



Greater Tompkins County Municipal Health Insurance Consortium

408 East Upland Road, Suite 2 • Ithaca, New York 14850 • (607) 274-5590
healthconsortium.net • consortium@tompkins-co.org

"Individually and collectively, we invest in realizing high quality, affordable, dependable health insurance."

Premium Payment Policy

Adopted 12-17-2020 Revised 7-17-2024

Premium Fees will be approved at the Annual Meeting by the Board of Directors.

Premiums are expected to be paid as billed each month. No changes to the invoice amount are allowed. Any adjustments should be noted and sent to the Finance Manager and those adjustments will be made on future invoices. Invoices must be paid in the order that they are received.

Each Participant's monthly premium equivalent, by enrollee classification, shall be paid by the first day of each calendar month during the Plan Year, if mailing payments, please allow time for the payment to be received by the first.

A late payment charge of one percent (1%) of the monthly installment then due may be charged for any payment not received by the seventh (7th) of the month.

The Executive Director on behalf of the Consortium may waive the first penalty once per Plan Year for each Participant but will strictly enforce the penalty thereafter.

A monthly premium invoice reminder is automatically sent 14 days before the premium invoice due date and again on the due date if no payment has been received. Another reminder will be sent 7 days after the due date with the one percent (1%) late fee included on the invoice. If a payment has not been made by 90 days after the due date, the Executive Director will be notified.

Repeated failure to make timely payments, including any applicable penalties, may be used by the Board as adequate justification for the expulsion of the Participant from the Consortium.