

**D001 Company**  
**Continuation Coverage Statement**

User FullName(like John)  
User Address 1 User Address 2  
City, State Zip

Oct 03, 2025

**Payment History**  
**Coverage: 10/03/2025 thru 10/03/2025**

<b>Date Received</b>	<b>Billed Amount</b>	<b>Amount Received</b>	<b>Difference</b>	<b>Coverage Paid Through</b>	<b>Check # / Transaction #</b>	<b>Payment Type</b>
10/03/2025	100.00	70.00	30.00	October 3, 2025	122	Check

If your payment is not submitted within 30 days of the Due Date, coverage will terminate and cannot be reinstated. Log in to make an electronic payment (no charge for ACH) and set your recurring payment options. If you are paying by check, checks must be made payable to ThrivePass. Payment attempts returned for insufficient funds or that otherwise cannot be completed do not constitute payment. If you would like to cancel your coverage, changes can be made by logging into the portal (<http://nexus.thrivepass.com/>). If you have any questions, please reach out to our team: COBRA@thrivepass.com.

Please terminate coverage effective: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please detach and return stub with your check to ensure payment is properly credited*

D001 Company  
COBRA Coverage(s):

User FullName(like John)  
Account # 1012102

\$100.00 MED Plan - Med 1 Single  
\$100.00 Total Due 10/03/2025

Thrivepass  
P.O. Box 84724  
Seattle, WA 98124-6024  
866-855-2844

Amount Paid

100320251231001456789010000