

9/3/2021

Mr. Sam Sample
4320 20th Ave S
Fargo, ND 58104

Dear Mr. Sam Sample:

Welcome!

Briannas Bentleys has partnered with WEX Health, Inc. TEST to administer their Retiree billing and has notified us to start your Retiree billing on 9/1/2021.

Our records show you are eligible to elect the plan(s) below.

Plan Name	Coverage Level	Plan Start Date	Plan End Date	Premium Amount	Payment Grace Period
Sample Medical Plan	EE Only	9/1/2021		\$150.00	30
Total Premium Amount:				\$150.00	

You must make your coverage election by the Last Day to Elect listed on your Election Form in order to continue coverage. You can elect through your online account, mobile app, or by completing the enclosed Election Form. Online election is available until 11:59 PM Central Time on the Last Day to Elect listed on your Election Form. Electing online is a safe, fast and secure way to ensure your elections are processed. Please visit <http://cobra.wexinc.com/wh/login> to register and complete your online election, or download the WEX COBRA Mobile App to elect through your smartphone.

Monthly payments are due on the first day of each month, with the grace period(s) listed above. Please note, your first payment may be prorated if your coverage begins mid-month.

As a reminder, in addition to the premium you may be charged administrative fees. Any such fees will be included in your premium payment amount due. If you have questions about the fees, please contact your employer or former employer.

ONLINE ACCOUNT AND MOBILE APP

Easily make one-time or recurring payments, view your coverage status, and review any communications sent through your online account or the WEX COBRA Mobile app, our mobile app for COBRA and Direct Bill members.

To log in to your online account, visit <http://cobra.wexinc.com/wh/login> and select "New user registration." Enter your unique registration code listed below and follow the instructions. To access the mobile app, search for **COBRA by WEX** in your app store. After you download the app, select the "Register Here" link and follow the registration process as described. Please note, you will be asked to provide your social security number (SSN) in order to log in.

Registration Code: BxzSSMt4

To protect your privacy, please do not share your registration code.

Once you have accessed your account, sign up for automatic payments through the recurring payments page or by completing the attached ACH form and sending to WEX Health, Inc. TEST for processing.



SIGN UP FOR EMAIL NOTIFICATIONS

Receive account updates faster through email notifications! Simply log in to your online account, go to "Preferences" and click "Communications" to make the update.

QUESTIONS ON YOUR ACCOUNT?

If you have any questions regarding your account or this notice, our Participant Services team is available to assist by email at cobraadmin@wexhealth.com, live chat or call (866) 451-3399 during business hours (Monday through Friday, 6 a.m. to 9 p.m. Central time).

Please retain a copy of this letter for future reference. A copy will also be available in your online account.

Sincerely,

WEX Health, Inc. TEST

CONTINUATION COVERAGE ELECTION FORM**Briannas Bentleys**

**IMPORTANT: PLEASE RETAIN A COPY OF THIS ELECTION FORM FOR FUTURE REFERENCE.
THIS FORM CONTAINS INFORMATION ABOUT YOUR RIGHTS.**



To elect coverage, you must complete and submit this election form to WEX Health, Inc. TEST no later than the Last Day To Elect listed below. If this election form is not returned by that date, you will lose your right to elect coverage.

To become fully enrolled, you must pay any premiums owed from your first day of coverage through the end of the current billing period.

If you waived coverage, you can still decide to elect by completing this form and sending it in before the Last Day To Elect listed below.

QUESTIONS?

If you have questions about coverage or need assistance to complete your election form, please contact our Participant Services team by email at cobraadmin@wexhealth.com, live chat or call (866) 451-3399 during business hours (Monday through Friday, 6 a.m. to 9 p.m. Central time).

