



COBRA Premium Payment Authorization Form  
**Recurring Credit Card 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

Monthly COBRA Premium Due **\$** **\*\* Plus \$50 Credit Card Convenience Fee \***

Check One: <input type="checkbox"/> VISA	Card Number	CSS CVV	Exp Date MM/YYYYY
<input type="checkbox"/> MasterCard			

**General Provisions** You are responsible for making sure that the premiums are paid on a timely basis. If the credit card transaction is rejected or is not received on a timely basis, you must send a check payable to **FlexToday COBRA, P.O. Box 16099, Fresno, CA 93755** for the full amount due within the applicable 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.

**Credit Card Convenience Fee\*** **COBRA premiums paid by credit card are subject to a Credit Card Convenience fee equal to \$50 per month.** For example, if your COBRA premiums are \$500 per month and you are paying one month of COBRA premiums, the convenience fee will be \$50 and the total transaction charged on your card will be \$550. There is a limit of one (1) months worth of COBRA premiums that can be paid using the credit and/or debit card in any single month. In addition, convenience fees apply to check-by-phone, credit card-by-phone transactions and all credit card payments. The convenience fees are \$20 for Payment-By-Phone or \$50 for any Credit Card payment, recurring, by phone or single transaction. Fees subject to change.

**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 Convenience Fee\* of \$50 for each monthly premium. 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 automatic premium payment will be adjusted accordingly.

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. All COBRA premium transactions are final other than prepayments for future months. COBRA premiums paid for any month are final and not-refundable after the first day of that month. Failure to notify FlexToday, Inc. in a timely manner of a change in your credit card information may result in a rejection by the credit card company. ***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.***

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

Date Signed:	Sign Here
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Fax Completed Form To: **1-888-313-0401** 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.

If you have Adobe Acrobat, your signature can be made electronically. The electronic signature may not work in Adobe Reader.