



## MEC Plan Missed Contribution Direct Payment Form

**(For weekly payroll deducted MEC plans only.)**

**Today's Date:** \_\_\_\_\_

**Form Instructions**

To ensure your coverage is continuous (without lapse) when a payroll deduction or deductions were missed:

1. Make a copy of this form.
2. Complete this form. If more than one pay period was missed, please include all beginning and ending dates.
3. Attach a personal check, money order, or cashier's check for the full payment due, made payable to Planned Administrators, Inc.
4. Return this form and your payment to the address below within 45 days of the missed paycheck date. Missed contribution direct payments dated after this 45 day period cannot be accepted and will be returned.

**Notes**

- You may not make a direct payment to begin your coverage if you have not yet had a payment deducted from your paycheck or if you are no longer eligible.
- If your employment has been terminated, you may not make up missed contributions. Instead, you will be notified of any rights you have to continue coverage under COBRA.

**Employee Information - All blanks must be completed and form must be signed.**

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Please Print) Last First Middle

**A maximum of six consecutive weeks of missed contribution direct payments will be accepted. After that, coverage will be terminated.**

| Missed Paycheck Date | Pay Period Beginning Date | Pay Period Ending Date | Total Payment<br><small>(must match your deduction on previous pay stubs)</small> |
|----------------------|---------------------------|------------------------|---|
| _____                | _____                     | _____                  | _____   |
| _____                | _____                     | _____                  | _____   |
| _____                | _____                     | _____                  | _____   |
| _____                | _____                     | _____                  | _____   |
| _____                | _____                     | _____                  | _____   |

Employee's Signature: \_\_\_\_\_

**Return Form and Payment to:** PAI  
 Attn: Missed Payments  
 PO Box 6839  
 Columbia, SC 29260-6839

**You must return this completed form with your payment.**

**Questions?** Call Essential StaffCARE's toll-free Customer Service Line, 1-888-208-1998, Monday through Friday, 8:30 a.m. to 8:00 p.m. Eastern Time. A translation line is available for most languages.

