Welcome
Thank you for selecting UnitedHealthcare Specialty Benefits as your company’s disability insurance benefit provider. We’re happy to serve you.

This disability insurance administration guide contains important information that will help you administer your employees’ disability insurance plan. To make the administration of benefits easy, fast and accurate for you and your employees, UnitedHealthcare Specialty Benefits provides Employer eServices® Online Administration, your website for secure online benefit administration.

If you need to clarify information provided in this guide, require information not covered in this guide, or want help resolving a situation that arises, please see the contact list on page 2.

We appreciate your business and value our relationship with you.

This disability insurance administration guide is merely a guide and under no circumstances does it take the place of your group policy. For specific legal guidelines and requirements, please refer to your group policy.
# Contacts

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website / Address</th>
<th>Phone / Fax</th>
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<tbody>
<tr>
<td>Employer eServices customer support</td>
<td>EmployereServices.com²</td>
<td>1-800-651-5465</td>
</tr>
<tr>
<td>Assistance with online navigation and technical support</td>
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<tr>
<td>Customer service for benefit administrators¹</td>
<td>EmployereServices.com²</td>
<td>1-888-842-4571</td>
</tr>
<tr>
<td>• Enrollment / eligibility¹</td>
<td>Enrollment / Eligibility address</td>
<td>1-248-733-6062</td>
</tr>
<tr>
<td>• Billing information and payment</td>
<td>UnitedHealthcare Specialty Benefits PO Box 30964 Salt Lake City, UT 84130-0964</td>
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<td>Overnight mail</td>
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<td></td>
<td>UnitedHealthcare Specialty Benefits Prime eligibility 4050 South 500 West Salt Lake City, UT 84123</td>
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<td>Billing address</td>
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<td>For billing address, please see your invoice remittance stub or call customer service.</td>
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<tr>
<td>UnitedHealthcare Short-Term Disability (STD)</td>
<td>Claims address</td>
<td>1-888-299-2070</td>
</tr>
<tr>
<td>UnitedHealthcare Long-Term Disability (LTD)</td>
<td>UnitedHealthcare Specialty Benefits P.O. Box 7466 Portland, ME 04112-7149</td>
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<tr>
<td>• Claims</td>
<td>Overnight Mail</td>
<td>Fax: 1-888-505-8550</td>
</tr>
<tr>
<td>• Forms</td>
<td>UnitedHealthcare Specialty Benefits 300 Southborough Drive South Portland, ME 04106</td>
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</tbody>
</table>

¹ Make eligibility changes online at EmployereServices.com. If you don't have access to the Internet, please fax or mail eligibility changes to us.

² Employer eServices online administration may not be available to customers with 100 or more employees. Check with your UnitedHealthcare representative.
Employer eServices®
Online Administration

Employer eServices.com allows you to manage most of your benefits administration online and in real-time, increasing efficiency and saving time and money. You can use Employer eServices to:

- Enroll, verify or change status of employees immediately
- Retrieve forms for processing benefit requests:
  - STD claim form
  - LTD claim form
  - LTD Request for Portability form (if applicable)
- View, sort, and search current and prior months’ invoices
- Request adjusted invoices after adding/changing employee eligibility
- Authorize payments online; choose when to view and pay bills

If you don’t have Internet access or temporarily lose internet access, please follow the steps outlined on page 9 and refer to page 2 for contact information.

Setting up and managing your website access

If you provided your e-mail address on the employer application, you have been automatically registered on the Employer eServices website and a Client Master Administrator (CMA) has been designated from your company. Your CMA sets up, manages and controls who in your company has access to the various information and tools within Employer eServices.

The CMA can:

- Create or deactivate users
- View a list of current users
- Assign or change data access levels and privileges
- Reset users’ passwords

Your CMA should have received two e-mails from us that contain his or her user ID and password. He or she can simply go to Employer eServices.com, use their new ID and password to log in and begin setting up company users’ access. If your CMA has not received or cannot locate their ID and password, please call us at 1-800-651-5465. If your CMA has questions, there’s an easy-to-follow online tutorial on the website.

