




ROCKY MOUNTAIN HEALTH PLANS®

We understand Colorado. We understand you.

Electronic Funds Transfer for Employer Groups

- Monthly Bank Draft.** RMHP can withdraw your monthly premiums directly from your bank account. *Simply complete the Account Deduction Authorization form and attach a voided check.*
- Monthly Credit Card Automation.** RMHP can automatically request monthly payment from your credit card company. As an added convenience, **you only need to give us your Credit Card information and approval one time.** *Simply complete the credit card form below.*

Thank you for your Membership with Rocky Mountain Health Plans.

 <p>ROCKY MOUNTAIN HEALTH PLANS® <small>We understand Colorado. We understand you.</small></p> <p>PO Box 10600, Grand Junction, CO 81502-5600 970-243-7050 or 800-346-4643</p>	<p>Plans underwritten by Rocky Mountain HMO or Rocky Mountain HealthCare Options, Inc.</p>	<p>RMHP Use Only</p> <p>Eff. Date _____</p> <p>Mail _____</p> <p>Rec'd _____</p> <p>Processed _____</p>
Account Deduction Authorization		
<p>I, _____, authorize the monthly (Print Name)</p> <p>deduction of Rocky Mountain Health Plans premiums from my account _____ (Account Number)</p> <p>at _____ (Bank Name) (Location)</p> <p>for _____ (Group Name) (Group Number)</p> <p>I understand that if the bank fails to remit my premium, my membership will not be terminated until I have been given the opportunity to pay the amount due.</p> <p>Signature _____ Date _____</p> <p><input checked="" type="checkbox"/> Please attach a voided check from your bank account.</p>		

Credit Card Authorization

Use this form to authorize monthly draft with either VISA, DISCOVER, or MASTERCARD. Simply fill in the information requested and sign where indicated below.

Group Name: _____ Group Number: _____

Name of Account Holder (if different from Group name): _____

CREDIT CARD: VISA DISCOVER MASTERCARD AUTOMATED REOCCURRING BILLING

Credit Card Number: _____ Expiration Date: _____ Mo. _____ Yr. _____

_____ Date: _____

X _____ \$ Amount: _____ Date: _____

Signature of Account Holder

You must advise RMHP of any changes in your credit card status or expiration date.

RMHP Members in Colorado: PO Box 10600, Grand Junction, CO 81502-5600
970-244-7760 OR 800-843-0719
Fax: 970-244-7769