

Monthly Bills: Medical, Dental and Vision

Premiums are due the first of the month and, are mailed to the firm on the 15th of the month prior to the due date. There is a 30-day grace period; if premiums are not received by the 30th of the month, coverage is lapsed. For example: Premium statements for the month of May are mailed on April 15 and due May 1. If not paid by May 30, coverage is lapsed effective May 1.

If payment is not received, a second notice is sent approximately 10 days after the due date. (NOTE: The original bill is considered the "first notice.") There will be occasions when your check may cross in the mail with the second notice. To avoid receiving a second notice, please remit your payment before the 10th.

Reinstatement Policy

Coverage will be reinstated as long as all earned premiums are paid within 60 days. However, if a firm is reinstated three times within 18 months, a \$50 reinstatement fee will be charged along with all premiums due. The reinstatement fee will be applied first, and if there is not enough to cover both the reinstatement fee and the premium, coverage will not be reinstated, and money will be returned.

If coverage is lapsed for longer than 60 days, a firm will be required to reapply and medical underwriting may be required for approval.

Quarterly Bills: Group Long-Term-Disability, Group Life and Long-Term-Care

Premiums are due the first of the month and, are sent one month prior to the due date. There is a 30-day grace period; if premium is not received by the 30th of the month, coverage is lapsed. For example: Premium statements for the quarter beginning April 1 are mailed March 1 and are due by April 1. If not paid by April 30, coverage is lapsed.

If payment is not received, a second notice is sent approximately 10 days after the due date.

NOTE: Remittance address for monthly and quarterly bills (with the exception of Long-Term Care):

CalCPA Group Insurance Trust
P.O. Box 512516
Los Angeles, CA 90051-0516

Semi-Annual Bills: Individual Term Life, Individual Personal Accident Plan

Premiums are due the first of the month and, are mailed approximately the second week of the month prior to the due date. There is a 30-day grace period; if premium is not received by the 30th of the month, coverage is lapsed. For example: Premium statements for the semi-annual period beginning June 1 will be mailed approximately May 7, due by June 1. If not paid by June 30, coverage will be lapsed.

If payment is not received, a second notice is sent approximately 10 days after the due date.

NOTE: Remittance address for semi-annual bills and quarterly Long-Term Care:

Marsh Affinity Group Services
P.O. Box 512516
Los Angeles, CA 90051-0516