Grace Period Extension Agreement

ConnectiCare is extending its standard premium grace period an extra month for those who need it. This program applies for a limited time and does not apply to new applications for coverage. Customers with March 1 premium due dates will have grace periods extended from March 30 to April 30. Customers with April 1 premium due dates will have grace periods extended from April 30 to May 31.

Plan holder name: _____

Plan number: _____

Dear valued customer,

Your health plan has a grace period of 31 days* to pay premium. This means that you have 31 days from the premium due date to make payment. Failure to make premium payment by the end of the grace period may result in termination of your plan.

Due to the coronavirus (COVID-19) pandemic, ConnectiCare realizes that some plan holders may need additional time to pay their premium.

Based on your request and with your signature below, ConnectiCare agrees to extend your plan grace period by an additional 31 days (for a total of two months).* ConnectiCare will not terminate your plan during this extended grace period for non-payment of premium. You will not be charged a late fee during this extended grace period.

Failure to make your premium by the end of the extended grace period may result in termination of your plan. All other terms of your plan will continue to apply. Granting this extension does not mean that you are entitled to any additional extensions.

*Some plans have a one-calendar-month grace period. If yours does, your extension is an additional one month.

Customer's authorized signature

Date

Please complete this form and return it to ConnectiCare.

Large group plans: return to your account manager or account service representative. Small group plans: groupbillingrequest@connecticare.com Access Health CT plan subscribers without premium subsidies and SOLO plan subscribers: billingrequest@connecticare.com