Special Plan Member(SPM):

Sam Sample
4320 20th Ave S
Fargo, ND 58104

Premium Information:

Plan Name	Coverage Level	Monthly Premium
Sample Medical Plan	EE Only	\$150.00
Total Premium:		\$150.00

Continuation Information:

Plan Name	First Day of Coverage	Last Day of Coverage	Last Day To Elect	Initial Grace Period Days	Subsequent Grace Period Days
Sample Medical Plan	9/1/2021		11/2/2021	45	30

Election Options:

Please indicate the coverage you are electing by checking the applicable box(es).

Name	Relationship	Date of Birth	SSN
Sam Sample	SPM	1/1/1950	xxx-xx-0000
Accept <input type="checkbox"/> Waive <input type="checkbox"/> Sample Medical Plan			

Alternative Election Options:

Plan Name	Coverage Level	First Day of Coverage	Monthly Premium
Sample Medical Plan	EE Only	9/1/2021	\$150.00

Completed election forms and premium payments should be sent to the address below. Payment must be in the form of a check or money order. DO NOT send cash.



WEX Health, Inc. TEST
PO Box 2079
Omaha, NE 68103-2079

[] I have read this form and the notice of my election rights. I understand my rights to elect coverage and would like to take the action indicated above. I understand that if I elect coverage, my coverage may terminate under several circumstances, including but not limited to: non-payment of premium or on the date which this group plan ends.

I understand future premiums are due on the date included on each payment coupon. I also understand that failure to pay the required premiums will result in termination of coverage rights and coverage.

Signature _____ **Date** _____

*NOTE: If signature line is on a second page, be sure to include all pages of the election form. We will not be able to process your election without the entire form.



Recurring Automatic Payment (ACH) Request Form

You can also set up recurring ACH payments by logging in to your WEX participant portal account.

1. Recurring ACH debits can be set up for monthly payments only (no bi-weekly or weekly debits).
2. To set up recurring ACH payments, a completed form must be **received** by WEX at least **10 days** prior to the 1st of the month in which you want ACH payments to begin.
3. Premium payment for the previous month, if any, must be **received** by WEX at least **7 days** prior to the 1st of the month in which you want ACH to begin.
4. The recurring scheduled payment will be debited from your bank account on the 1st or the 5th of the month (or the following business day). To change the date of the scheduled payment, please log in to your participant portal account.
5. It is your responsibility to confirm that ACH payment is successfully withdrawn and posted to your WEX account before ceasing payment through any other method. **You may not be able to reinstate your continuation coverage if payment is not remitted to WEX in a timely manner.**
6. If your premium amount is increased due to midmonth coverage changes, you are responsible for paying the increased amount for that month within the normal grace period. You are also responsible for monitoring whether ACH payment for the following month is successfully withdrawn and posted to your WEX account.
7. Fax the completed form with a copy of your voided check to 866-451-3245 or mail to the address at the top of the form.
8. To terminate or change recurring ACH, a completed form must be **received** at least **15 days** prior to the 1st of the month in which you want ACH to stop or change. If your request is received after this timeframe, the effective date of the cancellation or change may be delayed by one month.

Section 1: Participant Information (Check the applicable action) *=Required Field

<input type="checkbox"/> Add Authorization	<input type="checkbox"/> Cancel Authorization - Effective Date: <input type="text"/>	<input type="checkbox"/> Change Bank Account Information	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
Your Full Name* (please print clearly)		Social Security Number*	
<input type="text"/>		<input type="text"/>	
Phone Number*			
<input type="text"/>			

Section 2: Bank Account Information (complete the fields below or attach a voided check)

<input type="text"/>
Bank Name*
<input type="text"/>
Routing Number*
<input type="text"/>
Account Number*
<input type="text"/>
Account Type (check one)* <input type="checkbox"/> Checking <input type="checkbox"/> Savings

1200	
PAY TO THE ORDER OF	\$ <input type="text"/>
DOLLARS	
FOR	
122105278	6724301068
1200	
Routing Number	Account Number
Check Number	

