructions to take advantage of this easy payment option. After you sign up, payments are automatically transferred from your bank account on or about the 1st of the month. Plus, you no longer receive mailed invoices from us. Before your automatic payments can begin, we are required to send a pre-authorization to your bank to verify your account information. You must continue to make payments using a different payment method until your banking information is verified.
- Online Option: You may choose to make payments online at mybenefits.wageworks.com.
- Phone/IVR Option: You may choose to make payment via phone/IVR by calling 1-877-722-2667.
(Note: If paying online or through the IVR phone system, your payment must be made no later than midnight Central Time (CT) of the last day of your grace period.)
- By Mail Option: You may choose to send your full premium payment to WageWorks Please write your account number 0116121773 on the memo portion of your check or money order.

Make checks payable to WageWorks and mail to PO Box 660212 Dallas, TX 75266-0212.

Payment Reminders

- The payment address only accepts USPS regular first-class mail; overnight packages are not accepted.
- Partial payments will not be processed and may cause delay in processing or coverage cancellation.
- Allow 5-7 business days after mailing for your payment to be received and processed on your account.
- If you submit any premium payment after the required postmark date, or if you submit any premium payment and you are otherwise ineligible for coverage, these payments will be refunded to you.
- Acceptance of premium payments by WageWorks is not an indication that coverage is in force.

General Reminders

- Please send all correspondence (coverage changes due to life event, requests for cancellation or reduction of your coverage, or address changes) other than your premium payment to WageWorks P.O. Box 226101, Dallas, TX 75222-6101.
- Any correspondence, or account changes sent with your payment(s) will not be processed.

Website Access

WageWorks offers a secure website at mybenefits.wageworks.com where you can access important account information, including billing and payment details. To send WageWorks a support request through your online account, click the Message Center tab on the top menu.

If you have any questions please contact WageWorks between the hours of 7 a.m. to 7 p.m. (CT) Monday through Friday at 1-877-722-2667.

Monthly Premium Invoice

Participant: Johnny Football
Account #: 0116121773

Coverage Details

<u>Plan Name</u>	<u>Coverage Level</u>	<u>Premium</u>
Medical PPO with Rx	Individual Only	\$115.00

↓ Please remove the remittance coupon below and return it with your payment in the enclosed envelope. ↓

Please make checks/money orders payable to WageWorks and be sure to include participant's name and account number(s) on your check or money order.

Please do NOT staple checks to remittance coupon

Johnny Football
4609 Regent Boulevard
Irving, TX 75063

Client Name: CCS Alpha
Account #: 0116121773
Amount Due: \$115.00
Coverage Period: 01/01/2016 - 03/31/2018
Due Date: 01/01/2016

WageWorks
PO Box 660212
Dallas, TX 75266-0212

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