



Easy payment options

We offer several ways to pay monthly premiums, so you can choose the method that's best for you. You may pay in any of these ways: electronic funds transfer (EFT), credit card, debit card, or check.

For help enrolling in automatic payments, please call us toll free at **1-877-275-1355**.

Paying by credit card, debit card, or check

You can choose to pay your monthly premium by credit card (Visa, MasterCard, American Express, Discover), debit card, or check. You'll need to have your monthly statement at hand, along with your credit card, debit card, or bank account information.

Paying online

Register for KaiserPay Online at kp.org/payonline. KaiserPay Online is simple, secure, and available at no cost. Once registered, you can:

- Check your balance.
- Make a single payment.
- Set up automatic payments.

At kp.org/payonline, you can make single or monthly automatic payments either as a fixed amount or as the amount due.

Update your automatic payment information

If you've already registered and are paying a fixed amount each month, be sure to update the monthly amount being deducted to avoid any disruption in coverage.

Paying by check

- Make the check payable to Kaiser Permanente.
- Write the account number from your Kaiser Permanente statement on the check.
- Mail to: Kaiser Permanente
P.O. Box 910374
Denver, CO 80291-0374

Paying by electronic funds transfer (EFT)

With EFT, we will automatically withdraw funds from your designated financial institution on the fifth business day of each month.

To select this payment method, please complete the Electronic Funds Transfer Authorization Form and return to the address on the form.

Advantages of EFT include:

- No more hassles of writing a check each month.
- No monthly coupon to mail.
- Predictable date of withdrawal (last business day of the month).
- No check-writing charges.
- Assurance that your monthly premium is paid on time.

Electronic Funds Transfer Authorization Form

To start this service, please:

1. Complete and sign this form.
2. Remove the form from this booklet and return it with a preprinted, voided check to ensure accurate account information.
3. Mail to: Kaiser Permanente Membership Administration, P.O. Box 203004, Denver, CO 80220-9004; or fax to **1-866-846-2650**.
Submit this form only once, unless your financial account information changes.

Please continue to send in your monthly payment until you are notified by mail of the start date for electronic funds transfer. After we receive your completed authorization form, please allow 30 days for processing. Items returned by your financial institution are subject to a \$25 processing fee. If you have any questions, please call us toll free at **1-888-236-4490**. Representatives are available 7 a.m. to 7 p.m., Monday through Friday, and 7 a.m. to 3 p.m., weekends (except holidays).

Fill in all areas below.

Subscriber's name

Subscriber's medical record number

Subscriber's address City State ZIP

Financial institution Routing number (9 digits)

Bank account holder name(s) Checking or savings account number (circle one)

X
Subscriber's signature – required (Use black ink only.) Date

For savings or credit union accounts, please obtain the routing number from your financial institution. Attach a preprinted, voided check to this form (see below) or include a letter from your financial institution that includes the routing number, account number, account type (checking, savings, etc.), and bank account holder's name. **Deposit slips cannot be accepted.**

Authorization agreement: I authorize Kaiser Foundation Health Plan of Colorado and the designated financial institution to initiate monthly transfers from my checking or savings account to pay my Health Plan premium as indicated by Kaiser Permanente. I understand that it is my responsibility to notify Kaiser Permanente of any changes to my bank account and that **I can terminate the electronic funds transfer process with a 30-day written and signed advance notice.**

X
Bank account holder's signature – required (As shown on financial records. Use black ink only.) Date

Please tape down all four corners of the preprinted, **voided check** here.

If you would like to have your premiums withdrawn from your savings account, please include a letter from your bank with routing and account information.

**Deposit slips cannot be processed.
Do not put credit card information on this form.**