



## Missed Premium Direct Payment Form

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

### Form Instructions

To ensure your coverage is continuous (without lapse) when a payroll premium 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 premium payment due, make payable to Planned Administrators, Inc.
4. Return the form and your premium payment to the address below within 45 days of the missed paycheck date. Missed premium direct payments dated after this 45 days of the missed premium cannot be accepted and will be returned.

### Notes

- You may not make a direct payment to continue your coverage if you have never had a premium payment deducted from your paycheck or if you are no longer eligible.
- If you have been terminated you may not make up missed premiums. Instead, you will be notified of any rights that you have to continue coverage under COBRA.

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

Company Name: \_\_\_\_\_

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

**Maximum of six consecutive weeks of missed premium direct payments will be accepted. After that, coverage will be terminated.**

Missed Paycheck Date	Pay Period Beginning Date	Pay Period Ending Date	Total Payment (must match your deduction on previous pay stubs)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

### Return Form and Payment to: PAI

Attn: Missed Premiums  
P.O. Box 6839  
Columbia, SC 29260-6839

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

**Questions?** Call Medical StaffCARE's toll-free Customer Service Line, 1-866-798-0803, Monday through Friday, 8:30 a.m. to 8:00 p.m. Eastern Time. A language line is available for translation for most languages.