

Payment coupon for continuation coverage

Name: _____ Date: _____

3-digit I.D. #: _____ School District: _____

For month(s) of: _____ Amount: \$ _____

Check payable to: CM Regent, LLC – COBRA
P.O. Box 4728
Lancaster, PA 17604

**If you do not wish to continue this coverage,
please notify us immediately in writing so
our records can be adjusted accordingly.**



(866) 403-7700

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