

|||||

MR SAMUEL SMITH  
4005 SUN VALLEY DRIVE  
ST LOUIS MO 63141

**CONTINUATION COVERAGE INITIAL BILLING**

This confirms the receipt of your election form requesting continuation of your health coverage for you and your eligible dependents, if any. The coverage elected is retroactively effective on 09/04/2009.

Client: ABC Company, Inc.

Qualification Date: 09/04/2009

Status: COBRA-ARRA

Eligible: **18 Months**

Your initial premium is as follows:

Number of Individuals Covered: 1

<u>Covr.ID</u>	<u>Coverage</u>	<u>Carrier Name</u>	<u>Amount</u>	<u>Coverage Dates</u>
DELTA :CI	Dental Contract - Indiv	Delta Dental	25.70	09/04/2009 - 09/30/2009
	** Stimulus Bill Payment		-16.71	
HOA1 :EE	Health Employee	HealthLink Open Access 1	358.02	09/04/2009 - 09/30/2009
	** Stimulus Bill Payment		-232.71	
VSP :VI	Vision - Individual	VSP Vision Service Plan	11.02	09/04/2009 - 09/30/2009
	** Stimulus Bill Payment		-7.16	
				=====
ID# : XXX-XX-6789			Total 138.16	Due by 10/19/2009

Your coverage will remain cancelled until the initial premium is paid. The initial premium payment can be sent anytime prior to 10/19/2009, but no extension can be made to the due date.

Regular monthly premiums will be shown on the enclosed coupons. Premiums are due on the first of each month and are payable within 30 days of the Premium Due Date.

Payments made beyond the grace period will cause cancellation of your coverage. For further information, please contact:

SBG - COBRA Department  
10825 Watson Road, Suite 160  
St. Louis, MO 63127  
Customer Service (314) 822-6100 ext 2300  
Email: COBRA@sbgstl.com



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### Continuation Coverage Coupon Billings

Enclosed are your payment coupons for the Continuation Coverage you requested. Subsequent coupons will be mailed if your eligibility period extends beyond this plan year. Payments are due at the address shown below on or before the due date for each coverage period.

Client: ABC Company, Inc.

Qualification Date: 09/04/2009

Status: COBRA-ARRA

Eligible: **18 Months**

Number of Individuals Covered: **1**

XXX-XX-6789	Smith, Samuel	Due: <b>10/19/2009</b>		
Delta Dental	Dental Contract - Indiv	\$ 25.70	09/04/2009-09/30/2009	
	Stimulus Bill Payment	\$ -16.71		
HealthLink Open Access 1	Health Employee	\$ 358.02	09/04/2009-09/30/2009	
	Stimulus Bill Payment	\$ -232.71		
VSP Vision Service Plan	Vision - Individual	\$ 11.02	09/04/2009-09/30/2009	
	Stimulus Bill Payment	\$ -7.16		
		=====		
		Total \$ 138.16		
<b>Mail payment to:</b>				
Sax Benefits Group				
10825 Watson Rd Suite 160				
St. Louis MO 63127				

XXX-XX-6789	Smith, Samuel	Due: 10/19/2009	
Delta Dental	Dental Contract - Indiv	\$ 28.56	10/01/2009-10/31/2009
	Stimulus Bill Payment	\$ -18.56	
HealthLink Open Access 1	Health Employee	\$ 397.80	10/01/2009-10/31/2009
	Stimulus Bill Payment	\$ -258.57	
VSP Vision Service Plan	Vision - Individual	\$ 12.24	10/01/2009-10/31/2009
	Stimulus Bill Payment	\$ -7.96	
		=====	
		Total \$ 153.51	

**Mail payment to:**  
 Sax Benefits Group  
 10825 Watson Rd Suite 160  
 St. Louis MO 63127

XXX-XX-6789	Smith, Samuel	Due: 11/01/2009	
Delta Dental	Dental Contract - Indiv	\$ 28.56	11/01/2009-11/30/2009
	Stimulus Bill Payment	\$ -18.56	
HealthLink Open Access 1	Health Employee	\$ 397.80	11/01/2009-11/30/2009
	Stimulus Bill Payment	\$ -258.57	
VSP Vision Service Plan	Vision - Individual	\$ 12.24	11/01/2009-11/30/2009
	Stimulus Bill Payment	\$ -7.96	
		=====	
		Total \$ 153.51	

**Mail payment to:**  
 Sax Benefits Group  
 10825 Watson Rd Suite 160  
 St. Louis MO 63127

XXX-XX-6789	Smith, Samuel	Due: 12/01/2009	
Delta Dental	Dental Contract - Indiv	\$ 28.56	12/01/2009-12/31/2009
	Stimulus Bill Payment	\$ -18.56	
HealthLink Open Access 1	Health Employee	\$ 397.80	12/01/2009-12/31/2009
	Stimulus Bill Payment	\$ -258.57	
VSP Vision Service Plan	Vision - Individual	\$ 12.24	12/01/2009-12/31/2009
	Stimulus Bill Payment	\$ -7.96	
		=====	
		Total \$ 153.51	

