



Attachment 5: **Payment Information**

Member Information:

Member Last Name:	Member First Name:	Date of Birth:
Address:	City:	State: Zip Code:
Home Phone:	Mobile Phone:	Email Address:

Non-Member Billing Address ☐ N/A

Please complete this Section if mail should be directed to a person other than Member, such as a guardian, conservator, or person having power of attorney for Member's healthcare decisions ("Guardian"). If you complete this section, all mail will be directed to this address.

Member Last Name:	Member First Name:	Date of Birth:
Address:	City:	State: Zip Code:
Home Phone:	Mobile Phone:	Email Address:

☐ Monthly-\$200 per person

☐ Yearly-\$2300 per person

☐ Homebound

Credit Card Billing Information:

Name on Card:

Card Number:

Expiration:

Security Code: