|  |  |
| --- | --- |
| John Doe  Street  City, State, Zip | Certificate Information |
| Date: September 30, 2019  Certificate Number: 0000000000  Certificateowner: John Doe  Insured’s Name: John Doe  Type of Insurance: Whole Life  Subject: Portability Option |

Dear Mr. Doe:

As a result of a change in your employment status with Group Name your premium will no longer be paid through payroll deductions. **You may continue your insurance coverage by paying the premium directly to MassMutual.**

We will send you a quarterly bill unless you elect another option. Your first quarterly bill is attached.

The following payment options and amounts are also available. Please contact us if you would like to change your direct paper billing frequency.

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment Frequency** | **Amount** | **Automated bank account withdrawal** | **Paper billing sent via USPS mail** |
| Monthly | $32.55 | Only option available | Not available |
| Quarterly | $97.65 | Available | Available |
| Semi-annual | $195.30 | Available | Available |
| Annual | $390.60 | Available | Available |

If you would like to set up the automated bank account withdrawal option, please complete the enclosed PAC Premium Payment Service Form and return it to our office with a voided check. A self-addressed envelope is enclosed for your convenience.

If we can be of assistance, please, call us toll-free at 1-844-975-7522 (1-844-WRKPLACE). Our service professionals are available Monday through Friday from 8am to 6pm, Eastern Time.

Thank you for choosing MassMutual.

Sincerely,

Your MassMutual Customer Service Team

Enclosures: Premium payment notice, PAC Premium Payment Service Form, return envelope

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, MA 01111-0001