**IMPORTANT INFORMATION ON YOUR**

**RELIANCE STANDARD COVERAGE**

*Please see below for important plan information on your Reliance Standard Medical, Dental and Vision (through EyeMed) plans.*

**ALL Reliance Standard Plans: For any benefits eligibility question medical, dental or vision: You can confirm coverage by contacting 1-866-375-0775, Monday – Friday 8:30 am to 5:30 PM EST. There is also an automated system that can verify eligibility after hours.**

**MEDICAL PLAN**

*Customer Service:*

*1-888-375-0775*

*Network:*

Your medical network is Multiplan. You can find providers by contacting them by phone at 1-800-877-0005 or via www.multiplan.com.

If you utilize the website, please see the below steps:

1. Find a provider.
2. There will be a pop up, click ok.
3. Select network, Multiplan.
4. Select Plan, limited benefit plan.
5. Then search for providers.

**DENTAL PLAN**

*Customer Service:*

*1-888-375-0775*

*Network:*

There is no network for the dental plan. You can visit any provider you choose.

**VISION PLAN**

*Customer Service Members:*

*1-866-289-0614*

*Customer Service Providers* (verify eligibility)*:*

*1-800-521-3605*

*Network:*

You can call 1-866-289-0614 to locate nearest EyeMed provider, or visit www.eyemedvisioncare.com.

**IMPORTANT!**

**MISSED PREMIUM PAYMENT INFORMATION IS FOUND ON THE BACK ON THIS PAGE.**

**RELIANCE STANDARD MISSED PREMIUMS**

If you miss a premium for any of your Reliance Standard coverages (medical, dental or vision), you have 45 days from the date of the missed deduction to remit premium.

**NOTE: If you haven’t had a claim during the time of no payroll deductions, you DO NOT need to remit premium; If you had any medical, dental or vision service, you have 45 days to pay premium to include pay period claim was incurred through current time period.**

**How do you know if you missed a premium?**

* Look at your paystub.
* If you do not see a deduction for your medical, dental and/or vision coverage, follow the steps below:
1. **Determine the weekly deduction amount for your coverage**. You can find your current elections and deduction amounts on your Benefit Confirmation Statement on <http://craftworks.bswift.com>
	1. Need Login Assistance? If you have forgotten your password or are having trouble logging in, please click on the **Forgot Password** link to reset, using the security question you have already provided. If you are still unable to log in, contact the CraftWorks Holdings Benefits Service Center at (877) 368-6053. Representatives are available Monday through Friday from 8:00 a.m. to 7:00 p.m. CST.

Reliance Standard deductions are combined in your payroll check. This means, if you have medical, dental and vision coverages, they come out of your paycheck as ONE deduction. The deduction amount for each coverage is added together to create ONE amount. For example:

* 1. Medical Deduction - $40.00
	2. Dental Deduction - $10.00
	3. Vision Deduction $10.00
	4. **TOTAL** Reliance Standard weekly deduction = **$60.00**

($40.00 + $10.00 + $10.00 = $60.00)

1. **Fill out a Missed Premium Payment Form.**
	1. Missed Premium Payment Forms can be found in the Library section on the microsite (www.craftworksbenefits.com), or
	2. We have also included a copy of a Missed Premium Payment form for your convenience on page 3 of this notice.
2. **Include payment for your benefits with the Missed Premium Payment form.**
	1. You must remit the full amount of the premiums missed (medical, dental and vision deductions are combined) in order for your coverage to remain in force and claims paid on your behalf. In the example provided in Step 2, the amount owed and due with the Missed Premium Payment Form would be $60.00.

**What happens if you do not remit payment?**

If you do not pay the full amount missed via payroll deductions, you will have a gap in coverage for that coverage period. As a result, prescriptions and doctor’s office visits made during that period of time will not be covered. Additionally, if you miss one month or more of premium payments, your IRS 1095 form will reflect that you did not have medical coverage during that month.

If you have questions regarding you coverage with Reliance Standard, please contact 866-375-0775.

You can also access information about your plan via [www.helpwithmyplan.com](https://www.helpwithmyplan.com/).

**MISSED PREMIUM PAYMENT FORM**

**Please be sure the amount you are paying matches the full premium amount(s) due for your insurance coverage. Your payment must match the amount(s) due EXACTLY or the check will be returned to you.**

We cannot accept overpayments or underpayments of premium.

**INSTRUCTIONS**

To make sure that your coverage is uninterrupted when a premium payroll deduction is missed:

1. Complete the form.
2. For each payroll deduction that was missed, you must attach a personal or cashier’s check (or a money order) made payable to RSL Specialty Products Administration. If consecutive payroll deductions are missed, you must submit the total premium due for all missed payroll deductions.
3. Mail the form and your payment to the address below within 45 days from the date of the missed deduction.

**IMPORTANT INFORMATION**

* We will not accept a Missed Premium Payment if you have never had a premium payment deducted from your paycheck or if you are no longer part of the eligible group (for example: if your employment has been terminated).
* We will not accept a Missed Premium Payment after 45 days from the date of the missed deduction.
* We will not accept your Missed Premium Payment without a completed Missed Premium Payment Form.
* You may not select the coverage period. Premium will be applied to the earliest coverage period for which premium was not paid.

Remember: FAILURE TO PAY PREMIUMS, either through payroll deduction or by sending in a Missed Premium Payment, means that your insurance coverage is interrupted for that time period.

**MISSED PREMIUM INFORMATION**

**Company Name:** CraftWorks Holdings Inc.

**Employee Name:**

**Employee SSN:**

**Amount Enclosed: $**

**Please be sure the amount you are paying matches the full premium amount(s) due for your insurance coverage.**

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**SEND THIS FORM along with your payment and a copy of your paycheck stub (when required) to:**

**RSL SPECIALTY PRODUCTS ADMINISTRATION**

**MISSED PREMIUM DEPARTMENT**

**505 S. LENOLA ROAD, SUITE 231**

**MOORESTOWN, NJ 08057**