

1/18/2021

Nittany Lion  
123 Main St.  
University Park, PA 16802

Dear Nittany Lion:

Lifetime Benefit Solutions, Inc. has been retained by PENN STATE to serve as their Retiree billing administrator. Based on information received from PENN STATE, your Retiree Billing will commence on 1/1/2021. The information below provides specific information about the current retirement plans you are enrolled in.

Plan Name	Coverage Level	Plan Start Date	Plan End Date	Premium Amount	Initial Grace Period	Subsequent Grace Period
Retiree Medical - Highmark PPO Freedom Blue	EE Only	1/1/2021		\$240.00	60	60
<b>Total Premium Amount:</b>				\$240.00		

You will be billed on a quarterly basis. Your premium payments are due on the 1st day of each calendar quarter: January 1, April 1, July 1 and October 1. Your 60 day grace period will begin on the date after the payment due date.

Enclosed please find a premium notice for the next billing period under PENN STATE. You should pay the entire premium before the end of the grace period to ensure uninterrupted coverage. To ensure proper posting of your premium payment, please be sure to include the payment remittance stub with your payment. Failure to include the remittance stub may delay the posting of your payment to your account.

To ensure proper posting of your premium payment, please be sure to include the payment remittance stub with your payment. Failure to include the remittance stub may delay the posting of your payment to your account.

Premium payments (check or money order) for your account should be made payable to and mailed to:

**Lifetime Benefit Solutions, Inc.**  
**PO BOX 2979**  
**Omaha, NE 68103-2979**

Please direct all non-payment correspondence to our offices for processing at:

**Lifetime Benefit Solutions, Inc.**  
**PO Box 332**  
**Liverpool, NY 13088**

Failure to remit payment **DOES NOT** constitute formal cancellation of your retiree benefits. In order to cancel your retiree benefits, you must contact Penn State Employee Benefits to complete the appropriate termination forms. You will be responsible for premiums until you formally cancel your benefits. Per Penn State policy, once coverage is refused you are not able to re-enroll at a later date.

If you are also currently enrolled in the PENN STATE COBRA continuation plan for dental and vision, please remit COBRA premium payment separately.

If you have any questions or comments regarding your retiree billing please contact our Lifetime Benefit Solutions, Inc. Customer Service Department, at 855.798.0683 Monday through Thursday, 8:00 AM to 5:00 PM EST and Friday from 9:00 AM to 5:00 PM EST.



Sincerely,

Lifetime Benefit Solutions, Inc.

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### **SCHEDULED ACH PREMIUM PAYMENT OPTION**

Did you know you can set up scheduled ACH for your payments? ACH is a safe, fast and secure way to ensure your payment is made on time, every time. To sign up please see enclosed ACH form and send it for processing. Also you may contact our office at 855.798.0683 and we will send you an ACH form and help with any questions or comments. **Please note, if this option is chosen your quarterly payment will be taken out in monthly installments.**

### **MEMBER PORTAL:**

An integral part of our broad service offering is our Member Self Service Portal (Member Portal). We have designed the Member Portal to be an information rich and secure website empowering you with the tools and information to efficiently and accurately manage your account under PENN STATE Retiree billing service. We encourage you to visit the Member Portal any time, from any location.

Below is your unique registration identification number needed to become an authorized user of our Retiree Member Portal. Please visit <https://COBRA.lifetimebenefitsolutions.com> and click on the "New user registration" link and follow the registration process as described. Please note you will be asked to supply a second piece of identification which will be your social security number (SSN). In order to expedite the registration process, please make sure you have this information with you before beginning the new user registration process.

Registration Code: hgYFTGQQ

Please retain a copy of this letter for future reference. To protect your privacy, please do not share your registration code with any individuals unknown to you.



1/18/2021

Nittany Lion  
123 Main St.  
University Park, PA 16802

Dear Nittany Lion:

Below is a **Quarterly Premium Payment Notice** for the PENN STATE Retiree billing service. The invoice should be paid in the amount and by the date listed below.

<u>Plan Name</u>	<u>Coverage level</u>	<u>Premium Amount</u>
Retiree Medical - Highmark PPO Freedom Blue	EE Only	\$240.00
	<b>Current Premium Amount:</b>	\$240.00
	<b>Prior Premium Amount(s):</b>	\$0.00
	<b>Total Premium Amount:</b>	\$240.00

Please detach and return the Payment Remittance Coupon at the bottom of the page. Please submit payment within the sixty day grace period to avoid uninterrupted coverage. Grace periods begin the day after the scheduled due date of your premium. To ensure accurate posting of your payment, it is required that you return this premium remittance coupon with your payment.

Information about your coverage, premium due dates and copies of letters can be securely accessed through our Member Portal. Please refer to the Welcome Letter for your registration information. If you have any questions regarding registration or your premium, please contact Lifetime Benefit Solutions Customer Service Department at 855.798.0683, Monday through Thursday from 8:00 AM to 5:00 PM and Friday from 9:00 AM to 5:00 PM EST.



