

**ID: 02-707-933395544-Sam Participant**  
Sample Company

Coupon #1 - March/2015

Coverage

Delta Dental Executive \$3000  
Aetna Medical HMO

Period

03/01/2015 - 03/31/2015  
03/01/2015 - 03/31/2015

Premium

197.63  
500.00

**Subtotal:**  
\$697.63

**Amount Paid:**  
\$0.00

- Avoid termination of coverage - postmark payments within 30 days of due date.
- Any changes made on the coupon or included with the payment will not be processed.
- Correspondence or account changes **must** be sent to PO Box 14055, Lexington, KY 40512-4055.
- Return this coupon with your payment or pay online at [www.wageworks.com](http://www.wageworks.com).

**Total Due:** \$697.63

**Due Date:** 03/01/2015

Total Enclosed:

\$

**Make checks payable to:**

**WageWorks, Inc.**  
1155 Reliable Parkway  
Chicago, IL 60686-0011

**Coverage for:** Sam Participant

123 Lake Ave.  
Anytown, CA 98765

020000000707093339554400000197634

-----Clip Coupon Here and Return with Your Payment-----

**ID: 02-707-933395544-Sam Participant**  
Sample Company

Coupon #2 - April/2015

Coverage

Delta Dental Executive \$3000  
Aetna Medical HMO

Period

04/01/2015 - 04/30/2015  
04/01/2015 - 04/30/2015

Premium

197.63  
500.00

**Subtotal:**  
\$697.63

**Amount Paid:**  
\$0.00

- Avoid termination of coverage - postmark payments within 30 days of due date.
- Any changes made on the coupon or included with the payment will not be processed.
- Correspondence or account changes **must** be sent to PO Box 14055, Lexington, KY 40512-4055.
- Return this coupon with your payment or pay online at [www.wageworks.com](http://www.wageworks.com).

**Total Due:** \$697.63

**Due Date:** 04/01/2015

Total Enclosed:

\$

**Make checks payable to:**

**WageWorks, Inc.**  
1155 Reliable Parkway  
Chicago, IL 60686-0011

**Coverage for:** Sam Participant

123 Lake Ave.  
Anytown, CA 98765

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-----Clip Coupon Here and Return with Your Payment-----

**ID: 02-707-933395544-Sam Participant**  
Sample Company

Coupon #3 - May/2015

Coverage

Delta Dental Executive \$3000  
Aetna Medical HMO

Period

05/01/2015 - 05/31/2015  
05/01/2015 - 05/31/2015

Premium

197.63  
500.00

**Subtotal:**  
\$697.63

**Amount Paid:**  
\$0.00

- Avoid termination of coverage - postmark payments within 30 days of due date.
- Any changes made on the coupon or included with the payment will not be processed.
- Correspondence or account changes **must** be sent to PO Box 14055, Lexington, KY 40512-4055.
- Return this coupon with your payment or pay online at [www.wageworks.com](http://www.wageworks.com).

**Total Due:** \$697.63

**Due Date:** 05/01/2015

Total Enclosed:

\$

**Make checks payable to:**

**WageWorks, Inc.**  
1155 Reliable Parkway  
Chicago, IL 60686-0011

**Coverage for:** Sam Participant

123 Lake Ave.  
Anytown, CA 98765

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