

Grace Period Extension Agreement

April 1, 2020

ConnectiCare is extending its standard grace period an extra month to those who have lost a job, been furloughed, or had a significant loss in revenue or income as a result of the coronavirus (COVID-19) pandemic. This program applies for a limited time to fully-insured plans only and does not apply to new applications for coverage. Customers who have not already paid their March premium can have up to April 30 to pay their March and April premiums. Customers who have paid their March premium but need more time to pay their April premium can have up to May 31 to pay their April and May premiums.

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.

Granting this extension does not mean that you are entitled to any additional extensions. Failure to pay all the premium due 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. You are responsible for all premium due for coverage during the extended grace period.

By signing, you also attest that you qualify for a premium grace period extension because you have lost a job, been fired, furloughed, or suffered a significant loss in income or revenue as a result of the COVID-19 pandemic.

*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

