Here’s an easier way to pay your EmblemHealth Medicare HMO or PPO plan premium.

The Direct Debit Program
A Payment Alternative For Direct Pay Subscribers

Paying Your Monthly Premiums the Easy Way

The Direct Debit Program is a voluntary program and is an easier way to make monthly plan premium payments. Each month, EmblemHealth deducts your premium directly from your bank account and credits your EmblemHealth Plan Account. The Direct Debit Program also offers the following advantages:

• No more monthly bills mailed to you unless you request them.
• No more monthly premium checks to write.
• All pre-approved deductions appear on your monthly bank statement.

The Direct Debit Program saves you time, paperwork and the worry that you will forget to pay your premium.

How the Direct Debit Program Works

Participating in the Direct Debit Program is easy. Just follow the steps below:

• Complete the Direct Debit form enclosed with this letter.
• Mail the form and a blank check marked “VOID” to:
  EmblemHealth
  Direct Debit Program - Billing Dept.
  441 Ninth Avenue - 4th Floor
  New York, NY 10001-1681
• Premium deductions will be made from your account on the 5th of each month.
• You may stop participating in the program by giving your bank or EmblemHealth 30 days notice.

Once you are approved to participate in the program and your preauthorized deductions begin, EmblemHealth will debit your bank account for any unpaid balances. This initial debit, if necessary, will bring your contract payment to current status. All future deductions will be made for the approved monthly premium amount.

Another Preferred Payment Option Available To You - Quarterly Billing

If you do not want to participate in the Direct Debit program and would like to continue paying by check and to receive a monthly bill, we encourage you to consider quarterly billing. Quarterly billing also saves you time and extra paperwork.

Questions About the Direct Debit Program or Quarterly Billing?

Contact EmblemHealth Medicare HMO Customer Service at 1-877-344-7364 or for EmblemHealth Medicare PPO Customer Service, contact 1-866-557-7300, Monday through Sunday, from 8 am to 8 pm. If you have a hearing or speech impairment, and use a TDD, please call 711.

Group Health Incorporated (GHI) is a PPO plan and HIP Health Plan of NY (HIP) is a HMO plan with a Medicare contract. Enrollment in GHI and HIP depends on contract renewal. GHI and HIP are EmblemHealth companies.
I request and authorize EmblemHealth to charge my bank account each month to pay plan premiums due under the contract identified below. My “VOIDED” check is attached. I understand that the use of the EmblemHealth Direct Debit Program does not change any contract provision and that:

1) After the effective date of this program, monthly premiums will be charged from my bank account and automatically credited to my EmblemHealth contract on or after the premium due date. If the charge to my bank account is overlooked or inadvertently not made, EmblemHealth may charge my account at a later date if my contract is still active.

2) This program may be terminated by me upon 30 days written notice to EmblemHealth or to my bank, or if any premium due is not paid or is reversed by the bank. A service fee will be assessed for unsuccessful transactions caused by “insufficient funds”.

3) Notification of each premium payment will be provided to me by an entry on my bank statement or other advice from my bank.

4) If the program is terminated, all regularly scheduled premiums for in-force coverage will be payable directly to EmblemHealth based on the rates that apply at that time.

5) EmblemHealth has the right to disenroll me from coverage for failure to pay my premiums. However, prior to such action, EmblemHealth will:
   a) Contact me regarding the payment due.
   b) Advise me that failure to pay the premiums within a 90-day grace period will result in termination of my coverage.
   c) Include an explanation of my rights under the EmblemHealth Medicare grievance procedures.

List EmblemHealth member ID number below. Please include member's initials.

<table>
<thead>
<tr>
<th>EmblemHealth Member ID Number</th>
<th>Initials</th>
<th>EmblemHealth Premium</th>
</tr>
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<tbody>
<tr>
<td>a)</td>
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Bank Name

Street Address

City: State: ZIP:

Type of Account: ☐ Checking Account ☐ Savings Account

Bank Routing Number:

Bank Account Number:

Name on Account:

Relationship to Member: ☐ Self ☐ Power of Attorney ☐ Conservator ☐ Guardian

Signature of Bank Account Holder

Date