3 Employer eServices online administration may not be available to customers with 100 or more employees. Check with your United-Healthcare Specialty Benefits representative.
Enrollment and eligibility information

Eligibility requirements

All newly hired eligible employees should be given the opportunity to apply for coverage within 31 days of the date the employee first becomes eligible. Please reference your policy for your exact eligibility requirements. Please follow your own company eligibility policies for rehire and leave of absence situations.

Any employee who applies for disability insurance more than 31 days after the date of eligibility is considered to be a late applicant. Late applicants:

- Are required to submit evidence of insurability for each employee
- May only be added to the plan after written approval is received.

Note: Do not begin payroll deductions for insurance premiums that require evidence of insurability until you receive a written notice of approval.

Effective date

New hires are effective on the date of hire, the first day of the month following the date of hire, or the first day following the completion of any designated waiting period. The waiting period is defined in your policy. Changes in waiting periods can be made for future effective dates and only upon renewal.

If the employee is on leave and covered under the Family Medical Leave Act, the coverage begins on the date the group policy becomes effective unless the approved leave is due to the employee’s illness. When an employee is absent from work due to an illness on the date the group policy becomes effective, the employee’s coverage will begin on the date the employee returns to full-time work.

Waiver of Premium

Premiums for long-term disability are automatically waived once a claim is approved, provided the disability extends beyond the period required to qualify. The employee and employer will receive a notification from the claims area indicating “Your waiver of premium is effective 00/00/0000.” The premiums will be adjusted.

Retroactive eligibility adjustments

All requests for additions, changes and terminations of eligibility must be submitted within 60 days of the effective date. The 60 day limit is used unless prohibited by state law or by the policy.

LTD Portability Provision

This is an optional benefit. Please check your policy to determine if your coverage includes portability. Eligible employees may port their coverage upon termination of employment, provided that they submit their Request for Portability within 31 days of their termination data.

The employer and employee must complete the Request for Portability Long-Term Disability form.

Employer

You initiate the process by completing the Employer Information section (A and B).

Employee

The employee completes all remaining sections of the form (C, D and E), including the calculation of the quarterly or annual premium and applicable charges. Upon completion, the employee forwards the form and initial premium payment to the UnitedHealthcare Specialty Benefits address that appears on the form.
Billing and payment information

Online billing offers fast service, simplified invoices, downloadable data and real-time calculations and payments.

- A reminder e-mail will be sent to you every month when your invoice is ready for your review and payment on Employer eServices.
- Click on the Billing tab to view, sort or download current activity, view account balance and past due aging payment history, as well as submit payments.
- If you have made eligibility changes after the original invoice was generated, you can request a new adjusted invoice.
- You can elect to submit your payments online or through Scheduled Direct Debit. Scheduled Direct Debit allows payment electronically through an automatic monthly debit from a designated checking account on the due date of your invoice. To set up Scheduled Direct Debit or establish an online payment method, go to the billing section of EmployereServices.com and select Edit Payment Method in the menu bar.

If you don’t have access to the online billing tool, please call customer service at 1-888-842-4571 to pay by phone or see page nine (9) for paying paper invoices.

Payment due date

Payment is due and should be received by the payment due date each month to ensure uninterrupted coverage. If your premium payment is not received in full by the end of the month when payment is due, your policy is subject to termination (see your master group policy).

*Employer eServices online billing may not be available to customers with 100 or more employees. Check with your UnitedHealthcare Specialty Benefits representative.
How to file a Short Term Disability or Long Term Disability claim

STD claim submission

For assistance regarding Short Term Disability (STD) claims, please call 1-888-299-2070.

How do I submit an STD claim?

Complete the STD Claim Form, which includes separate portions for the employer, employee and the physician. To avoid delay in the processing of a claim, be sure to completely answer all questions on the claim form and include a signed authorization.

