

TruAssure has updated the look and format of our bills.

The TruAssure bills that fully insured groups receive moving forward will look different, but the information needed is still included. See below for an overview of TruAssure's bill for fully insured groups. For any questions, contact TruAssure at 888-559-0779 between Monday — Thursday, 7:00 a.m. to 5:30 p.m. (CST) and Friday, 7:00 a.m. to 5:00 p.m. (CST) or email billing@truassure.com.

The primary change you will notice is we have reorganized the account structure to include more information. Your group number will remain the same but will have additional preceding zeros before the group number and zeros following the group number. Bills may also display new subscriber attributes like Employment Status, Employee Type, Union Status and Rate Code. Excel versions of your bills can be accessed in the TruAssure employer portal and will allow you to sort the bill by a particular category.

(\mathbf{A})	The first page will contain the
	group account number, in addition
	to a billing summary which
	identifies any balance forward
	charges, current charges and
	total amount due for the current
	billing period.

			Phone: 888-5 www.truassu	
TruAssure Insurance Company 111 Shuman Blvd. Naperville, IL 60563	A		xx/xx/xxxx xxxxx r: 00000000000 d: xx/xx/xxx-x xx/xx/xxxx	
ABC Company Name 1234 Any Street Circle Anytown, IL 12345	٨			
	Billing Sum	mary		
Balance Forward			\$000.00	
Payments Received	Payments Received		\$0.00	
Current Charges			\$000.00	
Adjustments			\$0.00	
Total Amount Due	ĺ		\$000.00	

The next page includes a key to help you understand your bill. However, not all items in the key may apply to your group.

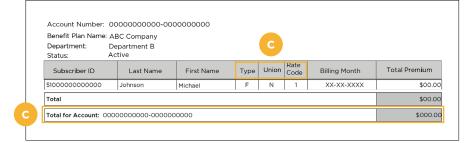
В

D

C The following pages include a summary detail by department in the new account structure. The detail by department will reflect the current charges due for the billing period.

в				B					В
Status			Туре					Rate Code	
Α	Active	R	Retired/Retiree	F	Full-Time	SC	Service Contract Act	1	Subscriber
С	COBRA	S	Severance	н	Hourly	U	Unspecified	2	Subscriber/Spouse
ER	Early Retiree	STD	FMLA/Short-Term Disability	NSC	Non-Service Contract Act	10	10 Month	3	Family
LOD	Line of Duty	U	Unspecified	Р	Part-Time	12	12 Month	5	Subscriber/Child
LTD	Long-Term Disability			S	Salaried			6	Subscriber/Children

Benefit Plan Name: Department: Status:	Department A Active			C			
Subscriber ID	Last Name	First Name	Туре	Union	Rate Code	Billing Month	Total Premium
51000000000000	SMITH	JANE	F	N	1	XX-XX-XXXX	\$00.00
51000000000000	DOE	JOHN	н	N	1	XX-XX-XXXX	\$00.00
5100000000000	SAMPLE	JOE	F	Ν	1	XX-XX-XXXX	\$00.00



The last page of the bill reflects a summary of total transactions, including total retroactive transactions. This summary will identify the plan count by rate, total premium amount and current charges.

TruAssure"			Phone: 888-559-0779 . www.truassure.com
TruAssure Insurance Company 111 Shuman Blvd. Naperville, IL 60563 Account Number: 000000000	00-00000000	~	
Rate	Count	Amount	Total Premium Amount
	Count	Amount	Total Premium Amount
Department A FAMILY	0	\$00.00	\$00.00
SUBSCRIBER	0	\$00.00	\$00.00
SUBSCRIBER/CHILD	0	\$00.00	\$00,00
SUBSCRIBER/CHILDREN	0	\$00.00	\$00.00
SUBSCRIBER/SPOUSE	0	\$00.00	\$00.00
Department B			
FAMILY	0	\$00.00	\$00.00
SUBSCRIBER	0	\$00.00	\$00.00
SUBSCRIBER/CHILD	0	\$00.00	\$00.00
SUBSCRIBER/CHILDREN	0	\$00.00	\$00.00
SUBSCRIBER/SPOUSE	0	\$00.00	\$00.00
Current Charges			\$000.00