

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

## **MEC Plan Missed Contribution Direct Payment Form**

(For weekly payroll deducted MEC plans only.)

Form Instructions					
To ensure your coverage i	s continuous (without lapse)	when a payroll deduction	or deductions were missed:		
1. Make a copy of	this form.				
2. Complete this fo	2. Complete this form. If more than one pay period was missed, please include all beginning and ending dates.				
3. Attach a persona	al check, money order, or ca	shier's check for the full pa	yment due, made payable to P	lanned Administrators, Inc.	
	and your payment to the adafter this 45 day period cann		of the missed paycheck date. returned.	Missed contribution direct	
Notes					
	a direct payment to begin you	ur coverage if you have no	t yet had a payment deducted f	from your paycheck or if you are	
no longer eligible.  • If your employment	has been terminated you me	ay not make un microd oor	atributions Instead you will be	notified of any rights you have to	
continue coverage u		ay not make up misseu coi	itributions. Instead, you will be	notined of any rights you have to	
-					
<b>Employee Informa</b>	tion - All blanks must	be completed and form	n must be signed.		
Employer Name:					
Employee Name:	e Print) Last	First	Middle SSN:		
				at, 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)		
		-			
Employee's Signature:					
Return Form and Payme	nt to: PAI Attn: Missed P				

You must return this completed form with your payment.

**Questions?** Call Flexible StaffCARE's toll-free Customer Service Line, 1-844-262-6027, Monday through Friday, 8:30 a.m. to 8:00 p.m. Eastern Time. A translation line is available for most languages.

Columbia, SC 29260-6839

