



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

Page 1 of 3

Statement No: 2513630267
Statement Date: 05/17/2023
Customer No: 09S0588
Bill Group No: 1
Due Date: Upon Receipt



138IMBSTANDARDBW0005001-07116-01
VERATEX INC.

WEI CHANG
PO BOX 682
NEW YORK NY 10108-0682

III. Results and Discussion

Late Notice

Dear VERATEX INC.,

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 05/01/2023.

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 www.employereservices.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 VERATEX INC.	Customer Number 09S0588	Payment Due Date <i>Upon Receipt</i>	Statement No 2513630267
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Send payment to:

Amount Due: \$253.90

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

Amount Enclosed

426610000000100000000253904266117026343



Total Premium Due

Due Date	Invoice Number	Outstanding Balance		
05/01/2023	426611702634	\$253.90		
Total Amount Due		\$253.90		
Past Due Aging				
0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
\$253.90	\$0.00	\$0.00	\$0.00	\$0.00

Options for making your premium payment:



Online

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



Phone

Call 1-888-842-4571, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday 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 1-888-842-4571, TTY 711, 8 a.m. - 8 p.m. ET. Please have your group policy number, billing customer number and bill group number available when you call.

Sincerely,

The UnitedHealthcare Team

UnitedHealthcare Insurance Company of New York

Sample Form Letter for Distribution to Employees



Date:
Employee Name:
Employee Address:

Re: VERATEX INC.
Customer Number: 09S0588
Bill Group: 1

Policy Cancellation Notice of VERATEX INC.:

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 05/01/2023 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 05/01/2023. 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。