



COBRA Premium Payment Authorization Form
Credit Card Electronic Payments
 FlexToday, Inc. COBRA Department
 800-995-5373 • COBRA@FlexToday.com

COBRA premiums are due the first of the month for that month of coverage. COBRA provides a forty-five day grace period for the **initial** premium payment and that payment must include premiums retroactive to the date you would have lost coverage. You are responsible for making sure the amount of your initial payment is correct. Subsequent premium payments are due on the first day of each month and have a thirty (30) day grace period. If your premium payment is not delivered or postmarked within the grace period, your coverage will be terminated back to the last day for which we received a full premium payment.

Name and Address of Payee (Credit Card Holder)	COBRA Information
Name	Participant
Address	Participant ID # (SSN)
City State	Group Health Plan
Zip Code	Sponsor (Employer)
Phone	Email Address
Check One: VISA	CSS
MasterCard	CVV
Card Number	Exp Date MM/YYYYY

TERMS:

All Credit Card Transactions: You are expected to verify that the premiums are paid on a timely basis. If the transaction is rejected or doesn't occur on a timely basis, you must send in a replacement check payable to **FlexToday COBRA, P.O. Box 16099, Fresno, CA 93755** for the full amount due within the grace period. You have the option to digitally sign this form using Adobe Acrobat and your electronic signature will have the same weight under the law as an ink signature. **If your payment is rejected for any reason, we will not attempt the charge again, you will not be notified by FlexToday, Inc. and the grace period will not be extended.** This authorization will remain in full force and effective until FlexToday, Inc. has received written notification from you of its termination in such time and manner as to afford FlexToday, Inc. a reasonable opportunity to act on it. FlexToday, Inc. must be notified of any changes in your card as soon as possible but no later than the first (1st) day of the month. Failure to notify FlexToday, Inc. in a timely manner may result in an automatic ejection.

*** Credit Card Courtesy Fee:** COBRA premiums paid by credit card will be subject to a credit card courtesy fee equal to \$25 per month of regularly scheduled COBRA premiums to be paid with each credit card payment. For example, if your COBRA premiums are \$250 per month and you are paying one month of COBRA premiums, the courtesy fee will be \$25 and the total transaction charged on your card will be \$275, and if you are paying 3 months of COBRA premiums, the courtesy fee will be \$75 and the total transaction charged on your card will be \$825.

Setup Automatic Payments: If you select "Setup Automatic Payments," the first automatic charge to your credit card will occur within 48 hours or two business days, whichever is later, of FlexToday, Inc. receiving this form. The Automatic Payment will include all past and current monthly premiums due plus the Credit Card Courtesy Fee*. If all premiums up to and including your current months' premium payment have been paid by other means, no charge will be made until the following month. All subsequent transactions will occur between the 1st and the 10th of each month for the current month of coverage. If the cost of your premiums changes, you will be notified of the premium change by mail and the amount of the automatic premium payment will be adjusted accordingly.

One-Time Premium Payment: If you select "One-Time Premium Payment," the charge to your credit card will occur within 48 hours or two business days, whichever is later, of FlexToday, Inc. receiving and processing this form. It is your responsibility to verify that the amount of the premiums you have indicated is sufficient to pay your COBRA premiums due at any time. The Credit Card Courtesy Fee* will be added to the amount indicated.

Please select one of the following options for your monthly COBRA premiums:

- Setup Automatic Payments Effective Immediately
- Cancel Automatic Premium Payment Effective:
- One-Time Premium Payment: Amount \$

I understand and agree to the terms outlined above and authorize FlexToday, Inc. to charge the account indicated above.

Date Signed: _____ Sign Here

Fax Completed Form To: **1-469-398-0424** OR

Mail Completed Form to: **FlexToday, Inc. PO Box 16099 Fresno, CA 93755** OR

If you scan the completed form to Adobe Acrobat, [click here](#) to post to the FlexToday Secure Portal.

(Adobe Acrobat Only – Include Your Name and the Group Health Plan Sponsor (Employer) Name In The Add-A-Message Area.)
 If you have Adobe Acrobat, your signature can be made electronically. The electronic signature does not work in Adobe Reader.