



COBRA

Phone: 1.877.747.4141

Fax: 1.866.593.7125

CREDIT CARD AUTHORIZATION

Participant Name: _____ Last 4 digits of SSN: _____

CREDIT CARD BILLING INFORMATION (Please Print)

I (we) hereby authorize **Continuon Services, LLC**, to initiate charges for COBRA premium and convenience fees to my (our) credit card described as a: Visa MasterCard Discover American Express

Cardholder Name: _____

Card Number: _____ CVC Number: _____
CVC Number is 3 or 4 digits

Expiration Date: ____/____/____ Issuing Bank Name: _____

Billing Street Address: _____

Billing City: _____ Billing State: _____ Billing Zip: _____

PREMIUM & CONVENIENCE FEES

Bill me monthly **OR** Bill me only once for service month: ____/____

Card	Convenience Fee	Monthly Premium	+ Convenience Fee	= Total Due
Visa, MasterCard, & Discover	\$1.00 + 3% of premium	\$	\$	\$
American Express	\$1.00 + 3.5% of premium	\$	\$	\$

AUTHORIZATION & AGREEMENT

I affirm that the information contained herein is accurate. I agree that this authorization is to remain in full force and effect until I notify Continuon Services, LLC of its termination in such time and in such manner as to afford Continuon Services, LLC a reasonable opportunity to act on it. I understand that inaccurate or incomplete information may delay processing and possibly result in the termination of my COBRA continuation coverage if such delay occurs after the grace period allowed by law. I understand that it is my responsibility to advise Continuon Services, LLC of any change in my credit card billing information (i.e. a change in card number, expiration date, billing address, etc.). I understand that COBRA participant premium is due on the 1st day of the month. A debit entry will be submitted on or after the 1st of each month for my full premium due. I understand that the premium due may change at each annual open enrollment and that I will be notified in advance of such change. If my credit card is declined, I understand that Continuon Services, LLC may withdraw the offer of credit card payment and require payment by check, money order, or guaranteed funds such as a cashier's check. **I authorize Continuon Services, LLC to bill my credit card above for my full monthly COBRA premium (per my billing coupons) and the convenience fees described above per the instructions above. I understand that COBRA premium and administration fees are not refundable.**

CARDHOLDER SIGNATURE

DATE

P O Box 1379
Roswell, GA 30077-1379