Section 3: Authorization Signature

I authorize WEX Health, Inc to initiate a debit from my bank account listed above for recurring scheduled payment via ACH. If the required payment changes for any reason, this authorization may be automatically amended to authorize the debit of the amount equal to the new required premium payment plus additional service fees, if any. However, my account must be fully paid for debits to continue pursuant to this authorization. If changes are made to my plan (including, without limitation, a change to my first day of coverage) or any other event occurs resulting in a reallocation of past payments, WEX Health, Inc may suspend my recurring ACH. I also understand that automatic debits will automatically cease if my coverage ends, is terminated or my automatic debit rejects for any reason. If ACH payments are suspended or a debit does not occur for any reason, I am required to fully pay my account by an alternative form of payment (e.g., paper check) before ACH will resume. **This authorization will remain in full force and effect until WEX Health, Inc has received written notification from me of its termination in such time and manner as to afford WEX Health, Inc a reasonable opportunity to act on it.** I understand and agree to the terms outlined and authorize WEX Health, Inc to make appropriate changes to my required premium deduction as necessary.

<input type="text"/>	<input type="text"/>
Authorized Accountholder Signature*	Date



1/30/2024

Sam Sample
123 Test Ave
Test, ND 00000

Dear Sam Sample:

We have received your election and full initial premium payment for your group plan(s) through Sample Company Inc. Below are the plans you are enrolled in, along with your paid through date.

Plan Name	Coverage Level	Paid Through Date	First Day of Coverage	Last Day of Coverage	Pmt Grace Period
Direct Bill Sample Vision	EE Only	12/31/2023	12/1/2023		30
Direct Bill Sample Dental	EE Only	12/31/2023	12/1/2023		30
Direct Bill Sample Medical	EE Only	12/31/2023	12/1/2023		30

Your payment due dates and premium amounts are listed below. They are based on the current information provided as of the date of this letter and may change if plan premiums or your coverage changes. If a change occurs, your online account will reflect the update and a notice will be sent to you with the updated premium amount due.

Projected Plan Premiums

Premium Due Date	Total Amount Owed
01/01/2024	\$370.00

At the end of this letter you will find your Premium Payment Coupons. If there are changes to your plan or payment amount, you will receive new coupons.

PAYMENT OPTIONS

Recurring Automatic Payments

You can set up automatic payments and never worry about paying late. To sign up, enter your banking information on the Recurring Payments page of your online account or the WEX COBRA Mobile App, our mobile app for COBRA and Direct Bill members.

One-Time Online Payment

When you need flexibility to make payments online, you can quickly make a payment directly from your bank account or credit card using your online account or mobile app. Processing fees may apply.

Pay by Check

If you prefer to pay by check, you will find a Premium Payment Coupon at the end of this letter. You must include your coupon with your payment in order for it to be applied to your account.

Please pay the amount indicated to ensure continual coverage. Overpayments will be applied to the next premium payment.

Payments are automatically accepted before eligibility is verified at the carrier.



ONLINE ACCOUNT AND MOBILE APP

Remember, you can make payments, view the status of your coverage and review communications through your online account at <https://cptstage.benaissance.com> or through the mobile app.

SIGN UP FOR EMAIL NOTIFICATIONS

Receive account updates faster through email notifications! Simply log in to your online account, go to "Preferences" and click "Communications" to sign up.

QUESTIONS ON YOUR ACCOUNT?

If you have any questions regarding your account or this notice, our Participant Services team is available to assist via email at cobraadmin@wexhealth.com, live chat or call (866) 451-3399 during business hours (Monday through Friday, 6 a.m. to 9 p.m. Central time).

Sincerely,

WEX Health, Inc. Staging

PREMIUM PAYMENT COUPON



Special Plan Member
Sample, Sam SSN: xxx-xx-8999 Sample Company Inc CustID: 101 - MemberID: 7120394

Premium Due
Due Date: 1/1/2024 Amount Due: \$370.00

Remit To
WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam SSN: xxx-xx-8999 Sample Company Inc CustID: 101 - MemberID: 7120394

Premium Due
Due Date: 2/1/2024 Amount Due: \$370.00

Remit To
WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam SSN: xxx-xx-8999 Sample Company Inc CustID: 101 - MemberID: 7120394

Premium Due
Due Date: 3/1/2024 Amount Due: \$370.00

Remit To
WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079



PREMIUM PAYMENT COUPON



Special Plan Member
Sample, Sam SSN: xxx-xx-8999 Sample Company Inc CustID: 101 - MemberID: 7120394

Premium Due
Due Date: 4/1/2024 Amount Due: \$370.00

Remit To
WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam SSN: xxx-xx-8999 Sample Company Inc CustID: 101 - MemberID: 7120394

Premium Due
Due Date: 5/1/2024 Amount Due: \$370.00

Remit To
WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam SSN: xxx-xx-8999 Sample Company Inc CustID: 101 - MemberID: 7120394

Premium Due
Due Date: 6/1/2024 Amount Due: \$370.00

Remit To
WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079



PREMIUM PAYMENT COUPON



Special Plan Member
Sample, Sam SSN: xxx-xx-8999 Sample Company Inc CustID: 101 - MemberID: 7120394

Premium Due
Due Date: 7/1/2024 Amount Due: \$370.00

Remit To
WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam SSN: xxx-xx-8999 Sample Company Inc CustID: 101 - MemberID: 7120394

Premium Due
Due Date: 8/1/2024 Amount Due: \$370.00

Remit To
WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam SSN: xxx-xx-8999 Sample Company Inc CustID: 101 - MemberID: 7120394

Premium Due
Due Date: 9/1/2024 Amount Due: \$370.00

Remit To
WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079



PREMIUM PAYMENT COUPON



Special Plan Member	Premium Due	Remit To
Sample, Sam SSN: xxx-xx-8999 Sample Company Inc CustID: 101 - MemberID: 7120394	Due Date: 10/1/2024 Amount Due: \$370.00	WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member	Premium Due	Remit To
Sample, Sam SSN: xxx-xx-8999 Sample Company Inc CustID: 101 - MemberID: 7120394	Due Date: 11/1/2024 Amount Due: \$370.00	WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member	Premium Due	Remit To
Sample, Sam SSN: xxx-xx-8999 Sample Company Inc CustID: 101 - MemberID: 7120394	Due Date: 12/1/2024 Amount Due: \$370.00	WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079





9/2/2021

Mr. Sam Sample
4321 20th Ave S
Fargo, ND 58103

Dear Mr. Sam Sample:

This notice includes a new set of Premium Payment Coupons for your Retiree billing account with ABC Holding Co.

PAYMENT OPTIONS

Recurring Automatic Payments

You can set up automatic payments and never worry about paying late. To sign up, enter your banking information on the Recurring Payments page of your online account or the WEX COBRA Mobile App, our mobile app for COBRA and Direct Bill members.

One-Time Online Payment

When you need flexibility to make payments online, you can quickly make a payment directly from your bank account or credit card using your online account or mobile app. Processing fees may apply.

Pay by Check

If you prefer to pay by check, you will find a Premium Payment Coupon at the end of this letter. You must include your coupon with your payment in order for it to be applied to your account.

Please pay the amount indicated to ensure continual coverage. Overpayments will be applied to the next premium payment.

ONLINE ACCOUNT AND MOBILE APP

Remember, you can make payments, view the status of your coverage and review communications through your online account at <http://cobra.wexinc.com/wh/login> or through mobile app.

SIGN UP FOR EMAIL NOTIFICATIONS

Receive account updates faster through email notifications! Simply log in to your online account, go to "Preferences" and click "Communications" to sign up.

QUESTIONS ON YOUR ACCOUNT?

If you have any questions regarding your account or this notice, our Participant Services team is available to assist by email at cobraadmin@wexhealth.com, live chat or call (866) 451-3399 during business hours (Monday through Friday, 6 a.m. to 9 p.m. Central time).

Sincerely,

WEX Health, Inc. TEST

PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam ABC Holding Co CustID: 102 - MemberID: 97182

Premium Due
Due Date: 9/1/2021 Amount Due: \$50.00

Remit To
WEX Health, Inc. TEST PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam ABC Holding Co CustID: 102 - MemberID: 97182

Premium Due
Due Date: 10/1/2021 Amount Due: \$50.00

Remit To
WEX Health, Inc. TEST PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam ABC Holding Co CustID: 102 - MemberID: 97182

Premium Due
Due Date: 11/1/2021 Amount Due: \$50.00

Remit To
WEX Health, Inc. TEST PO Box 2079 Omaha, NE 68103-2079



PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam ABC Holding Co CustID: 102 - MemberID: 97182

Premium Due
Due Date: 12/1/2021 Amount Due: \$50.00

Remit To
WEX Health, Inc. TEST PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam ABC Holding Co CustID: 102 - MemberID: 97182

Premium Due
Due Date: 1/1/2022 Amount Due: \$50.00

Remit To
WEX Health, Inc. TEST PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam ABC Holding Co CustID: 102 - MemberID: 97182

Premium Due
Due Date: 2/1/2022 Amount Due: \$50.00

Remit To
WEX Health, Inc. TEST PO Box 2079 Omaha, NE 68103-2079



PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam ABC Holding Co CustID: 102 - MemberID: 97182

Premium Due
Due Date: 3/1/2022 Amount Due: \$50.00

Remit To
WEX Health, Inc. TEST PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam ABC Holding Co CustID: 102 - MemberID: 97182

Premium Due
Due Date: 4/1/2022 Amount Due: \$50.00

Remit To
WEX Health, Inc. TEST PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam ABC Holding Co CustID: 102 - MemberID: 97182

Premium Due
Due Date: 5/1/2022 Amount Due: \$50.00

Remit To
WEX Health, Inc. TEST PO Box 2079 Omaha, NE 68103-2079



PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam ABC Holding Co CustID: 102 - MemberID: 97182

Premium Due
Due Date: 6/1/2022 Amount Due: \$50.00

Remit To
WEX Health, Inc. TEST PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam ABC Holding Co CustID: 102 - MemberID: 97182

Premium Due
Due Date: 7/1/2022 Amount Due: \$50.00

Remit To
WEX Health, Inc. TEST PO Box 2079 Omaha, NE 68103-2079



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PREMIUM PAYMENT COUPON

Special Plan Member
Sample, Sam ABC Holding Co CustID: 102 - MemberID: 97182

Premium Due
Due Date: 8/1/2022 Amount Due: \$50.00

Remit To
WEX Health, Inc. TEST PO Box 2079 Omaha, NE 68103-2079





9/10/2021

James Sample
1234 Test Ave
Test, ND 58104

Dear James Sample:

This letter is to notify you that your Retiree billing has ended as of the date below. This may occur for various reasons, such as returning to active employment, terminating employment or non-payment.

Plan Termination Information:

Plan Name	Coverage Level	Termination Reason	Termination Date
SPM Medical Plan	EE Only	End of coverage	8/31/2021
SPM Dental Over 65	EE Only	End of coverage	8/31/2021

You should file any outstanding eligible claims directly with your insurance carrier as soon as possible to ensure timely reimbursement.

QUESTIONS ON YOUR ACCOUNT?

If you have any questions regarding your account or this notice, our Participant Services team is available to assist by email at cobraadmin@wexhealth.com, live chat or call (866) 451-3399 during business hours (Monday through Friday, 6 a.m. to 9 p.m. Central time).

Sincerely,

WEX Health, Inc. TEST