

Payment Authorization & Association Enrollment



Amount for each subsequent payment (based on the payment option selected)

\$_____ (includes Association and/or Billing fees if applicable)

See initial payment section for initial payment amount.

Primary Insured/Applicant Information

First name	MI	Last name
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Payer Information

First name	MI	Last name	Suffix
Billing address	City	State	ZIP code
Primary phone #	Secondary phone #		

1. INITIAL Payment Options (not all payment options are available for all products or plans, see page 3 for details)

Please choose either credit/debit card or one-time bank withdrawal of the initial payment. Initial payment for each product applied for or enrolled in will be drafted/charged separately against your account.

A. ONE-TIME AUTOMATIC BANK WITHDRAWAL

Bank name	Account holder's name
Routing #	Account #
<input type="checkbox"/> I authorize Humana to draw the initial payment of \$_____ from the designated account. (includes enrollment, dues, and fees, if applicable)	

B. ONE-TIME CREDIT/DEBIT CARD PAYMENT

Choose one: ☐ Visa ☐ Mastercard

Card #	Expiration Date /
Cardholder's name	
<input type="checkbox"/> I authorize Humana to charge the initial payment of \$_____ from the designated account. (includes enrollment, dues, and fees, if applicable)	

C. ONE-TIME CHECK, MONEY ORDER, OR CASH PAYMENT (Marketplace plans only)

☐ Initial Payment

You will receive an invoice with your premium payment address. Cash payment option is not available in all states, please see your invoice for details.

2. SUBSEQUENT Payment Options (not all payment options are available for all products or plans, see page 3 for details)

Please select payment option for your billing cycle and payment preference for your premium payment. Payment of premiums for each product applied for or enrolled in will be drafted/charged separately against your account.

A. RECURRING AUTOMATIC BANK WITHDRAWAL

Choose one: ☐ Monthly Payment ☐ Semi-annual Payment ☐ Annual Payment

Choose one: ☐ Savings ☐ Checking

Bank name	Account holder's name
Routing #	Account #
<input type="checkbox"/> I authorize Humana to draw subsequent payment of \$_____ from the designated account until this authorization is revoked. (includes dues and fees, if applicable)	

B. CREDIT/DEBIT CARD - Reminder, see page 3 for credit/debit card options for selected plan.

Choose one: ☐ Visa ☐ Mastercard If selected, a Billing fee of \$_____ will apply.

Choose one: ☐ Monthly Payment ☐ Semi-annual Payment ☐ Annual Payment

Card #	Expiration Date /
Cardholder's name	
<input type="checkbox"/> I authorize Humana to charge the subsequent payment of \$_____ from the designated account until this authorization is revoked. (includes dues and fees, if applicable)	

C. PAPER BILL See page 3 for details.

☐ Monthly Payment If selected, a Billing fee of \$_____ will apply.

Agreement & Signature

All Products and Plans - Rates quoted are not guaranteed. Additional charges may apply based on method of payment chosen.

Medical - Debit information, refer to the Payment Option Information section below. The final rate will be based on underwriting completion (if applicable) and approval of the application or enrollment form (for plans effective prior to 1/1/2014).

Dental and Vision - Debit information, refer to the Payment Option Information section below. The plan will automatically renew each year. I understand an initial one-year contract which is non-refundable and non-cancellable may apply. This does not apply to plans purchased on the Marketplace.

Life and Supplemental - Debit on the _____ day of the month (1-28 only; 29, 30, 31 not available). If no election is made, debits will be made on the day of Policy. Each debit shall constitute proper notice of premium due and will be made on the day selected above or, if no day is selected, the day of Policy. This Authorization shall not be construed as modifying any provisions of the coverage. Humana shall not incur any liability if a draft is returned unpaid by the bank. Drafts which do not clear within the time stipulated in the Policy for payment of premium shall constitute nonpayment of premiums and coverage shall lapse subject to nonforfeiture provisions. This Authorization may be discontinued by Humana or by the Authorized Account Holder at any time within FIVE (5) business days prior to the debit date. Upon termination of this Authorization, the premiums on the Policy covered will be payable annually. Humana will notify me TEN (10) days prior to any changes in payment amounts.

