PREMIUM PAST DUE
WARNING LETTER

DEPARTMENT OF
BUDGET & MANAGEMENT

MARTIN O'MALLEY
Governor

ANTHONY BROWN
Lieutenant Governor

T. ELOISE FOSTER
Secretary

DAVID C. ROMANS
Deputy Secretary

Date:

RE: Health Benefits Premium
Payable Monthly-***[Category]***

[FIRST NAME] [LAST NAME]
[ADDRESS]
[ADDRESS 2]
[CITY], [STATE] [ZIP CODE]

Dear **[FIRST NAME] [LAST NAME]**

This letter concerns your Health Insurance as a ***[Category]*** enrollee under the State of Maryland Group Benefits Program and is automatically generated if our records indicate the full payment of your monthly premium was not received or posted to your account by the 15th day of the current month.

If your payment was recently mailed please disregard this notice. If not, your full payment must be received or postmarked by the end of the month for which this letter is dated to avoid further interruption in services or the cancellation of your benefits. A monthly coupon is attached for your convenience.

Once your benefits are cancelled, you will loose coverage for the remainder of the enrollment year and will not be able to re-enroll in benefits until the next open enrollment period. If you are enrolled in ***COBRA*** benefits and your coverage is cancelled you will loose your right to continue coverage through the State of Maryland's Group Benefits Program.

If you have any questions or require more information, contact our Customer Service Unit at (410) 767-4775 or 1-800-30-STATE OPTION 2. Thank you.

Sincerely,

Direct Pay Unit
Employee Benefits Division