To whom it may concern,

Company name, will accept third party payments on behalf of employee name.

The coverage effective date of their policy is effective date and the renewal date of the policy is \_/ /.

The monthly employee’s share of the premium is employee premium.

The policy renewal date is renewal date.

Please send payments to payment address and payable to payee name.

The contact at the company is contact name, phone number ( ) - \_\_\_\_ email email address.

\_