

Name:	ID:
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OPTION 4: CHECK OR MONEY ORDER PAYMENT

Please complete the information below to make your payment(s) with a check or money order.

Please use the banking information above to pay for:

- First month premium payment (include check or money order with this form)
- Ongoing premium payment (we'll mail you an invoice each month)

Amount \$:

Please make your check or money order payable to **Medica**. **If you are not the health plan subscriber, check here**

Note: Only include a check or money order with this form if you're paying for your first month's premium payment.

Attach check(s) here

***IMPORTANT NOTICE FOR AUTOMATIC MONTHLY PAYMENTS:**

This agreement will remain in effect until you notify Medica and your bank in writing to cancel it. If you wish to stop automatic payments, you must notify Medica seven business days prior to the month your premium is due.

Attention: If you'd like your automatic payments to be applied to your current bill, please enroll before the last 2 days of the month. If you submit your request during the last 2 days of the month, you will need to make a one-time payment for the current balance due.

If the necessary funds are not in your account the day Medica withdraw the payment, we will send you an invoice for the past due premium. You must pay this amount to avoid termination of your policy. You will be liable for any expenses Medica may incur following your termination date if termination results from non-payment.