

PREMIUM PAYMENT OPTION



As a Samaritan Choice COBRA member, you have the option of paying your monthly premium with a credit/debit card.

To take advantage of this option, you will need to submit personal account information in order for our plan to begin payment of your premiums. Please complete the information requested below.

Recurring Credit/Debit Card Premium Payment

Credit/Debit Card Number: _____

Expiration Date: _____

Cardholder Name: _____

Cardholder Zip Code: _____

You can take advantage of the recurring credit/debit card or automatic withdrawal payments at any time during your membership.

Return this form with the cardholder's signature. This signature verifies that you understand that you are voluntarily giving Samaritan Choice Health Plan your account information for the sole purpose of paying plan premiums.

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW:

By signing this form, I hereby declare that Samaritan Health Plans has my permission to deduct my **Samaritan Choice COBRA Health Plan balance** from my personal account. I understand that Samaritan Health Plans will keep this information confidential.

Member Name

Member ID#

Account/Cardholder Signature

Date

Print Name

FOR OFFICE USE ONLY: Member ID # _____ Start Date: _____