

*CM Regent Solutions*

# **PAYMENT COUPON BOOK**



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**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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Name: \_\_\_\_\_ Date: \_\_\_\_\_

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