By my signature, I acknowledge that I am an authorized user of the account information provided.

Primary Insured/Applicant or Legal Guardian/Representative Signature

➡ _____ Date _____

Association Enrollment - see state/product exclusions on page 3

The Association, Peoples' Benefit Alliance, is a membership organization that provides educational information and discounts on goods and services to its members. Membership in the Association is required, at additional cost, in order to be eligible for insurance coverage.

The Association benefits information will be sent under separate cover. By signing below, you are requesting enrollment in the Association.

Primary Association Member or Legal Guardian/Representative Signature

➡ _____ Date _____

Payment Option Information

MEDICAL

- Initial payment for Existing Underwritten plans prior to 1/1/2014 are processed on the issue date or the effective date, whichever is later.
- Initial payment for Marketplace plans are processed immediately after enrollment.
- Initial payment for Non-Marketplace plans are processed up to 2 days before the effective date or if applicable the date you selected.
- Initial payment: Automatic Bank Withdrawal available for all plans. Check, Money Order, Mastercard or Visa available for all products except plans offered outside of a state marketplace or the federal marketplace.
- Subsequent payment: Automatic Bank Withdrawal for all products. Mastercard, VISA and Paper Bill available for all products except plans offered outside of a state marketplace or the federal marketplace.
- Subsequent payment debited between the 1st and 7th business day of each month
- Subsequent payment: Monthly only

DENTAL AND VISION

- No Semi-Annual payment option • Debited the 15th of each month (one month in advance)

LIFE AND SUPPLEMENTAL

- Junior Estate Builder options: Initial and Annual payments (automatic bank withdrawal and recurring automatic bank withdrawal only)

Billing Fees & Association Dues Information

Your total premium includes the cost of certain fees and taxes. Some of these fees and taxes support and fund components of the Affordable Care Act (ACA, commonly known as "healthcare reform"). Humana will pay any such applicable fees directly in compliance with federal and state regulation. More information on healthcare reform can be found at www.humana.com/healthreform.

DENTAL OR VISION

Marketplace Consumers - No Fees (vision is not sold on the Marketplace)

Non-Marketplace: Billing Fee \$1.00 per month for Monthly payments (waived for Annual payments) **Enrollment Fee** \$35.00 one-time fee (non-refundable)

DENTAL OR VISION ASSOCIATION DUES - Veteran's Dental: 50¢/mo. - All other plans 75¢/mo. each product (non-refundable)

Association enrollment is necessary to be eligible for HumanaOne Dental and Vision Products except in the states of AL, CA, CO, CT, FL, GA, HI, IA, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, NC, NE, NH, NM, NY, OK, PA, SD, TN, TX, UT, WI and WV. The Dental Value Plan (C550/HI215) and Simple Choice products do not require Association enrollment.

LIFE OR SUPPLEMENTAL - Billing Fee \$1.00 Monthly, \$6.00 Semi-Annually, \$12.00 Annually (not applicable in CA, GA, IN, KS, MA, MD, MI, NC, NJ, WA) Waived for Recurring Automatic Bank Withdrawal and/or check payments.

The companies listed below, severally or collectively, as the context may require, are referred to in this Authorization as Humana. Humana Individual medical, dental and vision plans are insured or offered by Humana Insurance Company, Humana Health Plan, Inc., Humana Health Insurance Company of Florida, Inc., Humana Medical Plan, Inc., HumanaDental Insurance Company, Humana Insurance Company of New York, The Dental Concern, Inc., CompBenefits Insurance Company, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Benefit Plan of Louisiana, Inc., DentiCare, Inc. (d/b/a CompBenefits), Humana Medical Plan of Michigan, Inc., Humana Health Plan of Ohio, Inc., Humana Medical Plan of Utah, Inc., Kanawha Insurance Company. Discount plans offered by HumanaDental Insurance Company, Humana Insurance Company or Texas Dental Plan, Inc. For Arizona residents: Insured or offered by Humana Insurance Company or Humana Health Plan, Inc. For Texas residents: Insured or offered by Humana Insurance Company or, Humana Health Plan of Texas, Inc., HumanaDental Insurance Company, or DentiCare, Inc. (d/b/a CompBenefits).