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Sample Short Payment Notice Letter

March 1, 2000

**Alfred E. Roberts
2400 Pilot Knob Road
St. Paul, MN 55122**

Dear **Mr. Roberts**:

We are in receipt of your XYZ Company Group Health Care Plan continuation premium for **February 2000**. However, the monthly amount due for your **single** coverage is **\$185.45**, and you submitted **check no. 1234** in the amount of **\$175.45**. This means your payment due on **February 1, 2000** is **\$10.00** less than required to maintain your XYZ Company Group Health Care Plan coverage. In order to maintain your health care coverage through the XYZ Company Group Health Plan, you are required to pay the full monthly premium, on the first of each month, as specified in your COBRA election letter dated **January 3, 2000**.

In order to maintain your group health coverage, you must send **\$10.00** within 30 days from the date of this notice, to the plan administrator. If this payment is not sent within the 30 days provided, your group health care coverage, under the XYZ Company Health Plan will be terminated retroactively to **January 31, 2000**.

This notice does not in any way affect or change your responsibility to pay for coverage for **March, 2000** on **March 1 st**, with a grace period as described in the COBRA election letter dated **January 3, 2000**.

If you have any questions regarding this notice or other COBRA premium payment questions, please contact Plan Administrator at **(Phone Number)**.

Sincerely,

Plan Administrator