

COMMITMENT TO PAY PREMIUMS FORM

I understand as agreed in the Evidence of Coverage, that all premiums are due in the office of the Scott & White Health Plan (SWHP) on the first day of each month. The Contract Holder is responsible for remitting all premiums due under this Agreement to SWHP when due. I agree these payments will be made by the first day of the month for coverage effective the first of the month. I choose to pay by:

Coupons (SWHP mails coupons to the member).

Premiums are mailed to: Scott & White Health Plan, P.O. Box 847473, Dallas, TX 75284-7473

Social Security Deduction (The deduction may take two (2) or more months to begin and can include all premiums due from your effective date up to the point withholding begins. If your total deduction (including your monthly insurance premium) is \$200 or more per month, Social Security will decline this option for you and advise SWHP to send you coupons. At that time you could owe up to three (3) months of back premiums.)

Online (e-Pay) (You must access the SWHP website at www.swhp.org to make or set up payment(s))

Bank Draft (Your account will be drafted between the 4th and 9th each month.)

Bank Draft: Complete the form below and attach a "VOID" check. (Do not use a deposit slip as some financial institutions use different routing numbers for deposits. SWHP cannot accept temporary checks. Saving Account withdrawals require written confirmation from the financial institution showing savings account and routing numbers.

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

Type of financial institution account: Checking Account Savings Account

_____/_____/_____

Member ID Number (if applicable) Medicare Claim Number Date

_____/_____

Contract Holder Name (printed) Contract Holder Signature

_____/_____

Authorized Signature for Account (if different than Contract Holder) Date: _____

Mail to: Scott & White Health Plan, Attn: Enrollment Dept., MS-A4-126, 1206 West Campus Drive, Temple, TX 76502 or Fax to: 254-298-3199

Office Use Only

Effective Date: _____

Submitted by: _____