1. Complete the Employer’s portion of the claim form.
2. Ask the employee to complete the Employee portion of the claim form, including having the physician’s portion of the form completed. Advise the employee to submit as much information as possible.
3. Submit all pages of the claims form (original copy is not required):

   FAX completed forms to: 1-888-505-8550

   or

   MAIL completed forms to:

   UnitedHealthcare Specialty Benefits
   PO Box 7466
   Portland, ME  04112-7466

LTD claim submission

For assistance regarding Long Term Disability (LTD) claims, please call 1-888-299-2070.

How do I submit an LTD claim?

Before the claim can be processed, all portions of the LTD Claim Form must be completed, including:

- Physical requirements
- Employee’s portion
- Physician’s portion
- The employee’s job description

Send the completed claim form to UnitedHealthcare Specialty Benefits for processing:

FAX completed forms to: 1-888-505-8550

or

MAIL completed forms to:

UnitedHealthcare Specialty Benefits
PO Box 7466
Portland, ME  04112-7466

Note: Claims should be submitted as soon as the employee believes that the disability will last as long as the elimination period. For disability tracking purposes it is preferable to receive a claim during the elimination period rather than have to obtain medical information retroactively after the elimination period has been satisfied. Advise the employee to submit as much medical information as possible.
Administering benefits offline

In the event that you don’t have or temporarily lose access to the Internet, please follow the steps outlined here to help us administer your benefits. Refer to page 2 for contact information.

Enrolling employees

- Employee completes, signs and dates the Employee Enrollment form within 31 days of the date he or she becomes eligible to enroll. (see eligibility requirements in your group policy.)
- Employer completes the Employer Section of the Employee Enrollment form, reviewing the form for accuracy and completeness. Refer to the contact list for the mailing address or fax number. Keep completed forms in files.

Reporting employee changes

Call us immediately with any employee name, address or telephone number changes. Please have available your group number and the employee’s identification number.

Terminating employees

- Call us immediately to report an employee’s termination of employment. If you do not call, you will continue to be charged for that employee’s coverage.
- Please have your group number, and the employee’s name and identification number available.

Note: We will continue to charge you for a terminated employee’s coverage if you do not process the termination online or call.

Paying paper invoices

If you receive a paper invoice, please pay the amount billed and do not adjust your invoice. If we do not receive your UnitedHealthcare Specialty Benefits form in time to be reflected on your current invoice, your additions or terminations will be reflected on your next invoice. Any refund, credits and back charges will appear as an adjustment on your next month’s invoice.

The bottom portion of your invoice is the return payment stub. To ensure that we apply your payment correctly, return the payment stub and check only to the address on the payment stub.

Important: Written changes with your payment stub will not be processed. Do not send any other correspondence or materials with your paper payment.
Notes:
Life insurance administration guide
Welcome
Thank you for selecting UnitedHealthcare Specialty Benefits as your company’s life insurance benefit provider. We’re happy to serve you.

This life insurance administration guide contains important information that will help you administer your employees life insurance plan. To make the administration of benefits easy, fast and accurate for you and your employees’, UnitedHealthcare Specialty Benefits provides Employer eServices® Online Administration, your website for secure online benefit administration.

If you need to clarify information provided in this guide, require information not covered in this guide, or want help resolving a situation that arises, please see the contact list on page 2.

We appreciate your business and value our relationship with you.

This life insurance administration guide is merely a guide and under no circumstances does it take the place of your group policy. For specific legal guidelines and requirements, please refer to your group policy.
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<td>UnitedHealthcare Life</td>
<td><a href="http://EmployerServices.com">EmployerServices.com</a></td>
<td>1-888-299-2070</td>
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<td>Claims</td>
<td>Fax: 1-800-980-0298</td>
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<td>P.O. Box 7149</td>
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<td>300 Southborough Drive</td>
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<td></td>
<td>South Portland, ME 04106</td>
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<tr>
<td>Individual conversion unit</td>
<td>Health Reinsurance Management Partnership (HRMP)</td>
<td>1-888-299-2070</td>
</tr>
<tr>
<td>Questions about conversion coverage</td>
<td></td>
<td>Fax: 1-978-762-4767</td>
</tr>
<tr>
<td></td>
<td>Life Conversion Facility</td>
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<tr>
<td></td>
<td>300 Rosewood Drive, Suite 250</td>
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<td></td>
<td>Danvers, MA 01923</td>
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Employer eServices® Online Administration

