



Simplify Life with Payment Options!

Local Government Health Insurance Board
Accounting Department
PO Box 304900

The Local Government Health Insurance Board (LGHIB) offers you three different ways to make your COBRA premium payments.

Option 1: Automatic Bank Drafts

With automatic payment with the LGHIB, your monthly premium is automatically drafted from your bank account. You won't have to remember to write your check and mail your payment.

- Enrollment is simple. Complete and return the attached form to address listed above.
- You don't have to worry about due dates, late fees, or the risk of service interruption.
- You save on postage.
- You can pay from either your checking or savings account.
- You will receive a monthly bill showing your balance due.
- Your payment is made on the first day of the month for your premium payment as shown on your statement.
- You can change your payment preference or cancel at any time.
- It's FREE!

Option 2: E-Check

Using the e-check payment option will free you from the worry of late payments and save you on the rising cost of postage and check supplies. You won't have to remember to write your check and mail your payment.

- Payments can be made by e-check through your online account or by calling our office at (334) 263-8326.
- You will receive a monthly bill showing your balance due.
- You decide when to have your bank account charged. Your payments must continue to be current to avoid cancellation.
- It's FREE!

Option 3: Credit Card Payment

- Payment can be made by calling our office at (334) 263-8326.
- Make your payment before the end of the month. Your payments must continue to be current to avoid cancellation.

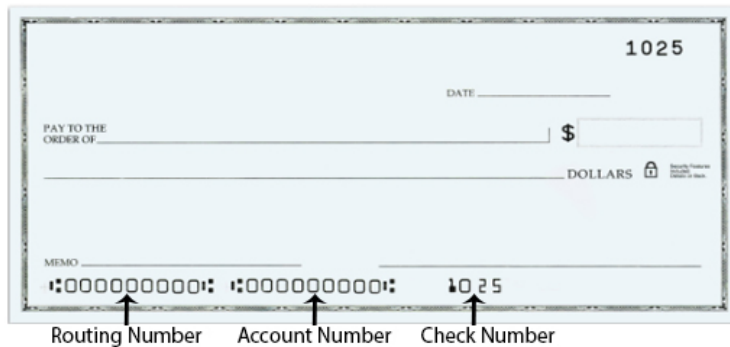
Option 3: Traditional Mail Payment

- You will receive a monthly bill showing your balance due.
- Make your payment before the end of the month. Your payments must continue to be current to avoid cancellation.
- It's FREE, other than the cost of your stamp and envelope.

Local Government Health Insurance Plan Pre-Authorized Payment Service Authorization Agreement

I authorize the Local Government Health Insurance Board (LGHIB) and the financial institution, listed below, to electronically debit or credit my account as specified:

Name of Financial Institution
Routing Transit Number
Checking/Savings Account Number



This authority is to remain in full force and effect until LGHIB and my financial institution have received written notification from me of its termination. This should be done in such time and manner as to afford LGHIB and the financial institution a reasonable opportunity to act on it.

UNIT INFORMATION

ACCOUNT HOLDER INFORMATION

Subscriber's Number	
Subscriber's Name (please print)	Account Holder Name (please print)
Subscriber's Signature	Account Holder Signature
Date	Date

Please staple your voided check to this form to verify account information for withdrawals from your checking account or a deposit slip for withdrawals from a savings account. Form may be returned with your payment.

Return this form to: **Local Government Health Insurance Board**
Accounting Department
PO Box 304900
Montgomery, AL 36130-4900
accounting@lghip.org