

Healthy Kids Buy-In Premium Payment Policy

Your premium payment for Healthy Kids Buy-In coverage is **\$237.00 per child per month**. You have two payment options:

1) Check / Money Order

- With this option, you will receive a Payment Booklet showing the amount and date each payment is due.
- Payments are due on the first day of each month, **one full month in advance of the coverage month**.
 - ▶ **For example**, we must receive your payment for July coverage by June 1.
 - ! **Important!** Your first payment for the Buy-In program is due when you enroll. Your next month's payment is also due by the first of that month.
 - ▶ **For example**, if your child is offered coverage in the Buy-In program for July 1, you must send in the payment to enroll prior to July 1. Your payment for August coverage is also due by July 1. Please call NH Healthy Kids toll-free at 1-877-464-2447 or 603-228-2925 if you are having difficulty making both payments.
- Checks / Money Orders should be made payable to 'NH Healthy Kids'.

2) Automatic Premium Withdrawal (APW)

- With this convenient option, you will not have to make your payment one full month in advance of the coverage month.
- Your payment will be electronically withdrawn from your bank account on the 30th day of each month for the next month's benefits. If the 30th day of the month is a holiday or weekend day, your payment will be deducted from your account on the last business day prior to the 30th.
 - ▶ **For example**, payment for July coverage will be deducted from your account on June 30.
- To sign up for the APW payment option, please complete an *Authorization for Automatic Premium Withdrawal for the Buy-In Program* form. Please return it in the enclosed envelope or mail it to New Hampshire Healthy Kids, 1 Pillsbury Street, Suite 300, Concord, NH 03301.
 - ! **Important!** If you select the APW payment option, you must make your first month's payment by check or money order. After that, your payments will be withdrawn automatically.
- You may stop automatic payments by contacting our Accounting Department (at least 10 days before the payment due date) toll-free at 1-877-464-2447, ext. 241 or 603-228-2925, ext. 241.

Payments Returned for Insufficient Funds. If there are insufficient funds in your account to cover your check or automatic withdrawal, please note the following:

- You will be charged additional bank fees.
- To avoid cancellation of coverage, we must receive a replacement payment in the form of a cashier's check or money order within 7 days.
- If this happens three times, all future payments must be in the form of a cashier's check or money order.

Cancellation of Coverage Due to Non-Payment. Your child's Buy-In coverage will be cancelled if we do not receive your payment by the last business day of the month for the next coverage month. Please note:

- You cannot have Healthy Kids Buy-In coverage for your child for three months following the date of cancellation for non-payment.
- If you wish to re-enroll after three months, you will need to submit a new application. However, you may submit an application at any time to see if you qualify for another Healthy Kids program.

Refunds Due to Cancellation of Coverage. If you decide to cancel coverage and have already made the next month's payment, a refund will be sent to you. *Please note:* We must receive your request for cancellation before the first day of the month you want coverage to end. To cancel coverage, call NH Healthy Kids toll-free at 1-877-464-2447, ext. 235 or 603-228-2925, ext. 235.

To enroll in the Buy-In program, please sign the Healthy Kids Buy-In Premium Payment Policy Agreement below, detach and return it to NHHK with your payment of \$237.00 per child. A self-addressed envelope is enclosed for your convenience. **We must receive your payment, the completed enrollment form, and the signed Healthy Kids Buy-In Premium Payment Policy Agreement.**

Please keep the Healthy Kids Buy-In Premium Payment Policy for your records.



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Please detach and return this section with your first payment and enrollment form.

Healthy Kids Buy-In Premium Payment Policy Agreement

I have read the Healthy Kids Buy-In Premium Payment Policy and understand my responsibility for making payments.

Signature

Date

Customer ID#:

Parent's Name:

First Month of Buy-In Coverage:
