



8/1/2025

Sample Participant  
111 Main Street  
Small Town, US 55555

Dear Sample Participant:

Effective October 1, 2025, WEX Health is making changes to the COBRA service platform to better support administration of your COBRA continuation coverage. As part of this transition, a new account was created for you. **You will need to register for a new online account, using the registration code found within the New Member Login Notice.**

If you had recurring payments set up in your previous account, your banking account information should have been moved to your new account. **We recommend that you log into your new online account to verify the payment information and avoid any disruptions in payment.**

As a reminder, your payment options are:

- Set up recurring ACH or debit/credit card payments through the online account (cobralogin.wexhealth.com) or mobile app (COBRA + Direct Bill by WEX).
  - o Note: If you were previously making recurring payments via ACH, your premiums should automatically be withdrawn. We recommend that you log into your new online account to confirm the recurring payment information was properly transferred to the new account and if you'd like to make changes to the withdrawal date.
  - o A surcharge for payments made by credit card may apply.
- Make a one-time payment through the online account, mobile app, or using our automated phone system.
  - o Note: One-time payments include a \$20 processing fee.
- Mail a check or money order to WEX Health, Inc., PO Box 2079, Omaha NE 68103-2079.
  - o Include a payment coupon or write your Member ID on the memo line of your payment.
  - o Note: If you choose to mail a payment, it must be postmarked by the last day of the payment grace period.

Please note that premium payments are due on the first day of each month, regardless of whether you have received any premium coupon(s). To ensure timely and proper posting of a mailed premium payment, please mail the payment on or before the due date.

If you have questions or require further assistance, please call the WEX Participant Services team from 6 a.m. to 9 p.m. Central time, Monday through Friday, at 866.451.3399 or submit your questions securely at <https://wexhealthinc.my.site.com/WEXbenefitscontactus/s/>.

If your status under a plan(s) is PENDING, you must elect no later than the end of your Election Period. If you have already elected COBRA continuation coverage but have not submitted your initial premium payment, your status will also be PENDING. COBRA regulations allow you to delay your initial premium payment until the end of your Initial Premium Payment Grace Period (Initial Grace Period), which is measured from the date you elected continuation coverage and is listed on the attached PLAN STATUS DETAIL. If you have not elected, this date will be blank. In order to complete your enrollment under ABC Restaurants, Inc. COBRA group health plan(s), we must receive your initial premium payment no later than the end of your Initial Premium Payment Grace Period. This payment must include:

- 1) Payment for the period of coverage from the date of your loss of coverage due to your Qualifying Event to the date of your COBRA election;
- and

2) Any regularly scheduled monthly premiums that become due between your election and the end of your initial premium payment grace period.



If your coverage under a plan terminated on the date of your qualifying event, your first month's premium paid may be a prorated amount of the full monthly premium.

If your status under a plan(s) is ENROLLED, you are responsible for the next premium due. Please note that if you have elected and paid for at least your first month but not paid your full initial premium (see below), your status will also be listed as ENROLLED. You must pay your full initial premium payment by the end of your Initial Premium Payment Grace Period in order to remain enrolled on the ABC Restaurants, Inc. COBRA continuation plan(s). Attached to this letter or in a separate letter, you will receive a premium payment coupon booklet. It is your responsibility to pay premiums when due. If there is a past due amount owed, this amount will be reflected in the total due on the first premium coupon. Please note that premium payments are due on the first day of each month, regardless of receipt of a premium coupon(s). To ensure proper posting of your premium payment, it is required that you return the coupon with your payment.

Your next scheduled payment, as well as any future COBRA premium payments, are due on the first of each month thereafter, and should be mailed on or before the due date. You will have a grace period for each monthly premium payment which is listed on the second page of this letter. Failure to pay any regularly scheduled COBRA premiums by the end of the premium month's grace period will terminate your participation in the ABC Restaurants, Inc. COBRA group health continuation plan(s).

The benefits for which you are eligible are fully explained in the "Summary Plan Description". This was given to all employees when they first became eligible for ABC Restaurants, Inc. employee benefits. If you need a copy of the "Summary Plan Description", please notify ABC Restaurants, Inc. Human Resources Department at (763) 488-6837 or you may contact the customer service department of your insurance carrier.

#### Premium Information for Next Payment Due on 8/1/2025:

Plan Name	Coverage Level	Status	Premium Amount
Delta Dental Plan	QB Only	Enrolled	\$32.33
EyeMed Vision	QB Only	Enrolled	\$7.80
Non-Tobacco Plan #2 Deductible \$4000	QB Only	Enrolled	\$707.81
Total Premium for Next Payment Due on 8/1/2025:			\$747.94

Plan Name	First Day of COBRA	Last Day of COBRA	# Months of COBRA	Grace Period Days
Delta Dental Plan	4/1/2025	9/30/2026	18	30
EyeMed Vision	4/1/2025	9/30/2026	18	30
Non-Tobacco Plan #2 Deductible \$4000	4/1/2025	9/30/2026	18	30

Your projected COBRA premiums for up to the next 12 months, if applicable, inclusive of any employer subsidy or premium assistance under the American Recovery and Reinvestment Act of 2009, if any, are listed below. These premiums are based on current information from ABC Restaurants, Inc. and may change if plan premiums or your coverage election options change.

#### Projected Plan Premiums

Premium Due Date	Total Amount Owed
08/01/2025	\$747.94
09/01/2025	\$747.94
10/01/2025	\$747.94
11/01/2025	\$747.94
12/01/2025	\$747.94



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

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

For all other correspondence please use the following address:

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

Please pay only the amount due. If overpayment is made and you continue your COBRA coverage, the overpayment is applied to the next month's premium. To check the status of your payments or to confirm whether your COBRA coverage is active, log in to your online account at [cobralogin.wexhealth.com](http://cobralogin.wexhealth.com) or contact us at (866) 451-3399.

