

Missed Premium Direct Payment Form

	MISSEU FT	emium Direct	. Fayinent Fori	.11
Today's Date:				
Form Instruction	ns			
To ensure your coverag 1. Make a copy of this	e is continuous (without lapse) s form.	when a payroll premium d	eduction or deductions were	e missed:
2. Complete this form	ı. If more than one pay period v	vas missed, please include	all beginning and ending da	ates.
3. Attach a personal of	check, money order, or cashier	's check for the full premiu	m payment due, make payal	ble to Planned Administrators, Inc.
	nd your premium payment to ter this 45 days of the missed p			ycheck date. Missed premium direct
Notes				
You may not make a you are no longer elig		ur coverage if you have no	ever had a premium paymer	nt deducted from your paycheck or if
 If you have been ter coverage under COB 		p missed premiums. Inste	ead, you will be notified of a	any rights that you have to continue
Employee Inform	nation All blanks must b	oe completed and forn	n must be signed.	
Company Name:				
Employee's Name:	SSN:		SN:	
(Ple	ease Print) Last	First	Middle	
Maximum of six conse	ecutive weeks of missed prer	nium direct payments wi	ll be accepted. After that, c	coverage will be terminated.
Missed Paycheck	Pay Period Beginning	Pay Period Ending	Total Payment	
Date	Date	Date	(must match your deduction on previous pay stubs)	
				-
	_			-
	_			-

Return Form and Payment to: PAI

Employee's Signature:

Attn: Missed Premiums

PO Box 6839

Columbia, SC 29260-6839

You must return this completed form with your payment.

Questions? Call Benefits 4 Today's toll-free Customer Service Line, 1-800-440-3068, Monday through Friday, 8:30 a.m. to 8:00 p.m. Eastern Time. A language line is available for translation for most languages.



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