Employer eServices.com allows you to manage most of your benefits administration online and in real-time, increasing efficiency and saving time and money.

You can use Employer eServices to:

- Enroll, verify or change status of employees and dependents immediately
- Retrieve forms for processing benefit requests:
  - Beneficiary Designation
  - Individual Life Conversion Request for Information
  - Application for Conversion
  - Notice of Claim
  - Accelerated Benefit
  - Statement of Continuance of Life Insurance
  - Proof of Death
  - Statement of Claim for Accidental Dismemberment Benefits
- View, sort, and search current and prior months’ invoices
- Request adjusted invoices after adding/changing employee eligibility
- Authorize payments online; choose when to view and pay bills

If you don’t have Internet access or temporarily lose internet access, please follow the steps outlined on page 11 and refer to page 4 for contact information.

Setting up and managing your website access

If you provided your e-mail address on the employer application, you have been automatically registered on the Employer eServices website and a Client Master Administrator (CMA) has been designated from your company. Your CMA sets up, manages and controls who in your company has access to the various information and tools within Employer eServices.

The CMA can:

- Create or deactivate users
- View a list of current users
- Assign or change data access levels and privileges
- Reset users’ passwords

Your CMA should have received two e-mails from us that contain his or her user ID and password. He or she can simply go to Employer eServices.com, use their new ID and password to log in and begin setting up company users’ access. If your CMA has not received or cannot locate their ID and password, please call us at 1-800-651-5465. If your CMA has questions, there’s an easy-to-follow online tutorial on the website.

Employer eServices online administration may not be available to customers with 100 or more employees. Check with your UnitedHealthcare Specialty Benefits representative.
Enrollment and eligibility information

Eligibility requirements
All newly hired eligible employees should be given the opportunity to apply for coverage within 31 days of the date the employee first becomes eligible. Please reference your group policy for your exact eligibility requirements. Please follow your own company eligibility policies for rehire and leave of absence situations. Any employee and/or dependent who applies for life insurance more than 31 days after the date of eligibility is considered to be a late applicant. Late applicants:

- Are required to submit evidence of insurability for themselves and/or their dependents; and
- May only be added to the plan after written approval is received.

Evidence of insurability and guarantee issue
Evidence of insurability is required should the employee request a benefit amount or benefit increase which exceeds the guarantee issue amount. Evidence of insurability must be submitted and the excess benefit amount will be underwritten.

Note: Do not begin payroll deductions for insurance premiums that require evidence of insurability until you receive a written notice of approval.

Effective date
New hires are effective on the date of hire, the first day of the month following the date of hire, or the first day following the completion of any designated waiting period. The waiting period is defined in your policy. Changes in waiting periods can be made for future effective dates and only upon renewal. If the employee is on leave and covered under the Family Medical Leave Act, the coverage begins on the date the policy becomes effective unless the approved leave is due to the employee's illness. When an employee is absent from work due to an illness on the date the policy becomes effective, the employee's coverage will begin on the date the employee returns to full-time work.

Retroactive eligibility adjustments
All requests for additions, changes and terminations of eligibility must be submitted within 60 days of the effective date. The 60-day limit is used unless prohibited by state law or by the policy.

Beneficiary designation
You are responsible for maintaining the most current employee beneficiary designations. A Beneficiary Designation form is available online or by calling 1-888-299-2070.

Important:
Employees who are not actively at work may be at risk of losing their group life insurance coverage. The employee termination, conversion privilege and waiver of premium provision of the policy should be reviewed carefully to determine what options are available when an employee is not actively at work.

