

# Kids<sup>SM</sup> Plan Payment Selection Form

Child's Name \_\_\_\_\_ Child's Social Security# OR Subscriber ID# \_\_\_\_\_  
(internal use only)

## A. PAYMENT SELECTION

Please select one of the two available methods of payment for the monthly premium. **An employer cannot** pay any portion of the 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 the monthly premium, payment will automatically be deducted from your checking/savings account each month. Please complete the information below.

I authorize SelectHealth to initiate debit entries to my  **Checking Account**  **Savings Account**

Account Holder's Name \_\_\_\_\_ Account# \_\_\_\_\_

Financial Institution \_\_\_\_\_ Routing & Transit# \_\_\_\_\_

I understand that debit entries will be submitted to my account on or about the tenth of each month, regardless of the policy effective date. I understand that a **\$25.00 service charge** will be assessed if the premium amount cannot be deducted from my 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	18 3940 19 23

## 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**

Select Card Type

Visa  MasterCard®  Discover®  American Express®

Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing ZIP \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

**CHILD OR PARENT/GUARDIAN SIGNATURE\***

Signature \_\_\_\_\_ Ph#(\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

\*A representative must have legal authority to sign (e.g., a parent/guardian for a minor child). Generally, a child age 16 or older can sign for themselves, but a parent/guardian can sign for any eligible child younger than age 18.