



# PAYMENT OPTIONS FORM

COMPLETE THIS FORM AND RETURN WITH PAYMENT AND YOUR APPLICATION TO:

**US Family Health Plan at Johns Hopkins**

**Enrollment Office, P.O. Box 815, Glen Burnie, MD 21060-0815**

Applications received without payment cannot be processed. Make a copy of your records.

## SPONSOR INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Policy Type: (Check one)  Individual  Family

## INITIAL PAYMENT OPTIONS

**Single Payment**  
Individual Policy- *One payment of \$230* Family Policy- *One payment of \$460*

**Quarterly Payments**  
Individual Policy- *Four payments of \$57.50* Family Policy- *Four payment of \$115*

**Allotment Payments**  
For further instructions, please see the "Enrollment Fee Allotment Authorizations" form in this kit. If this option is chosen, please do not fill out the rest of this form. You will only need to send in the "Enrollment Fee Allotment Authorization" form.

**Payment Waived**  
Enrollment fees shall be waived for individuals providing evidence of current Medicare Part B premiums. Include a copy of your Medicare card Part B coverage, with this form. If only one individual beneficiary is paying Medicare Part B premiums, it is understood that this represents a payment of \$230.00. If more than one beneficiary is requesting enrollment within this family unit, the family unit shall pay \$230.00. If two members of a family unit are paying Medicare Part B premiums, the family policy fee of \$460.00 will be waived.

## METHOD OF PAYMENT

**Check** Check amount \$ \_\_\_\_\_ Check Number # \_\_\_\_\_

**Please bill my credit card.**  Visa  MasterCard

Credit Card Amount \$ \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTOMATIC PAYMENT OPTION FOR REMAINING PAYMENTS

**Did you know you now have the option of paying your remaining enrollment fee payments automatically?**

You may have your quarterly payments charged to your credit card or monthly payments withdrawn from your checking account. Just complete and return the enclosed *Automatic Payment Form*.

**Yes, I plan to have my remaining payments deducted automatically.**  
Reminder: This automatic payment option *will not apply* to your first payment.