

# My**Priority** premium payment method change form

Subscriber information			
Policyholder name		Contract number	
Mailing address	City	State	ZIP code
Phone number that we may use to contact you (    ) <input type="checkbox"/> Landline (home phone) <input type="checkbox"/> Cell phone	Alternate number that we may use to contact you (optional) (    ) <input type="checkbox"/> Landline (home phone) <input type="checkbox"/> Cell phone		

Payment information	
<b>Payment frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual (every 6 months) <input type="checkbox"/> Annually	<b>I will make payments by:</b> <input type="checkbox"/> Electronic Funds Transfer (EFT) (automatic payments using a bank account) <input type="checkbox"/> Mail me a bill

For EFT payments only		
Account holder name(s)	Name of financial institution	Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
ABA / routing number (9 digits on the bottom of check)	Checking or savings account number	
Print name	Account holder's signature	Date

**Please attach a voided check to this form and mail to the address listed on the back.**

There will be a \$25 charge for any transfers returned as non-sufficient funds

PLEASE NOTE: This change will be effective on your next billing cycle.

### **Automatic bill payment option**

Priority Health offers an electronic fund transfer process for collecting your monthly premiums. On the first business day of the month, we will automatically debit the checking or savings account that you name for the amount of your monthly/quarterly/semi-annual/annual premium.

1. You will receive your premium billing statement approximately 10 days prior to the deduction from your account.
2. To ensure payment is received, please have the funds available on the first day of the month.
3. If your account does not have enough money to pay your premium we will get a “non-sufficient funds” (NSF) notice from your account, and we will charge you an extra \$25.

Notify Priority Health of any changes to your designated account at least five business days prior to the last day of the month. Any changes made after this date may not become effective until your next billing cycle.

### **Paying by mail option**

Priority Health will accept personal checks, money orders, and cashier’s checks only. Payments are due on the first day of the month. Please allow 7-10 business days to receive and post your payment. If we have not received and posted your premium payment by the last day of the month in which the premium is due, we will end your policy effective as of the last date that your policy was paid in full.

Mail premium payments to :  
Premium Billing  
Priority Health  
3915 Momentum Place  
Chicago, IL 60689

### **To change your current billing method -please return this completed form to:**

Priority Health  
Attn: Premium Management  
1231 E Beltline Ave NE,  
Grand Rapids, MI  
49525

If you have any questions about bill payment options, please contact our Customer Service department at 800.528.8762.