



Scott & White  
HEALTH PLAN



INSURANCE COMPANY OF  
Scott & White



Scott & White  
CARE PLANS

Part of  
Baylor Scott & White HEALTH

## Commitment to Pay Premium (CPP)

Thank you for being a member of Scott and White Health Plan. Please complete the information below to tell us how you would like to pay your monthly premium. Then, sign and return this form by mail or fax to:

Scott and White Health Plan  
Attn: Enrollment Dept., MS-A4-126  
1206 West Campus Drive  
Temple, TX 76502

Fax: 254-298-3199

### Premiums are due on the first day of every month.

Member Name (first and last):

Member ID Number:

Address:

City:

State:

ZIP Code:

Home Phone Number:

(     )

Other Phone Number (cell/mobile):

(     )

Email Address:

### Select a payment option below and return this form before the end of the month.

**Monthly Invoice.** (Pay monthly by check/money order. Make payable to Scott and White Health Plan.)

**Bank Draft.** (Your account will be drafted between the 4<sup>th</sup> and 9<sup>th</sup> each month.)

Bank Account Holder Name:

Bank Name:

Type of Account:

Checking     Savings

Routing Number:

Account Number:

I authorize Scott and White Health Plan to initiate monthly withdrawals in the amount of my current monthly premium, from the account named on this form and authorize the named banking facility to charge such withdrawals to my account. Please include a "VOID" check when you return this form. (Do not use a deposit slip or temporary check, since these will not be accepted.)

Bank Account Holder Signature:

Date:

**Cancel Bank Draft.** (I will pay premiums directly, effective the first of the following month.)

### Office Use Only

Effective Date: \_\_\_\_\_ Submitted By: \_\_\_\_\_



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*HMO products are offered through Scott and White Health Plan and Scott & White Care Plans. Insured PPO and EPO products are offered through Insurance Company of Scott and White. All are Texas registered insurance companies. Scott & White Care Plans and Insurance Company of Scott and White are wholly owned subsidiaries of Scott and White Health Plan. These companies will be referred to collectively in this document as Scott and White Health Plan.*

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-321-7947 (TTY: 711). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-321-7947 (TTY: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-321-7947 (TTY: 711).

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