UnitedHealthcare
Oxford

IMPORTANT NOTICE
Your Responsibility under New York Labor Law Section 217

You are responsible to notify all certificate holders of this termination. Certificate holders includes any employees and dependents who currently have Oxford[1] coverage, and any former employers and dependents who have COBRA and/or state continuation coverage underwritten by Oxford.

IMPORTANT: If you are replacing the terminating Oxford coverage with similar coverage for the same classes of employees and former employees (individuals who were eligible will remain eligible), you do not need to provide a notice of termination to the certificate holder.

In accordance with the provisions of Labor Law, section 217(4) and the provisions of 11 N.Y.C.R.R. Part 55, Labor Law section 217(3) (requiring notice to employees) shall not be deemed to apply if, at least 10 days prior to the date of the intended termination, as specified in this notice of intent to terminate, the policyholder has:

(1) taken necessary steps whereby the intended termination is rendered null and void; or

(2) contracted with another insurer to replace the existing insurer for the providing of similar coverage for the same certificate holders and filed an affidavit with the Commissioner of Labor and Superintendent of Insurance to that effect.

(i) Affidavits filed with the Commissioner of Labor shall refer to Labor Law, section 217, and be addressed to:

Director of Labor Standards
Department of Labor
Agency Building 12
State Office Building Campus
Albany, NY 12240

(ii) Affidavits filed with the Superintendent of Insurance shall refer to Labor Law, section 217 and 11 N.Y.C.R.R. Part 55, and shall be addressed to:

Chief, Health Bureau
New York State Insurance Department
One Commerce Plaza
Albany, NY 12257

If you are not replacing your terminated Oxford coverage, you must provide a copy of our termination notice and a letter from you to the certificate holders advising them of the termination of coverage to each of your affected employees as follows:

- At least **nine days** prior to the actual termination date, the notice and letter must be given to certificate holders either by hand-delivering them at their place of employment (this includes placing them in an employee's pay envelope), or mailing them to a certificate holder's last known residential address; and
- At least **nine days** prior to the actual termination date, you must post our notice of termination and the letter from you to your certificate holders advising them of the termination of coverage in conspicuous locations where you believe they will be noticed by the certificate holders.

Rights of certificate holders under the terminating policy: Oxford will not be liable for claims incurred past the termination date except when the certificate holder is eligible for extended benefits or conversion coverage. For more information and the time frames for requesting extended benefits or conversion coverage, please see the Certificate of Coverage.

[1]Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

UnitedHealthcare
Oxford
Atlanta, GA 30374-0376

Statement No: 3502255201
Statement Date: 07/10/2024
Customer No: 1351166
Due Date: **Upon Receipt**

194IMBSTANDARDBW0010001-16481-01
VERATEX
WEI CHANG
534 W 42ND ST APT 8
NEW YORK NY 10036-6221

Late Notice

Dear VERATEX,

We haven't received your monthly premium payment. As a reminder, your monthly payment is due by the due date. Please send full payment right away. If full payment is not received by the end of your grace period, your coverage will be terminated effective 06/30/2024.

If you already made your payment for the amount you owe, please disregard this notice. This statement is provided in addition to your monthly invoice as a way to summarize all past-due open balances. Please check your account status online at **uhceservices.com**.

What happens if I do not pay the premium balance?

We will not process claims after the contract termination date. You will need to let your employees know that their coverage is terminated. A sample letter for your employees is included with this notice. If you continue to collect premiums from your employees after the date coverage is terminated, you will be responsible for any benefits. Additionally, if we have paid claims during the grace period, we will take appropriate action to recover that amount.

Please detach and return with your payment.

Customer Name	**Customer Number**	**Payment Due Date**	**Statement No**
VERATEX	1351166	***Upon Receipt***	3502255201

Send payment to:

UHS Premium Billing
PO BOX 94017
Palatine, IL 60094-4017

Amount Due: $4,084.67

Amount Enclosed

$											.		

3501981594001000000040846735019561070O4

Total Premium Due

Due Date	Invoice Number	Outstanding Balance
07/01/2024	350195610700	$4,084.67

Total Amount Due $4,084.67

Past Due Aging

0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
$4,084.67	$0.00	$0.00	$0.00	$0.00

Options for making your premium payment:

Online
Go to uhceservices.com to make a one-time payment or schedule monthly payments directly from your bank account.

Phone
Call 1-888-201-4216, TTY711, 24 hours a day, 7 days a week to make a payment directly from your bank account.

Mail
Send a check to the address listed on the form. Checks returned for lack of funds or checks that can't be cashed for any reason are not considered payment.

Questions? Call 1-888-201-4216, TTY 711, 8 a.m. - 5 p.m. ET, Monday – Friday. Please have your group policy number, billing customer number and bill group number available when you call.

Sincerely,

Financial Operations

Oxford Health Insurance, Inc.

Sample Form Letter for Distribution to Employees

Date:
Employee Name:
Employee Address:

Re: VERATEX
Customer Number: 1351166

Policy Cancellation Notice of VERATEX:

You are hereby notified that the above-referenced coverage for you and all covered employees and their dependents in your group will be cancelled effective 06/30/2024 due to non-payment of premium. The carrier will not be liable for claims incurred after the cancellation date. You will be responsible for any claims for health services incurred by you or your dependents effective 06/30/2024. We urge you to refer to your Certificate of Coverage in order to determine which rights, if any, are available upon discontinuance of this coverage. If you have any questions, please refer to the phone number on your health care identification card.

If your group policyholder collects contributions for coverage beyond the date of cancellation, your group policyholder may be held solely liable for any benefits for which it has collected contributions.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card TTY 711, [Monday through Friday, 8 a.m. to 8 p.m.]

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文(Chinese), 我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。