

EARNED PREMIUM PAYMENT OPTIONS

	PAY BY WEB	PAY BY PHONE	CHECKING AND SAVINGS AUTO DEBIT PLAN
DESCRIPTION	<ul style="list-style-type: none"> Allows you to pay securely online with a credit card. You can pay for up to four quarters at one time. You receive instant confirmation that your payment has been received. Payments are nonrecurring – Plan does not automatically charge your credit card every time a payment is due. 	<ul style="list-style-type: none"> Allows you to pay over the telephone with a credit card. You can pay for up to four quarters at one time. You receive instant confirmation that your payment has been received. Payments are nonrecurring – Plan does not automatically charge your credit card every time a payment is due. 	<ul style="list-style-type: none"> Automatic recurring deduction from a checking or savings account on a quarterly basis. Payments are deducted on the 25th of the month before the quarterly premium due date (e.g. June 25th for 3rd quarter, July through Sept. premium). Applies to U.S. banks only
PAYMENT SET-UP	None. Simply visit www.sagph.org and click on “Pay Health Premium.”	None	Complete Application and return to Plan Office no later than 15 days prior to the quarterly premium due date.
COUPONS	You will continue to receive quarterly coupons in advance.	You will continue to receive quarterly coupons in advance.	You will not receive quarterly coupons in advance.
PARTICIPANT’S QUARTERLY RESPONSIBILITY	Visit www.sagph.org before the premium due date, click on “Pay Health Premium” and enter credit card information.	Call the Plan Office (818) 954-9400 (outside the Los Angeles area (800) 777-4013 before the premium due date to access the Automated Information Center and follow the prompts.	None – Payments are automatically deducted from your checking or savings account.

PREMIUMS ARE DUE ON THE 1ST DAY OF EACH CALENDAR QUARTER

Change of Address

Name (Please print) _____

New address _____

City _____ State _____ Zip _____

Home(____) _____ Work(____) _____ e-mail _____

Date: _____ Signature (Participant only) _____

DO NOT WRITE BELOW THIS LINE
