



HEALTH PLAN OF NEVADA, INC.SM

a subsidiary of Sierra Health Services, Inc.[®]

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

Applicant's name:	Name of account holder(s):	
Applicant's social security number:	SS# of other account holder (s):	
Street address:		
City:	State:	Zip:
Telephone number - home:	Telephone number - business:	
E-mail Address - home:	E-mail Address - business:	
Bank name:	Bank branch:	
Bank address:		
Account number:	Type of account: <input type="checkbox"/> checking <input type="checkbox"/> savings	

As a convenience to me, I (we) authorize Health Plan of Nevada, Inc. (HPN) to initiate debit entries to the account listed above at the bank or credit union (institution) listed above **equal to the monthly premium** for The Personal Choice Plan from Health Plan of Nevada, Inc.

This authorization is to remain in full force and effect until HPN and the institution have received written notification from me (or either of us) of its termination in such a manner as to afford HPN and the institution a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to the institution prior to charging the account.

After the account has been charged, I (we) have the right to have the amount of an erroneous debit immediately credited to my (our) account by the institution, provided I (we) send written notice of the error to the institution within 15 days of the issuance of the account statement or 45 days after posting, whichever occurs first. Should this right be exercised, I (we) will notify HPN prior to such action to make arrangements for continuation or termination of coverage.

Please note:

1. Your application will not be processed without a **pre-printed voided check** from which monthly premiums are to be withdrawn.
2. After application has been successfully processed by HPN, a confirmation letter will be sent to you.
3. In the event your monthly premiums increase, (at renewal or due to a change in age bracket), the increased premium rate will be deducted from your account.

X

X

Signature of depositor(s) as appears on bank records

Date