

Date:

Attn:

Group Name:

Address:

City, State, Zip:

Thank you for choosing Lovelace Health Plan for your employees' health care program. Our goal is to provide the very best service and health care experience possible.

We are working with your Agent of Record to secure all of the required documentation to finalize your sold case paperwork. However, due to the very short period until the effective date of coverage, your employees will experience some difficulty in obtaining services during the initial period of coverage. Service will be disrupted due to the following:

- **Member identification numbers and Health plan identification cards will be delayed.** Member Identification numbers and identification cards will be available approximately 10-14 days after the sale has been finalized. Our Customer Care Center may be unable to identify you during this period. Many physicians and other providers require the I.D. card at the time of service.
- **Prescription eligibility will be delayed.** For example: if a member attempts to fill a prescription at a participating pharmacy, the member will be required to pay for the covered medications and seek reimbursement directly from the health plan. On occasion, participating pharmacies will reimburse the member the cost of the covered medication (minus the applicable copayment) if the member returns to the pharmacy within 5 days of the purchase and presents a valid identification number.
- **Employee communications will be delayed**
- **Initial premium billing will be inaccurate or delayed**

Please acknowledge that you understand the probability of service disruptions by endorsing this letter. We recommend that you share this information with your employees prior to your effective date of coverage.

Signature of Group's Authorized Representative

Today's date

Proposed Effective Date of Coverage: _____

Agent of Record: _____

Please contact your Agent or Sales Executive if you encounter any questions.

Sincerely,

Commercial Sales Team