

Billing and Policy Agreement

If I selected the option to “Save this payment method for future use?”, then this action hereby authorizes Friday Health Plans or its designee to securely retain my credit/credit card or bank account information on file. I authorize Friday Health Plans to initiate appropriate payment transactions against the above-referenced credit/debit card or bank account, as applicable. I acknowledge that the initiation of all such transactions to make payments on the amount listed above must comply with the provisions of U.S. law and any applicable state laws. I understand and agree that my saved bank account or credit/debit card, may be used by me periodically to pay amounts owed by me for the insurance coverage(s) listed. I also agree to notify Friday Health Plans, if my credit/debit card or bank account information changes for any reason, and that I can authorize this change through this same process. This authorization shall remain in effect until I take action to change it through my member portal, or until I communication to Friday Health Plans my intention to cancel this authorization by calling Friday Health Plans, or sending a written request to the address below. Your request will be processed upon receipt. Please mail to:

Friday Health Plans
700 Main Street
Alamosa, CO 81101

In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that Friday Health Plans may at its discretion attempt to process the charge again within 30 days. Further, I agree to pay any additional service fee for each attempted payment returned for NSF. Any service charges will be initiated as separate transactions from the originally authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. laws. I agree not to dispute this service charge billing with my bank so long as the transaction corresponds to the terms indicated in this authorization form.

CREDIT/DEBIT CARD AGREEMENT

I agree to honor the terms of the card issuer’s agreement.

RECURRING PAYMENTS:

If you selected the box labeled “AutoPay” in addition to saving payment method, you have authorized Friday Health Plans to process regularly scheduled charged, approximately the 20th of each month, to your credit/debit card, checking or savings account.

You will be charged the monthly premium amount, plus any balance due, owed to Friday Health Plans. If you selected to make payment by bank draft, the charge will

appear on your bank statement as an ACH debit. If you selected to make payment by credit/debit card, the charge will appear on your bank statement as "Friday Health Plans" on your card statement.

To Cancel: You must log in to your member portal and select "Payments" then "Manage my Accounts" to make any updates to your payment methods or cancel recurring payments. All changes must be made prior to 11:00 am (MST) the 20th of the month PRIOR to the month of your next premium payment.

Please print a copy of this authorization for your records.

Should you have any questions, please contact Friday Health Plans.

Thank you for your business.