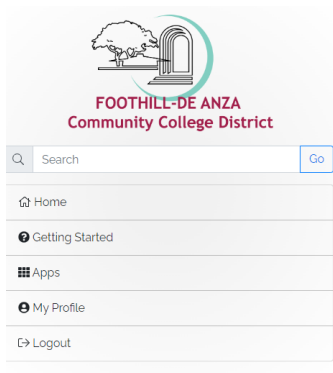


This is the online payment tool.



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Benefits Payment

Please enter the dollar amount (\$ USD)

\$ (Required) **Please enter the payment amount.**

Note: The requested format is a number between \$1.00 to \$50,000.00. Please ONLY use digits and 2 decimal places(.00).

Comments:

[Pay Now](#) **Please enter your health plan name and coverage periods in months that the payment covers in the comments field.**