Lifetime Benefit Solutions, Inc.MIGRATIONTEST PO BOX 332 Liverpool, NY 13088



5/17/2016

JOHNNY TEST 123 MAIN ST. LIVERPOOL, NY 13088

# Dear JOHNNY TEST:

Lifetime Benefit Solutions, Inc.MIGRATIONTEST has expanded their current services to PENN STATE to include Retiree Medical billing beginning July 1, 2016. Based on information received from PENN STATE, your Retiree Billing will commence on 07/01/2016. The information below provides specific information about the current retirement plans you are enrolled in.

Since you are currently enrolled in the PENN STATE Retiree billing service, please review the information below and note the new address to remit payments going forward.

Plan Name	Coverage Level	Plan Plan Start Date End Da		Payment Grace Period
FREEDOM BLUE REYNNFBNA	EE Only	7/1/2016	\$216.00	60
Total Premium Amount				

You will now 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 due date to ensure uninterrupted coverage. Failure to remit your entire premium payment by the due date will discontinue your participation in the PENN STATE medical retirement plan. Per Penn State policy, once coverage is refused, you are not able to re-enroll at a later date. Cancellation due to non-payment will be considered voluntary refusal of 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.

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.MIGRATIONTEST PO BOX 332 Liverpool, NY 13088

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

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If you have any questions or comments regarding your retiree billing please contact our Lifetime Benefit Solutions, Inc. Customer Service Department, at 1-800-828-0078 Monday through Thursday, 8:00 AM to 5:00 PM EST and Friday from 9:00 AM to 5:00 PM EST.



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Lifetime Benefit Solutions, Inc.MIGRATIONTEST

# 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 or login to your Member Portal and download the ACH form from the ACH tab and send it for processing. Also you may contact our office at 1-800-828-0078 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.ebsrmsco.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: FrS2nydX

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.

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5/17/2016

JOHNNY TEST 123 MAIN ST. LIVERPOOL, NY 13088

Dear JOHNNY TEST:

This is a Premium Payment Notice to inform you that your premiums for the PENN STATE Retiree billing service listed below should be paid in the amount and by the date listed below.

Plan Name	Coverage level	Premium Amount
FREEDOM BLUE REYNNFBNA EE Only		\$216.00
	Total Premium Amount:	\$216.00

Please detach and return the Payment Remittance Coupon at the bottom of the page. Failure to remit payment within the sixty day grace period will result in cancellation of coverage in the plan. 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.

### SCHEDULED ACH PREMIUM PAYMENT OPTION

Did you know that you can set up a 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 the enclosed form and return per instruction.

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 1-800-828-0078, 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

TEST, JOHNNY SSN: xxx-xx-0000 PENN STATE

CustID: 210 - MemberID: 47396

Premium Due
Due Date: 7/1/2016
Amount Due: \$216.00

Remit To
Inc.MIGRATIONTEST
PO BOX 2979
Omaha NE 68103-2979

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