

PB_Name: Joseph Sample
PB_Address1: 32 View Drive
PB_CityStateZip: Oldpan, NJ 07675
PB_Insert_Feeder: 000000
PB_Server_ID: 9
PB_Job_ID:
PB_PlanetCode_ServiceCode: 40
PB_Mailing_ID:

Rate/Plan Change Notification for Electing Participants

Account Number: 0909967500
Electing Member: Joseph Sample
Employer / Plan Sponsor SAMPLE COMPANIES INC

To Joseph Sample and Eligible Covered Dependents (if applicable) - 0909967500:

The plan(s) and /or premium(s) for your continuation coverage have changed. Please note the new rate(s) and /or plan(s). You will not be receiving another COBRA Coverage Election Notice. The election notice previously mailed to you is still acceptable (if not past the deadline date identified on the first page of your COBRA Coverage Election Notice). If you elect to continue your coverage(s), please complete the election notice according to the COBRA Coverage Election Form Instructions.

The "date of your election" is the date on which your completed COBRA Coverage Election Form is postmarked by the United States Postal Service, if mailed, or the date on which your COBRA election is successfully submitted electronically. You must make your initial payment for COBRA coverage no later than 45 days after the date of your election. The "date of your election" is the date on which your completed COBRA Coverage Election Form is postmarked by the USPS, if mailed, or the date on which your COBRA election is successfully submitted electronically. If you do not make your first payment for COBRA coverage in full no later than 45 days after the date of your election, you will lose all COBRA rights under the Plan.

Your initial premium payment must cover the cost of COBRA coverage from the time your coverage under the Plan would have otherwise terminated up through the end of the month preceding the month in which your payment is made. For example, a June 1 election, based on an April 30 qualifying event and loss of coverage under the Plan, would require an initial premium payment equaling the premiums for May and June and is due on or before July 15, the 45th day after the COBRA coverage election. You are responsible for ensuring that the amount of your initial payment is enough to cover this entire period. You may contact WageWorks to confirm the correct amount of your initial premium payment.

You may receive a courtesy monthly invoice within 2 weeks of your COBRA coverage election. You may also receive courtesy monthly invoices for each subsequent period thereafter, assuming your COBRA coverage has not been canceled. However, you are responsible for paying the full premium on time even if you do not receive an invoice.

Premium payments are considered paid on the date you mail them (as evidenced by your postmark date). If your premium payment is made by check, and your check is returned because of insufficient funds, your premium is treated as unpaid. You must make full payment within the required time period, including a grace period, to prevent cancellation. **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. If your coverage is canceled for non-payment of premium, you cannot reinstate it.** Claims incurred may not be processed and paid until you have elected continuation coverage and paid required premiums.

If you have questions regarding the details of your benefits or need benefit information please call the plan policy holder or your insurance company. If you have other questions please call WageWorks at 1-866-747-0039.

	Individual Only
CIGNA HDHP MED/RX/VIS C-CNM1 MC	\$890.05
METLIFE PREM-301338/0077/0101 A-METM HA	\$53.50