



NOTICE OF PAST DUE PREMIUM PAYMENT

[DATE]

[GROUP\_NAME]

Attn: [GRP\_CONTACT]

[GRP\_ADDR1]

[GRP\_CITY], [GRP\_STATE] [GRP\_ZIP]

Group #: [GROUP\_NBR]

Dear [GRP\_CONTACT] (if no data, use "Group Benefit Administrator"),

As of [CURRENT\_DATE], we have not received payment for your Group's health insurance premium, which means that your account is now past due.

There is a 60-day grace period to pay your premium. To ensure your Group's coverage remains active, please submit payment immediately. Full payment must be received or your group's health insurance coverage may be terminated. 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, please contact a Customer Service Connector at 855-706-7545, email us at [questions@careconnect.com](mailto: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]