

**VERIFICATION OF FINANCIAL HARDSHIP IN SUPPORT OF
APPLICATION FOR DELAYED PREMIUM PAYMENT DUE TO COVID-19**

I am an authorized representative of [NAME OF COMPANY] (the “Company”), a holder of a health insurance contract through Excellus BlueCross BlueShield, Group Number _____ (the “Contract”).

Pursuant to Insurance Regulation 62, 11 NYCRR 52 (as amended), on behalf of the Company, I attest to the following:

1. The Company is experiencing financial hardship as a result of the COVID-19 pandemic;
2. The Company is unable to pay the premium associated with the Contract;
3. The extension described herein is an extension of the premium due date and does not constitute a waiver of the premium owed under the Contract; and
4. In the event the Company fails to pay the full premium due no later than the expiration of the contractual grace period or 11:59 p.m. on June 1, 2020, whichever occurs last, Excellus BlueCross BlueShield is entitled to exercise its rights under the Contract, up to and including termination of the Contract.

The undersigned certifies, to the best of my knowledge and belief, that the information contained herein is accurate. I understand that any person who knowingly and with intent to defraud any insurance company submits a statement containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to prosecution and penalty under applicable law.

Signature

Print Name

Title

Date

We are gathering information with regards to the Payroll Protection Program (PPP) through the federal CARES act. This information in no way impacts your ability to receive delayed premium payments but allows us to best serve our customers. Please select one of the optional, not required, fields:

_____ Our employer group has or will apply for the PPP

_____ Our employer group will not be applying for the PPP