Continuation of coverage
Life coverage is not subject to COBRA. For continuation of coverage details, please refer to your policy.

Portability
When Portability privilege for Supplemental Life Insurance is included in your Supplemental Life policy, employees who have purchased Supplemental Life may be eligible to port coverage upon termination of employment provided that they submit their request for portability within 31 days of the date. The employer and employee must complete the Request for Portability of Supplemental Life Insurance form. This form is available online, or you may call 1-877-683-8601 or e-mail life_portability@uhc.com to request it.
Life conversion privileges

Employees may convert all or part of their life insurance to an individual whole life policy when:

1. The employee’s coverage ends as a result of termination of employment; or
2. The employee or dependent ceases to be eligible for the insurance; or
3. All or part of the group insurance amount is lost due to a reduction of insurance because of age.

Written application and the first premium payment for the conversion policy must be received by the individual life insurance carrier within 31 days after the employee’s or dependent’s life insurance terminates.

How to apply for a conversion policy

1. The insured can obtain a quote for insurance by completing the Individual Life Conversion Request for Information form, which is available online and through Life Customer Service at 1-888-299-2070. The plan administrator will be required to provide the:
   - Policy number
   - Age
   - Sex
   - Amount requested
   - Last day worked and/or termination date

2. Fax the Request for Information form to 1-978-762-4767.

3. If the insured decides to apply for a conversion policy, the plan administrator should send the insured the Application for Conversion form.

4. The insured should complete the form and mail it to:
   HRMP
   Life Conversion Facility
   300 Rosewood Drive, Suite 250
   Danvers, MA 01923
Billing and payment information

Online billing offers fast service, simplified invoices, downloadable data and real-time calculations and payments.

- A reminder e-mail will be sent to you every month when your invoice is ready for your review and payment on Employer eServices.

- Click on the Billing tab to view, sort or download current activity, view account balance and past due aging payment history, as well as submit payments.

- If you have made eligibility changes after the original invoice was generated, you can request a new adjusted invoice.

- You can elect to submit your payments online or through Scheduled Direct Debit. Scheduled Direct Debit allows payment electronically through an automatic monthly debit from a designated checking account on the due date of your invoice. To set up Scheduled Direct Debit or establish an online payment method, go to the billing section of EmployereServices.com and select Edit Payment Method in the menu bar. If you don’t have access to the online billing tool, please call customer service at 1-888-842-4571 to pay by phone or see page 11 for paying paper invoices.

Payment due date

Payment is due and should be received by the payment due date each month to ensure uninterrupted coverage. If your premium payment is not received in full by the end of the month when payment is due, your policy is subject to termination (see your master group policy).

4 Employer eServices online billing may not be available to customers with 100 or more employees. Check with your UnitedHealthcare Specialty Benefits representative.
Claims information

**Accelerated benefit**
This benefit allows advance payment of part (based on policy language) of the employee's life insurance. It may be paid to an employee in a lump sum once during his/her lifetime.

**To apply for an accelerated benefit**
The employee (or his/her legal representative) must apply for the benefit. To do so, the insured must:
- Complete a Notice of Claim - Accelerated Benefit form available online or by calling 1-888-299-2070.
- Provide satisfactory proof that the employee is terminally ill. Include a physician's written statement indicating the approximate life expectancy.

**Note:** The accelerated benefit payment may be taxable to the insured person. This individual should seek assistance from a personal tax advisor regarding taxes that may need to be levied as a result of claiming accelerated benefits.

**Life insurance waiver of premium**
The waiver of premium benefit allows the employee/employer to forego premium payment on life insurance for a totally disabled employee. The employee is required to provide proof of continued total disability as required. After the employee has been totally disabled for two years, proof will be required once a year thereafter. Please refer to your policy for the specific reason waiver of premium would terminate.

