



LETTER OF TERMINATION

[DATE]

[GROUP_NAME]

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

[GRP_ADDR1]

[GRP_CITY], [GRP_STATE] [GRP_ZIP]

Group #: [GROUP_NBR]

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

After attempting to notify you multiple times within your Group's 60-day grace period, we regret to inform you that your Group's health insurance coverage with CareConnect has been terminated as of [PAID_THRU_DATE] for failure to pay premium.

As of [GRACE_START_DATE], you and your co-workers no longer have health insurance coverage with CareConnect. All claims submitted on or after this date for members of your Group will be denied. If there are any outstanding claims after [PAID_THRU_DATE], we encourage Group members to notify their providers and arrange for alternative methods of payment. For details on the Terms and Conditions of your Group's agreement with CareConnect, please refer to your Group Contract.

We appreciated your Group's membership and hope to provide you and your co-workers with *healthier* insurance again in the future.

Sincerely,

CareConnect