



Put away your
checkbook and never
write a premium
check again!

Now you can pay your Essential Plan insurance premium the easy, safe and dependable way:

Automatic Premium Payment

The Automatic Premium Payment Withdrawal option allows YourCare Health Plan to deduct your premium from your bank account.

You will receive a statement before the withdrawal is made so you will always know exactly what is being deducted from your account.

Sign Up Today! It's Easy! Here's How:

1. Complete the application on the back of this page.
2. Attach a voided check or deposit ticket.
(starter checks are not accepted)
3. Please continue to make any outstanding payments as you will be notified when your automatic premium payment withdrawal application has been processed.
4. Your premium must be paid two (2) months in advance before we can set up your automatic premium withdrawal.

Once we process your application, you will receive a confirmation letter advising you that we will deduct your next premium payment from your bank account.

Questions?

We can answer your questions, just call our customer department at the phone number listed on your identification card.

Making It Easier for You

With automatic premium withdrawal we will deduct your insurance premium from your bank account.

Automatic Premium Payment Authorization Form

When completed, mail this form and your voided check to:

YourCare Health Plan
Attn: Finance
PO Box 240
Pittsford, NY 14534

Subscriber Identification Number: _____

Subscriber Name: _____

Home Address: _____

Bank Name: _____

Bank Branch: _____

Bank Account: _____

Bank Routing: _____

Indicate type of account: Checking Savings

Payment withdrawals are made on the 1st calendar day of the month.

I authorize YourCare Health Plan to charge the designated bank account as noted.

Authorization pertains only to the subscriber identification number and the corresponding premium payments for the subscriber listed on this form. This agreement remains in force until I notify YourCare Health Plan in writing of its termination, or subscriber is no longer eligible for Essential Plan coverage or insufficient funds.

Account Holder's Name: _____
Last First MI

Account Holder's Signature: _____ Date: _____

ATTACH CHECK HERE:

Reminder: Your application cannot be processed without a voided check or deposit ticket.