

## 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 <small>(must match your deduction on previous pay stubs)</small>
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____

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

Return Form and Payment to: **PAI**  
 Attn: Missed Premiums  
 PO Box 6839  
 Columbia, SC 29260-6839

Questions? Call the EssentialCare Customer Service Center, Monday through Friday, 8:30 a.m. to 8:00 p.m. Eastern Time. Spanish-speaking representatives are available. The toll-free number is 1-866-740-4006.

You must return this completed form with your payment.



The Medical/Rx, Dental and Vision plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois. The Term Life/Accidental Death, and Short-Term Disability plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, Illinois.



EssentialCare plans administered by  
 Planned Administrators Inc.,  
 P.O. Box 6702 Columbia, South Carolina 29260