

School Claims Services, LLC

PAYMENT COUPON BOOK



SchoolClaims
Services LLC

School Claims Services, LLC

PAYMENT COUPON BOOK



SchoolClaims
Services LLC

School Claims Services, LLC

PAYMENT COUPON BOOK



SchoolClaims
Services LLC

Payment coupon for continuation coverage

Name: _____ Date: _____

3-digit I.D. #: _____ School District: _____

For month(s) of: _____ Amount: \$ _____

Check payable to: School Claims Services, LLC – COBRA
P.O. Box 4728
Lancaster, PA 17604



**If you do not wish to continue this coverage,
please notify us immediately in writing so
our records can be adjusted accordingly.**

Payment coupon for continuation coverage

Name: _____ Date: _____

3-digit I.D. #: _____ School District: _____

For month(s) of: _____ Amount: \$ _____

Check payable to: School Claims Services, LLC – COBRA
P.O. Box 4728
Lancaster, PA 17604



**If you do not wish to continue this coverage,
please notify us immediately in writing so
our records can be adjusted accordingly.**

Payment coupon for continuation coverage

Name: _____ Date: _____

3-digit I.D. #: _____ School District: _____

For month(s) of: _____ Amount: \$ _____

Check payable to: School Claims Services, LLC – COBRA
P.O. Box 4728
Lancaster, PA 17604



**If you do not wish to continue this coverage,
please notify us immediately in writing so
our records can be adjusted accordingly.**