

Sample Document and Eligible Covered Dependents
39 Test St
Xfbvexebzq Vlydmfy, OH 46203

Re: Monthly Premium Invoice
Company of Samples, Inc. - 37200

To: Sample Document and Eligible Dependents (if applicable) - 0128969000

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 to continue your eligibility of coverage. 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.

IMPORTANT! PLEASE READ! Effective January 1, 2021 Company of Samples is implementing a 90-day cancellation policy for nonpayment of past due premiums owed. If your account is deemed past due, WageWorks will include the past due amount on your next invoice at which point you will have the opportunity to bring your account current. After 90 days, if your account is still deemed past due, your coverage will be canceled. To avoid disruption of coverage, please ensure your account is current.

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**. Click on the **AutoPay** link and complete the transfer authorization form, print and mail or fax the form directly to WageWorks, Inc. Your automatic payments for the next premium will start within 30 days after we receive and process your authorization form. Payments will be automatically transferred from your account on or about the 1st of each month.
- **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 1-855-556-5737.
- **(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 0128969065 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.
- 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, Inc. is not an indication that coverage is in force.

00220900000301



HealthEquity | WageWorks
P.O. Box 226101
Dallas, TX 75222-6101

Date: 08/30/2021
Form: CLR01-CXD
Doc ID: 87911000
Account #: 0128969000

General Reminders

- Please send all correspondence, such as coverage changes due to life events, 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.

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 1-855-556-5737.

00220900000302



HealthEquity | WageWorks
 P.O. Box 226101
 Dallas, TX 75222-6101

Date: 08/30/2021
 Form: CLR01-CXD
 Doc ID: 87911000
 Account #: 0128969000

Monthly Premium Invoice

Member: Sample Document
 Account #: 0128969000

Coverage Details

<u>Plan Name</u>	<u>Coverage Level</u>	<u>Premium</u>
DB Y02 Dental Plan	Fixed Premium	\$62.94
DB BCBST Retiree Silver	Fixed Premium	\$439.82

Gridlines added

Coverage Period	Amount Due	Previously Paid	Total Due	Due Date	Grace Period End Date
01/01/2021 - 01/31/2021	\$502.76	\$0.00	\$502.76	07/07/2021	10/05/2021
02/01/2021 - 02/28/2021	\$502.76	\$0.00	\$502.76	07/07/2021	10/05/2021
03/01/2021 - 03/31/2021	\$502.76	\$0.00	\$502.76	07/07/2021	10/05/2021
04/01/2021 - 04/30/2021	\$502.76	\$0.00	\$502.76	07/07/2021	10/05/2021
05/01/2021 - 05/31/2021	\$502.76	\$0.00	\$502.76	07/07/2021	10/05/2021
06/01/2021 - 06/30/2021	\$502.76	\$0.00	\$502.76	07/07/2021	10/05/2021
07/01/2021 - 07/31/2021	\$502.76	\$0.00	\$502.76	07/07/2021	10/05/2021
08/01/2021 - 08/31/2021	\$502.76	\$0.00	\$502.76	08/01/2021	10/30/2021
09/01/2021 - 09/30/2021	\$502.76	\$0.00	\$502.76	09/01/2021	11/30/2021

00220900000303



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

Sample Document
 39 Test ST
 XFBEVXEBZQ VLYDMFY, OH 46203

Client Name: Company of Samples, Inc.
 Account #: 0128969000
 Amount Due: \$4,524.84
 Coverage Period: 01/01/2021 - 09/30/2021
 Due Date: 07/07/2021

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