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**Total Premium Due**

Due Date	Invoice Number	Outstanding Balance
06/01/2023	426611721733	\$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