



Paper Invoice Suppression Election Form

You are receiving this notice because **our records indicate you are enrolled in our ACH payment program** and your monthly premium is set to be automatically deducted from your bank account.

If you would prefer that we **DO NOT** send you a copy of your monthly invoice, please indicate below.

I **do not** wish to receive a copy of my monthly invoice.
Please continue to debit my account to pay my monthly premium.

I **do** wish to continue receiving a copy of my monthly invoice.
I understand the invoice is only for my records, and that my account will continue to be debited monthly.

02233-

Customer number (*on invoice*)

Participant Name

Street Address

City

State

Zip Code

Participant Signature

Date

Please feel free to contact our office if you have any questions at (855) 908-9465.