

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

Date Received	Billed Amount	Amount Received	Difference	Coverage Paid Through	Check # / Transaction #	Payment Type
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

100320251230001456789010000