**Important:**
Employees who are not actively at work may be at risk of losing their group life insurance coverage. The employee termination, conversion privilege and waiver of premium provision of the policy should be reviewed carefully to determine what options are available when an employee is not actively at work.

**To apply for a waiver of premium**
Complete the Statement of Continuance of Life Insurance form, available online or by calling 1-888-299-2070, to apply for these benefits. The employee must be totally disabled as defined by the policy. (See the specific policy for plan details as age and waiting period may vary.) Continue to pay the employee’s premium during the waiting period. The employee must supply proof of claim no later than 12 months after the date they become “Totally Disabled” in accordance with the policy definition.

**Premium adjustment**
The standard policy provides waiver of premium for life coverage. The Accidental Death and Dismemberment (AD&D) policy premium cannot be waived and will terminate upon approval of waiver on the life coverage. Please refer to your specific policy for verification.
Claims information

To submit a death claim

1. The claimant is responsible for completing the Claimant portion (Section 1) of the Proof of Death form which is available online or by calling 1-888-299-2070.

2. You are responsible for completing the Employer or Plan Administrator portion (Section 2) of the Proof of Death form.

3. Include a certified death certificate with the death claim. A copy of the certified death certificate is not acceptable. Mail the completed Proof of Death form and the certified death certificate to the address on the claim form.

4. If the death was not a result of natural causes (i.e., accident or homicide) a copy of the official report (i.e., police, accident, fire, FAA, OSHA) must be provided in order to consider payment of the AD&D benefit. AD&D benefits cannot be paid on any claim without an investigative report regarding the insured’s death.

5. If your AD&D policy contains alcohol or drug exclusions, a toxicology report will be required.

6. Claims submissions must include:
   – Enrollment form
   – Copies of any beneficiary changes
   – Absolute assignments (if applicable)
   – Funeral assignments (if applicable)

To submit a dismemberment claim

1. You will need to complete the employer portion of the Statement of Claim for Accidental Dismemberment Benefits form which is available online or by calling 1-888-299-2070.

2. Ask the employee to:
   – Complete the employee portion of the claim form
   – Have the insured’s physician complete the attending physician statement on the claim form
   – Provide a copy of the accident report
   – Provide a copy of the toxicology report (if one is performed)

Mail the completed death or dismemberment claim forms to:
UnitedHealthcare Specialty Benefits
P.O. Box 7149
Portland, ME 04112-7149

Overnight mail:
UnitedHealthcare Specialty Benefits
300 Southborough Drive
South Portland, ME 04106
Administering benefits offline

In the event that you don’t have or temporarily lose access to the Internet, please follow the steps outlined here to help us administer your benefits. Refer to page 4 for contact information.

**Enrolling employees**

- Employee completes, signs and dates the Employee Enrollment form within 31 days of the date he or she becomes eligible to enroll (see eligibility requirements in your group policy.)
- Employer completes the Employer Section of the Employee Enrollment form, reviewing the form for accuracy and completeness. Refer to the contact list for the mailing address or fax number. Keep completed forms in files.

**Reporting employee changes**

Call us immediately with any employee or dependent name, address or telephone number changes. Please have available your group number and the employee’s identification number.

**Terminating enrollees**

- Call us immediately to report an employee’s termination of employment. If you do not call, you will continue to be charged for that employee’s coverage.
- Please have your group number, and the employee’s name and identification number available.

**Note:** We will continue to charge you for a terminated employee’s coverage if you do not process the termination online or call. If a covered customer uses services after the termination of employment and before we are notified, a premium must be paid up to and through the time in which services were used.

**Paying paper invoices**

If you receive a paper invoice, please pay the amount billed and do not adjust your invoice. If we do not receive your Employee Enrollment form in time to be reflected on your current invoice, your additions or terminations will be reflected on your next invoice. Any refund, credits and back charges will appear as an adjustment on your next month’s invoice.

The bottom portion of your invoice is the return payment stub. To ensure that we apply your payment correctly, return the payment stub and check only to the address on the payment stub.

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