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# Online Election of COBRA Continuation Coverage

**Confirmation**

Plan Name	Coverage Type	Premium
2021 Aetna C3-1009	Employee Only	\$340.20
<b>Total Premium:</b>		<b>\$340.20</b>

We have processed your COBRA election. Your confirmation number is **337523444**.

**IMPORTANT PAYMENT INFORMATION**

Your initial premium payment is due within 45 days of your Election Date. To avoid cancellation, your initial payment(s) must include all premiums due for the period beginning with your loss of coverage through last day of the monthly coverage period ending on or before the 45th day following your Election Date.

You may make your initial payment online using our convenient electronic check payment process by [clicking here](#).

If you prefer to pay by traditional check or money order, your payment must be postmarked no later than the last day of the 45-day initial premium payment period. When paying by mail, you should include the remittance stub from the bottom of your invoice along with your check using the envelope provided to you. Please be sure that your name and account number is included on the check or money order. You should receive an invoice in seven to ten business days. Premiums must be paid by the due date even if you do not receive an invoice.

It is very important that your payment is timely and is postmarked no later than the end of the grace period reflected on your invoice. Payments postmarked after the grace period end date will result in the termination of your coverage and your coverage cannot be reinstated. Your claims are payable only after the premium(s) for that period of coverage have been paid in full. Please be aware that the payment of your claims may be delayed and your prescription card may not be

reactivated for a period of 30 to 60 days following your election.

If there is a discrepancy with your premium payment (e.g., funds are not immediately available or verifiable, an invalid banking account number, unsigned checks, incorrect payment amounts, payments sent to the wrong address, late or missed pickups by the United States Postal Service) your account will be marked as unpaid. Due to timing constraints, you may not be notified of the discrepancy in time to correct your payment prior to the end of any applicable grace period. It is imperative that you ensure accurate and timely payment of your premiums.

Monthly premium payments are due on the first day of the month for which they apply. You have a 30-day grace period from the first day of each month in which to make payment. If you choose to submit payment by mail, your payment must be postmarked no later than the last day of the 30-day grace period. You can avoid the hassle and expense of mailing your payment by using our online payment option. Making your payments online is the faster, more secure way to ensure timely payment while also reducing your impact on the environment.

Your premium due is subject to change in accordance with the rules governing the group health plan(s). Courtesy invoices are generally issued to you monthly. If you do not receive an invoice for any reason, you must still pay the required premium by the applicable due date. You may log in to your account at any time for updated payment status and other account information.

#### **REMINDER**

Eligibility for COBRA continuation coverage may terminate when a qualified beneficiary first becomes, after the date of COBRA election, entitled to Medicare (under Part A, Part B, or both) or first becomes covered under any other group health plan (as long as that group health plan does not contain a pre-existing condition limitation or exclusion that can be applied to the continuant). Qualified beneficiaries are required to notify us in writing when and if the following events occur: (1) when the mailing address for any covered person changes or moves out of the benefit area (NOTE: a new address may impact your eligibility for any Plan(s) components in which you are enrolled; you will also need to contact your insurance carrier(s) to confirm eligibility); (2) when a disabled covered person is no longer determined to be disabled; (3) when any qualified beneficiary becomes entitled to Medicare, if there is a loss of coverage; (4) when any qualified beneficiary becomes covered by another group health plan; (5) when any qualified beneficiary's marital status changes; (6) when any dependent child ceases to meet the eligibility requirements under the terms of the Plan(s); and (7) when a child is born to, adopted by, or placed for adoption with any qualified beneficiary.

#### **SUPPORT**

If you have any questions regarding this confirmation or the information outlined above, please [click here](#) to request assistance.

Please print this page for your records.

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