



## Colorado Choice Health Plans

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700 Main Street, Suite 100  
Alamosa, CO 81101  
(719) 589-3696  
Fax (719) 589-4901  
www.cochoice.com

XXXX-XX, XXXX

Colorado Choice Health Plans ID #:

Dear \_\_\_\_\_,

We received your request for enrollment in Colorado Choice Health Plan's \_\_\_\_\_  
**Plan** from the Connect for Health Colorado insurance marketplace. Thank you for selecting Colorado Choice for your health insurance needs.

**For your coverage to go into effect, you must make payment for your initial month's health insurance premium of \_\_\_\_\_ within 14 calendar days of the date of this letter, or before the first of the month in which coverage is effective, whichever is later.**

There are several payment options available to you. Included with this letter is the form you will need to submit your initial payment to Colorado Choice. Payments may be made by **Check, Debit Card, or Automatic Bank Draft (ACH).**

To make your ongoing premium payments please indicate on the attached form which method you prefer. If you are choosing to make your payments monthly by check, Monthly Payment Coupons will be mailed to you with your ID cards **AFTER** we process your initial payment.

If your coverage is cancelled, you will not be able to enroll until the next annual open enrollment period. If you have questions, please free to contact us Monday-Friday between 8:00 a.m. to 5:00 p.m. at (719) 589-3696 or 1-800-475-8466. Deaf or hearing impaired using a TTY may call 1-800-659-2656 for assistance.

Again, thanks for choosing Colorado Choice Health Plans for your health insurance needs.

**Colorado Choice Health Plans**





# Colorado Choice Health Plans

**Automatic Bank Draft Authorization (ACH)**    
  **Debit Card**    
  **Check (Use coupon below)**

SUBSCRIBER'S LAST NAME		SUBSCRIBER'S FIRST NAME		M.I.	HOME PHONE		
SUBSCRIBER'S ADDRESS				APT NO	CITY	ST	ZIP
BILLING NAME (IF DIFFERENT)					BILLING PHONE # (IF DIFFERENT)		
BILLING ADDRESS (IF DIFFERENT)				APT NO	CITY	ST	ZIP
NAME OF BANK OF FINANCIAL INSTITUTION					CITY	ST	ZIP
Account Number (ACH or Debit)	Routing Number (ACH Only)	CVS Code (Debit Only)		Expiration Date on Debit Card			

\*For an ACH this can be found on the bottom left corner of any check from the account to be used

<b>123456789</b> Routing Number	<b>123456</b> Account #	<b>0001</b>
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I hereby authorize Colorado Choice Health Plans to debit the account shown above for my (the subscriber's) Colorado Choice Health Plans health coverage when my premium payment comes due. I authorize the bank or financial institution shown above to accept such debits without responsibility for their correctness. I may terminate this Automatic Bank Draft Authorization at any time by giving Colorado Choice Health Plans, or the bank or financial institution noted above, written notification of termination. I understand that such notification will become effective after Colorado Choice Health Plans, or the bank or financial institution noted above, has received the notification of termination and has had a reasonable amount of time to act upon it.

If the premium amount of my (the subscriber's) Colorado Choice Health Plans health coverage should change for any reason, Colorado Choice Health Plans will notify me in writing at least thirty (30) calendar days before the next premium is to be debited to the account.

**Please Note there will be a \$25 charge for each incident when an automatic draft or Debit Card is denied or returned for insufficient funds. This fee is in addition to any fees your financial institution may charge you.**

BANK DRAFT EFFECTIVE MONTH (WITHDRAWAL WILL OCCUR ON OR AROUND THE 15 <sup>th</sup> OF THE PRIOR MONTH)		
SUBSCRIBER'S SIGNATURE	ADDITIONAL SIGNATURE (IF ANY)	DATE



<b>Account #</b> ##### <b>Date Due</b> 01/15/2016 <b>Amount Due</b> \$00.00 <b>Date Paid</b> _____	Name Address City, ST Zip  Mail coupon with your check to: Colorado Choice Health Plans 700 Main Street, Suite 100 Alamosa, CO 81101  <b><u>Return This Coupon with Your Payment</u></b>	<b>Account #</b> ##### <b>Date Due</b> 01/15/2016 <b>Amount Due</b> \$00.00 <b>Enter Amount Paid</b> \$ _____  <b><u>DO NOT SEND CASH</u></b>
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