

AmeriHealth New Jersey How to Apply and Pay

APPLY

AmeriHealth New Jersey makes applying and paying for health coverage easy by providing you with several options that suit your needs.

Application options

1. Apply online

If you prefer to apply online, please contact your broker for assistance with the online application and payment forms or you can visit us online at AHNJ4U.com.

2. Apply by phone

Contact your broker if you would like to apply by phone.

3. Apply by mail

Please complete the AmeriHealth New Jersey Application for Individual Coverage, which you can return to your broker along with your initial payment or you can mail the application along with your initial payment to **AmeriHealth New Jersey Attn: IHC Department, 259 Prospect Plains Road, Bldg. M, Cranbury, NJ 08512**

This option is not available if you are seeking a premium tax credit or cost-share reduction plan.

Payment options

AmeriHealth New Jersey offers various options for paying your premium. You can choose to make your first monthly payment by check or credit/debit card, or you can sign up for an automated monthly payment from your bank account through Automated Clearing House (ACH).

Check

If you've selected monthly billing on your application, you will need to include a check with your first payment.

- For HMO plans, make your check payable to AmeriHealth HMO, Inc..
- For EPO and POS Plus plans, make your check payable to AmeriHealth Insurance Company of New Jersey.

Once you're enrolled in a plan, you will receive a bill each month before your payment is due.

Credit/Debit card

If you choose to use a credit/debit card, please follow the instructions on this form and return it with your application. Please note that we will only accept Visa or MasterCard for credit/debit card payments, and you may only pay with a credit/debit card for the first month's premium.

Initial payment — credit card

Cardholder name: _____

Credit card type: Visa MasterCard

Credit card number: _____

Security code: _____ Expiration date: _____

This 3 digit number can be found on the back of your card.

Cardholder's billing address: _____

City, State, ZIP: _____

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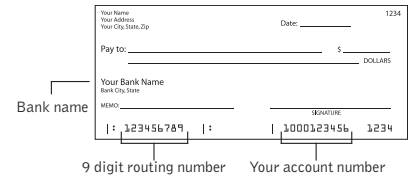
Automated payments through ACH

AmeriHealth New Jersey offers a free electronic monthly premium payment service. You authorize the withdrawal of your total premium amount due from your checking or savings account, and AmeriHealth New Jersey will deduct your payment through the ACH (Automated Clearing House) process. With the electronic monthly premium payment service, there's no need to wait for your invoice to come or mail payments each month. Payment is automatic and always on time.

Important instructions:

1. Complete and sign this form.
2. Attach a voided check (for checking accounts) or deposit slip (for savings accounts).
3. Return this form with your application in the postage-paid reply envelope provided.

Note: Your payment will not be processed until your coverage is approved.



Name on bank account:	
Bank routing/transfer number:	
Relationship to applicant:	
Bank account number:	
Name of financial institution:	
Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Statement savings (No passbook accounts)
Bank account usage:	<input type="checkbox"/> Personal <input type="checkbox"/> Business
Account holder signature: _____	Date: _____
Additional signature (if joint account): _____	Date: _____
Signature of applicant: _____ (if different than account holder)	Date: _____

I (we) authorize my bank or savings institution to make payments to AmeriHealth New Jersey from the account listed above. I (we) understand this authorization may be revoked by me at any time, by written notification, to discontinue my automatic payment. I (we) agree to maintain sufficient funds in the account to permit these deductions. If the account does not maintain sufficient funds, electronic payments will be cancelled and I (we) will be billed through the postal service (regular mail). All plan termination notices should be sent to: AmeriHealth New Jersey, Attn: IHC Department, 259 Prospect Plains Road, Bldg M, Cranbury, NJ 08512 or they can be e-mailed to IHC@amerihealth.com.