Acceptance of your COBRA payment, whether by check, credit card, debit, money order or any other method of payment, does not guarantee that you have COBRA coverage. Our billing system is automated. This means that, in most cases, we will automatically accept your COBRA payment before we are able to verify whether you are eligible for COBRA coverage. Once we receive your payment, we will review our records to confirm that you are eligible for COBRA coverage.

#### RECURRING AUTOMATIC PAYMENTS

Did you know you can set up recurring ACH for your monthly payments? ACH is a safe, fast and secure way to ensure your monthly payment is made on time, every time. To sign up, log in to your online account or the WEX COBRA Mobile App and enter your banking information on the Recurring Payments page.

Please be sure to confirm when your recurring ACH payments will begin before stopping other payment methods to ensure you remain current in your premium payments. Failure to do so may result in the termination of your COBRA coverage.

If you have any questions regarding your coverage continuation, please contact our Customer Service Department at (866) 451-3399 during normal business hours.

Sincerely,

WEX Health, Inc.



Our Member Portal and COBRA Mobile App are integral parts of our service offering. We have designed the Member Portal to be an information-rich and secure website, empowering you with the tools and information you need to efficiently and accurately manage your continuation under the ABC Restaurants, Inc. group health plans. Our COBRA Mobile App offers the same functionality as the Member Portal and provides quick access to your account, straight from your device. We encourage you to leverage these powerful tools at any time and from any location. Examples of information and tools you'll find on the Member Portal and mobile app include:

1. Payment Information (last received and next due)
2. Coverage Information (plans and critical dates)
3. Copies of all communications we've sent to you
4. Online payment options

Below is your unique registration code. You will need this to become an authorized user of our Member Portal and mobile app.

**Registration Code: 88ABCiDF5**

**To log in, visit [cobralogin.wexhealth.com](https://cobralogin.wexhealth.com)** and click on the "NEW USER" link to start the account registration process. For mobile app access, search for the app in your app store. Once downloaded, select the "Register Here" link and follow the registration process as described. Please note, you will be asked to provide your social security (SSN) number in order to log in.

You can now either elect through our Member Portal or our COBRA Mobile App. Online and mobile elections are available for you to elect any combination of plans for yourself and your dependents (if any) that you had before your Qualifying Event. These options are available until 11:59 PM Central Time on the Last Day to Elect listed on your COBRA Continuation Election Form. Electing online or within the mobile app is a safe, fast and secure way to ensure your elections are processed.

Please visit <https://cptstage.benaissance.com> or download our COBRA Mobile App to register and complete your online election today.

### RECURRING AUTOMATIC PAYMENTS

Did you know you can set up recurring ACH for your monthly payments? ACH is a safe, fast and secure way to ensure your monthly payment is made on time, every time. To sign up, log in to your online account or the WEX COBRA Mobile App and enter your banking information on the Recurring Payments page.

Please be sure to confirm when your recurring ACH payments will begin before stopping other payment methods to ensure you remain current in your premium payments. Failure to do so may result in the termination of your COBRA coverage.

If you should ever have any questions or comments, please do not hesitate to contact our offices at (866) 451-3399 during business hours.

# PREMIUM PAYMENT COUPON



Qualified Beneficiary	COBRA Premium Due	Remit To
Participant, Sample SSN: xxx-xx-1234 ABC Restaurants, Inc. CustID: 101 - MemberID: 7777777	Due Date: <b>8/1/2025</b> Amount Due: <b>\$747.94</b>	WEX Health, Inc. PO Box 2079 Omaha, NE 68103-2079

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

Signature

Date



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# PREMIUM PAYMENT COUPON

Qualified Beneficiary	COBRA Premium Due	Remit To
Participant, Sample SSN: xxx-xx-1234 ABC Restaurants, Inc. CustID: 101 - MemberID: 7777777	Due Date: <b>9/1/2025</b> Amount Due: <b>\$747.94</b>	WEX Health, Inc. PO Box 2079 Omaha, NE 68103-2079

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

Signature

Date



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# PREMIUM PAYMENT COUPON

Qualified Beneficiary	COBRA Premium Due	Remit To
Participant, Sample SSN: xxx-xx-1234 ABC Restaurants, Inc. CustID: 101 - MemberID: 7777777	Due Date: <b>10/1/2025</b> Amount Due: <b>\$747.94</b>	WEX Health, Inc. PO Box 2079 Omaha, NE 68103-2079

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

Signature

Date



PREMIUM PAYMENT COUPON



Qualified Beneficiary	COBRA Premium Due	Remit To
Participant, Sample SSN: xxx-xx-1234 ABC Restaurants, Inc. CustID: 101 - MemberID: 7777777	Due Date: <b>11/1/2025</b> Amount Due: <b>\$747.94</b>	WEX Health, Inc. PO Box 2079 Omaha, NE 68103-2079

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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PREMIUM PAYMENT COUPON

Qualified Beneficiary	COBRA Premium Due	Remit To
Participant, Sample SSN: xxx-xx-1234 ABC Restaurants, Inc. CustID: 101 - MemberID: 7777777	Due Date: <b>12/1/2025</b> Amount Due: <b>\$747.94</b>	WEX Health, Inc. PO Box 2079 Omaha, NE 68103-2079

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

Signature \_\_\_\_\_ Date \_\_\_\_\_

