

JAY SAMPLE and Eligible Covered Dependents
7 ROAD
WESTCLIFFE, CO 81252

Re: Continuation Coverage Monthly Premium Invoice
Sample Group, Inc. - 47016

To: JAY SAMPLE and Eligible Covered Dependents (if applicable) - 0129686000

WageWorks, Inc. has been retained to provide continuation coverage administration services for Sample Group, Inc. including billing for your continuation coverage under their group health plan.

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 by the end of the grace period to continue your eligibility for continuation coverage. It is very important that your payment is on time and is postmarked no later than the end of the grace period shown on the invoice. Claims will become payable only after the premium(s) for that period of coverage have been paid in full. Claims may be delayed and prescription cards not reactivated for a period of 30 to 60 days after election because of the time required to reactivate your coverage under continuation coverage.

If you become covered under another group health plan or become entitled to Medicare you may no longer be eligible for continuation coverage. If this happens, you must notify WageWorks, Inc. in writing of the effective date of your new coverage. In the event that you are determined to be disabled by the Social Security Administration either at the time of or within the first 60 days of continuation coverage, you may be able to continue continuation coverage for up to an additional 11 months (a total of 29 months continuation coverage) if you provide WageWorks, Inc. with a written determination from the Social Security Administration within 60 days of the date of determination on that notice.

If full premium is not mailed by the required postmark date, your coverage will terminate retroactively to the first of the month for which full payment was not made timely. 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 WageWorks, Inc. is not an indication that coverage is in force.

Payment Options

- AutoPay 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 and will eliminate monthly premium invoices mailed to you. 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 855-556-5737.
(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, Inc. Please make checks payable to **WageWorks, Inc.** and write your account number 0129686180 on the memo portion of your check or money order. Please mail your payment with the remittance coupon to **WageWorks, Inc. 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.

General Reminders

- Please send all correspondence, such as coverage changes due to life events (including Medicare entitlement), requests for cancellation, reduction of your coverage, or address changes through the Message Center at mybenefits.wageworks.com, by email at customerdelivery@wageworks.com, by fax at 877-775-9399 or by mail at WageWorks, Inc. P.O. Box 226101 Dallas, TX 75222-6101. Verbal notice (including notice by telephone) is not acceptable.
- Any correspondence, or account changes sent with your payment(s) will not be processed.
- Questions regarding insurance plan provisions or claims, contact your insurance provider directly.

Website Access

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

If you have any questions, please contact WageWorks, Inc. at 855-556-5737.

Monthly Premium Invoice

Member: JAY SAMPLE
Account #: 0129686000

Coverage Details

<u>Plan Name</u>	<u>Coverage Level</u>	<u>Premium</u>
UHC Blue 6	Employee Only	\$689.63
Enhanced Plan Vision 2	Employee Only	\$19.68

Coverage Period	Amount Due	Previously Paid	Total Due	Due Date	Grace Period End Date
08/01/2021 - 08/31/2021	\$709.31	\$572.73	\$136.58	08/01/2021	09/24/2021
09/01/2021 - 09/30/2021	\$709.31	\$572.73	\$136.58	09/01/2021	10/01/2021
10/01/2021 - 10/31/2021	\$709.31	\$572.73	\$136.58	10/01/2021	10/31/2021

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

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

Please do NOT staple checks to remittance coupon

JAY SAMPLE
7 ROAD
WESTCLIFFE, CO 81252

Client Name: Sample Group, Inc.
Account #: 0129686000
Amount Due: \$409.74
Coverage Period: 08/01/2021 - 10/31/2021
Due Date: 08/01/2021

WageWorks, Inc.
PO Box 660212
Dallas, TX 75266-0212

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