



**Attachment 5: Payment Information**

**Member Information:**

Member Last Name:	Member First Name:	Date of Birth:
Address:	City:	State: Zip Code:
Home Phone:	Mobile Phone:	Email Address:

**Non-Member Billing Address**  N/A

Please complete this Section if mail should be directed to a person other than Member, such as a guardian, conservator, or person having power of attorney for Member’s healthcare decisions (“Guardian”). If you complete this section, all mail will be directed to this address.

Member Last Name:	Member First Name:	Date of Birth:
Address:	City:	State: Zip Code:
Home Phone:	Mobile Phone:	Email Address:

Monthly                       Yearly

**Credit Card Billing Information:**

**Name on Card:**

**Card Number:**

**Expiration:**

**Security Code:**