



FINAL LATE PREMIUM PAYMENT &
TERMINATION NOTICE

[DATE]

[GROUP_NAME]

Attn: [GROUP_CONTACT] (if no data, use "Group Benefit Administrator")

[GRP_ADDR1]

[GRP_CITY], [GRP_STATE] [GRP_ZIP]

Group Number: [GROUP_NBR]

Dear [GRP_CONTACT] (if no data, use "Group Benefit Administrator"),

As of [CURRENT_DATE], we still have not received payment for your Group's premium. This is our final attempt to remind you to send your payment.

To ensure your Group's coverage stays active, remove the statement below and mail your payment immediately. There is a 60-day grace period to pay your premium. Full payment must be received or your Group's account will be terminated. If we do not receive all outstanding premium payments by the due date below, your coverage will be terminated as of [PAID_THRU_DATE]. Any charges for services (claims) received after the termination date will not be paid. Please allow 3-5 business days for mailing and processing. For details on the Terms and Conditions of your agreement with CareConnect, please refer to your Group Contract.

If you have questions about an outstanding balance, feel free to contact a Customer Service Connector at 855-706-7545, email us at questions@careconnect.com or visit our Customer Care Center. If your Group has already submitted payment, please disregard this reminder.

We appreciate that you've chosen coverage from CareConnect. We look forward to continuing to provide you and your co-workers with healthier insurance.

Sincerely,

CareConnect

-----Cut Here Please-----

[GROUP_NAME]

[GRP_ADDR1]

[GRP_CITY], [GRP_STATE], [GRP_ZIP]

[MICROLINE]

Group ID: [GROUP_NBR]

Payment Due By: [DUE_DATE]

Please mail payment with this stub to:

CareConnect
PO Box 95000-5675
Philadelphia, PA 19195-5675

PLEASE PAY THIS AMOUNT

[BALANCE]