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### PREMIUM PAYMENT COUPON

Special Plan Member
Lion, Nittany SSN: xxx-xx-0000 PENN STATE UNIVERSITY RETIREE CustID: 208 - MemberID: 1191661

Premium Due
Due Date: <b>1/1/2021</b> Amount Due: <b>\$240.00</b>

Remit To
Lifetime Benefit Solutions, Inc. PO Box 2979 Omaha, NE 68103-2979





# LIFETIME BENEFIT SOLUTIONS, INC.

## AUTOMATIC PAYMENT (ACH) REQUEST FORM

### PLEASE READ:

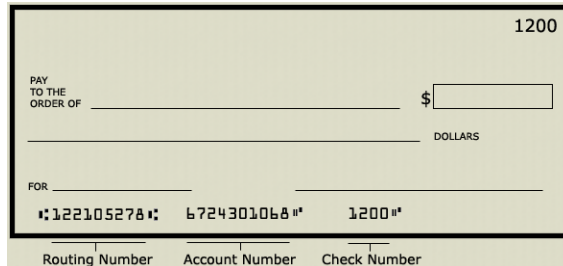
1. To be eligible for COBRA ACH, you must be fully enrolled and paid to a current status. For non-COBRA billing, you must be paid through the current coverage month. Please note, once ACH is elected your payments will be deducted in monthly installments.
2. Complete Section 1 -- Participant Information.
3. Attach a voided check (or photocopy). We are not able to accept deposit slips; they do not always show the required information.
4. If you do not supply a voided check, complete Section 2.
5. Complete Section 3 and 4. Fax the form along with your voided check to us at 315-671-9855 or mail to the address below.
6. When adding your ACH, please note we need to receive notification at least 10 days prior to the 1<sup>st</sup> of the month.
7. When canceling or changing your ACH, please note we need to receive notification at least 15 days prior to the 1<sup>st</sup> of the month of your request. If your request is **received after** this timeframe, we will continue to process your ACH as normal.
8. We are not able to process incomplete forms.

### SECTION 1 - PARTICIPANT INFORMATION

<input type="checkbox"/> ADD AUTHORIZATION	<input type="checkbox"/> Retiree Billing	<input type="checkbox"/> COBRA
Your Full Name (please print clearly)		Your Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone Number:		Member ID Number (located on Invoice):

### SECTION 2 - BANK ACCOUNT INFORMATION

Bank Name:	Account Type (check one) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
Routing Number:	
Account Number:	



### SECTION 3 - PREMIUM NOTICES

Do you want to continue receiving premium notices (notices will be suspended if no response)? Y ( ) N ( )

### SECTION 4 - AUTHORIZATION SIGNATURE

I authorize Lifetime Benefit Solutions, Inc. ("Company") to initiate a debit from my checking or savings account for my recurring scheduled payment via ACH. If the required payment changes for any reason, this authorization will be automatically amended to authorize the debit of the amount equal to the new required premium payment plus any additional service fees, if any. This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company a reasonable opportunity to act on it. I understand that automatic debits will automatically cease if my coverage ends, is terminated or my automatic debit rejects for insufficient funds. I understand and agree to the terms outlined and authorize Company to make appropriate changes to my required premium deduction as necessary.

Authorized Account Holder Signature	Date
Return This Form & Check To: <b>Lifetime Benefit Solutions, Inc.</b> PO Box 332 Liverpool, NY 13088 FAX (315) 671-9869	If you have any questions or comments regarding this ACH Form, please call our Customer Service Department at 1-855-798-0683
Date Rec'd Date Processed	Processor V&V



## Frequently Asked Questions about the Change in Your Retiree Billing Administrator

### **When are premiums due?**

You will be billed quarterly. Your premiums payments are due on the 1st day of each calendar quarter: January 1, April 1, July 1 and October 1. Your 60 day grace period will begin on the date after the payment due date.

### **What is the Member Portal?**

The member portal is an online tool you can use to check status of your account, check payment history and print out historical correspondence and prior invoices. Simply use the registration coded provided in your welcome letter to sign up for this easy to use, convenient way to keep track of your account status.

### **How do I Register for the Member Portal?**

Go to <https://COBRA.lifetimebenefitsolutions.com>

- Click on “New User Registration
- Follow the registration process
- Make sure you have your Registration Code from your Welcome Letter

### **Can I pay with a credit card?**

Yes, we do accept payments by phone including credit cards at no charge; please call 1-855-798-0683 if you wish to make payment by phone. You may also use the Member Portal to do so. Please be advised, our vendor does charge a \$20 convenience fee each time a payment is made if using the member portal. To avoid the fee you may want to consider payment by phone.



### **Automatic Deduction is available**

If payment by check or credit card is not optimal, you can sign up for Automatic Payment Withdrawal (ACH). After you have enrolled in the ACH option, the payment will be deducted on the 5th of each month. If the 5th occurs on a weekend it will be taken out the next business day. There is no charge for this service. Please note, if you sign up for ACH using the Member portal, funds will pull on a quarterly basis, if you want funds taken out in monthly installments please fill out enclosed ACH form. Please send payment for first premium with form and ACH can begin for the next due date. If electing ACH, please send form and first premium to:

Lifetime Benefit Solutions  
PO Box 332  
Liverpool, NY 13088

### **Can I pay ahead?**

Yes, you may pay as far ahead as you would like for 2021. Please do not pay for coverage beyond December 31, 2021 as the insurance rates and available plans are subject to change January 1, 2022.

### **Can I mail in one check for both my COBRA and Retiree Premium payments?**

We ask that you please submit separate payments as there are separate accounts set up for COBRA and Retiree billing. You may send both payments in one envelope; however, please make sure both premium payment coupons are included.

### **I have a question about my account. Who should I contact?**

#### **Call Lifetime Benefit Solutions at 1-855-798-0683 when:**

- You have any questions regarding your bill
- You have questions regarding your balance
- You have questions about payment methods
- You want to establish an ACH payment method

#### **Call Your Insurance Carrier when:**

- You have a question concerning your insurance benefits
- You have a question regarding a claim that has been filed

*Please refer to the number on the back of your insurance card.*

#### **Call Penn State 1-814-865-1473 when:**

- You experience a demographic change, such as an address change
- You become Medicare eligible and need to enroll in a different plan
- You experience a life qualifying event such as getting married, divorced, birth or death of a dependent