CareConnect

ACKNOWLEDGEMENT OF HEALTH INSURANCE COVERAGE

[DATE]

[GROUP_NAME]
Attn: [GROUP_CONTACT]
[GRP_ADDR1]
[GRP_CITY], [GRP_STATE] [GRP_ZIP]

Group #: [GROUP_NBR]

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

Thank you for choosing CareConnect to serve the health insurance needs of [Group Name]. This letter confirms that your company's application for Group coverage has been approved. Your Group's policy will be effective as of [GRP_EFF_DT].

To begin your journey with CareConnect, here is what you need to know:

- Your Group's initial premium payment, as reflected on your sales quote, is due on or before [GRP_EFF_DT]. If you have not already made your initial premium payment, we offer a 15-day grace period from [GRP_EFF_DT], **but please note that coverage will not begin prior to our receipt of your initial premium payment**.
- Covered employees will receive Member ID Cards and Welcome Kits 7-10 business days after our receipt of premium. If they seek care during the 15-day grace period, they will not have Member ID cards or Welcome Kits yet, and may be required to pay out-of-pocket and seek reimbursement once we receive your group's initial payment.
- You will receive your Group Enrollment Agreement under separate cover approximately 30 days after your Group's effective date.
- You will receive an invoice for next month's premium, which may include billing adjustments based on changes to your group. Ongoing monthly payments are due prior to the first day of each month. Your Group's policy may be terminated during the contract year after the 60-day grace period for nonpayment of premium. We will notify you prior to terminating the policy.
- If you have not yet submitted payment through your broker, there are several payment options available to you:

Mail a Check
Checks should be made payable to CareConnect. Mail your check, complete with your Group Name and Number [(GROUP_NBR)], to the following address:

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

SAMPLE

Bank Bill Pay
If your company uses Auto Bill Pay with your bank, simply add CareConnect as a payee using the details listed below. If your company does not currently use Auto Bill Pay, contact your bank and advise them that you would like to set up an automatic monthly check payment to CareConnect.

Provide the bank with the remit to the following address:

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

Pay in Person
Payment can also be made via cash, check or money order Monday through Friday, 8 AM – 5 PM in our Customer Care Center located at:

2200 Northern Blvd., Entrance A
East Hills NY 11548

If you have any questions, please contact one of our Customer Service Connectors at 855-706-7545, email us at questions@nslijcc.com or visit our Customer Care Center.

We appreciate that you have chosen coverage from CareConnect and we look forward to providing you and your co-workers with *healthier* insurance.

Sincerely,

CareConnect

SAMPLE

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

[GROUP_NAME]
[GRP_ADDR1]
[GRP_CITY], [GRP_STATE], [GRP_ZIP]

Group ID: [GROUP_NBR]
Payment Due By: [GRP_EFF_DT]

Please mail payment with this stub to:

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

PLEASE PAY THIS AMOUNT
[BALANCE]