**Mail payment to:**  
 Sax Benefits Group  
 10825 Watson Rd Suite 160  
 St. Louis MO 63127

XXX-XX-6789	Smith, Samuel	Due: <b>01/01/2010</b>	
Delta Dental	Dental Contract - Indiv	\$ 28.56	01/01/2010-01/31/2010
	Stimulus Bill Payment	\$ -18.56	
HealthLink Open Access 1	Health Employee	\$ 397.80	01/01/2010-01/31/2010
	Stimulus Bill Payment	\$ -258.57	
VSP Vision Service Plan	Vision - Individual	\$ 12.24	01/01/2010-01/31/2010
	Stimulus Bill Payment	\$ -7.96	
		=====	
		Total \$ 153.51	
<b>Mail payment to:</b> Sax Benefits Group 10825 Watson Rd Suite 160 St. Louis MO 63127			
XXX-XX-6789	Smith, Samuel	Due: <b>02/01/2010</b>	
Delta Dental	Dental Contract - Indiv	\$ 28.56	02/01/2010-02/28/2010
	Stimulus Bill Payment	\$ -18.56	
HealthLink Open Access 1	Health Employee	\$ 397.80	02/01/2010-02/28/2010
	Stimulus Bill Payment	\$ -258.57	
VSP Vision Service Plan	Vision - Individual	\$ 12.24	02/01/2010-02/28/2010
	Stimulus Bill Payment	\$ -7.96	
		=====	
		Total \$ 153.51	
<b>Mail payment to:</b> Sax Benefits Group 10825 Watson Rd Suite 160 St. Louis MO 63127			
XXX-XX-6789	Smith, Samuel	Due: <b>03/01/2010</b>	
Delta Dental	Dental Contract - Indiv	\$ 28.56	03/01/2010-03/31/2010
	Stimulus Bill Payment	\$ -18.56	
HealthLink Open Access 1	Health Employee	\$ 397.80	03/01/2010-03/31/2010
	Stimulus Bill Payment	\$ -258.57	
VSP Vision Service Plan	Vision - Individual	\$ 12.24	03/01/2010-03/31/2010
	Stimulus Bill Payment	\$ -7.96	
		=====	
		Total \$ 153.51	
<b>Mail payment to:</b> Sax Benefits Group 10825 Watson Rd Suite 160 St. Louis MO 63127			

XXX-XX-6789	Smith, Samuel	Due: <b>04/01/2010</b>	
Delta Dental	Dental Contract - Indiv	\$ 28.56	04/01/2010-04/30/2010
	Stimulus Bill Payment	\$ -18.56	
HealthLink Open Access 1	Health Employee	\$ 397.80	04/01/2010-04/30/2010
	Stimulus Bill Payment	\$ -258.57	
VSP Vision Service Plan	Vision - Individual	\$ 12.24	04/01/2010-04/30/2010
	Stimulus Bill Payment	\$ -7.96	
		=====	
		Total \$ 153.51	
<b>Mail payment to:</b> Sax Benefits Group 10825 Watson Rd Suite 160 St. Louis MO 63127			
XXX-XX-6789	Smith, Samuel	Due: <b>05/01/2010</b>	
Delta Dental	Dental Contract - Indiv	\$ 28.56	05/01/2010-05/31/2010
	Stimulus Bill Payment	\$ -18.56	
HealthLink Open Access 1	Health Employee	\$ 397.80	05/01/2010-05/31/2010
	Stimulus Bill Payment	\$ -258.57	
VSP Vision Service Plan	Vision - Individual	\$ 12.24	05/01/2010-05/31/2010
	Stimulus Bill Payment	\$ -7.96	
		=====	
		Total \$ 153.51	
<b>Mail payment to:</b> Sax Benefits Group 10825 Watson Rd Suite 160 St. Louis MO 63127			
XXX-XX-6789	Smith, Samuel	Due: <b>06/01/2010</b>	
Delta Dental	Dental Contract - Indiv	\$ 28.56	06/01/2010-06/30/2010
	Stimulus Bill Payment	\$ -18.56	
HealthLink Open Access 1	Health Employee	\$ 397.80	06/01/2010-06/30/2010
	Stimulus Bill Payment	\$ -258.57	
VSP Vision Service Plan	Vision - Individual	\$ 12.24	06/01/2010-06/30/2010
	Stimulus Bill Payment	\$ -7.96	
		=====	
		Total \$ 153.51	
<b>Mail payment to:</b> Sax Benefits Group 10825 Watson Rd Suite 160 St. Louis MO 63127			

XXX-XX-6789

Smith, Samuel

Due: **07/01/2010**

Delta Dental	Dental Contract - Indiv	\$ 28.56	07/01/2010-07/31/2010
HealthLink Open Access 1	Health Employee	\$ 397.80	07/01/2010-07/31/2010
VSP Vision Service Plan	Vision - Individual	\$ 12.24	07/01/2010-07/31/2010
		=====	
		Total \$ 438.60	

**Mail payment to:**

Sax Benefits Group  
10825 Watson Rd Suite 160  
St. Louis MO 63127

Cut and return the coupon with your payment for the period(s) which you are paying. Make your check payable to Sax Benefits Group, Inc. .

Checks returned for insufficient funds or checks that otherwise cannot be cashed do not constitute payment.

*Please address all questions to:*

SBG - COBRA Department  
10825 Watson Road, Suite 160  
St. Louis, MO 63127  
Customer Service (314) 822-6100 ext 2300  
Email: COBRA@sbgstl.com