

COBRA Continuation
 c/o AMCA Systems
 101 Bradford Road, Suite 340
 Wexford, PA 15090

Date
10/7/2021

SHERRI STARR
605 DIVISION ST
WEST MIFFLIN PA 15122

Employer Group	Group #	Previous Balance	671.23
W PA SCHOOL FOR BLIND CHILDREN	076701	Coverage Period Premium	671.23
Member Number		Payment Amount Due	1342.46
5B0D60AE6		Invoice Date	10/7/2021
Plan		Due Date	10/20/2021
PPR			

NOTICE: Your eligibility for continuation of this coverage is guaranteed by Consolidated Omnibus Budget Reconciliation Act of 1985. Your maximum period of eligibility will cease 12/1/2031.

In order to ensure accurate and timely payment credit to your account, return remittance coupon from your invoice. Your payment must include 9-digit MEMBER ID which can be found on the remittance coupon. Payments without the member id may be rejected and coverage may be canceled for non payment required premium.

724-934-2270 x 602 COBRACONTINUATION@AMCASYSTEMS.COM

Please, write your Member Number on your check or money order payable to COBRA CONTINUATION - AMCA Systems

We do not accept credit card or pay by phone payments

----- Detach Here and Return Bottom Portion With Your Payment -----

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Date	Group Number
10/7/2021	076701

Member Number	Coverage Period		Amount Due 10/20/2021**	Amount Paid
	Beginning	Ending		
5B0D60AE6	11/1/2021	11/30/2021	1342.46	

**If the amount due is a negative amount, you have a credit on your account and no payment is due.

By paying this amount, I certify that I am not covered under any other health plan for this coverage.
 Please write your member number on your check and make your check payable to COBRA CONTINUATION - AMCA Systems

☐ Please check this box if you wish to cancel your coverage and indicate the date of cancellation here ____/____/____