

Understanding Your Benefit Plan Premium Notice

Billing Summary for:

SAMPLE A. SAMPLE
1234 ANY STREET
ANYWHERE
ANYTOWN, USA 12345-6789

NOTICE OF PAYMENT DUE

Account information: 1-XXX-XXX-XXXX
Or write:
Benefit Plans Administrator
12421 Meredith Drive
Des Moines, IA 50398

Your Name & Address →

Plan Information: →

- Coverage Period is the dates being billed for
- Enrolled Since is your coverage effective date
- NOTE Payment Due Date

Company Phone Number and Address ←

Certificate Number	Coverage Period From To	Enrolled Since	Payment Due Date	Date of Birth
XXXXXXXXXXXX	XX/XX/XX XX/XX/XX	XX/XX/XX	XX/XX/XX	ON FILE

Description	Amount	
Current Coverage:		
Coverage Plan Name Here	\$XX.XX	FIND IMPORTANT MESSAGES HERE
Total Due	\$XX.XX	

News & Information about . . . your plan, your group, etc.

Coverage description and amount due

TOTAL CURRENT DUE \$XX.XX

1 0000001

SEND THIS PORTION WITH YOUR PAYMENT.

Benefit Plans Administrator
12421 Meredith Drive
Des Moines, IA 50398

SAMPLE A. SAMPLE
1234 ANY STREET
ANYWHERE
ANYTOWN, USA 12345-6789

To ensure our records are accurate, please verify information on back.

Certificate Number XXXXX-XXXXXX

Payment Due Date XX/XX/XX

Amount Due \$XX.XX

Current

Make check payable to:

BENEFIT PLAN NAME
PO BOX XXXXX
DES MOINES IA
50306 0494

Payment stub to be returned with your payment.

NOTE: Payment Due Date

Use reverse to update contact information.

10020070602007210802060155956190903000019000000000000XXXXX1301020000093000000000000000