

Individual Plans Payment Selection Form

Applicant's Name _____ Applicant's Social Security OR Subscriber ID# _____
(internal use only)

A. PAYMENT SELECTION

Please select one of the two available methods of payment for your monthly premium. **Your employer cannot** pay any portion of your premium, either directly or through reimbursement. Submit only personal account information.

Preauthorized Banking Withdrawal

(Complete section B)

Online Billing and Payment

(Complete Section C. You must include a check for the first month's premium.)

B. PREAUTHORIZED BANKING WITHDRAWAL

If you select this method of payment for your monthly premium, your payment will automatically be deducted from your checking/savings account each month. Please complete the information below.

I (we) authorize SelectHealth to initiate debit entries to my (our) **Checking Account** **Savings Account**

Account Holder's Name _____ Account# _____

Financial Institution _____ Routing & Transit# _____

I (we) understand that debit entries will be submitted to my (our) account on or about the tenth of each month, regardless of the policy effective date. I (we) understand that a **\$25.00 service charge** will be assessed if the premium amount cannot be deducted from my (our) account for any reason.

Account Holder's Signature _____ Date _____

PREAUTHORIZED BANKING WITHDRAWAL

Attach a Voided Check Here

Do not use a checking deposit slip for checking withdrawal.
 Checking deposit slips do not always contain the necessary routing and transit information.

Check#	Routing & Transit#	Account#
00 1099	1 2400494 1	183940 1923

C. ONLINE BILLING AND PAYMENT

If you have selected the Online Billing and Payment option, complete and sign the agreement below. You will receive your monthly statement by e-mail. This e-mail will link you to a Web site where you can make your monthly payment by electronic check or by credit card.

This method of payment requires that you submit the first month's premium using a check or credit card with your application. Premium payments are due on the first day of each month.

Credit/Debit Card (for first month's premium **only**)

Select Card Type

Visa MasterCard® Discover® American Express®

Card# _____ Expiration Date _____

Name on Card _____ Billing ZIP _____

Card Holder's Signature _____

Applicant's Signature _____ Applicant's Ph#(____) _____

E-mail Address _____ Applicant's Date of Birth _____