



HIPUtah Payment Selection Form

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

A. PAYMENT SELECTION

Please select one of the three 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
You will receive a premium notice by mail once you are accepted
- Monthly Statement**
\$5 Monthly service fee required

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 authorize SelectHealth to initiate debit entries to my (our) **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 10th 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#

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.

Premium payments are due on the first day of each month.

Applicant's Name _____ Applicant's Signature _____

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