

# 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	<p><b>FIND IMPORTANT MESSAGES HERE</b></p>
Total Due	\$XX.XX	
<b>TOTAL CURRENT DUE</b> \$XX.XX		

1 0000001

**SEND THIS PORTION WITH YOUR PAYMENT.**

Benefit Plans Administrator  
12421 Meredith Drive  
Des Moines, IA 50398

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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

10020070602007210802060155956190903000019000000000000XXXXX130102000009300000000000000000

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

**Payment stub to be returned with your payment.**

**NOTE: Payment Due Date**

**Use reverse to update contact information.**