

Individual & Family plan bankcard payment

The first month's premium for your Group Health* Individual & Family plan must be paid by credit card, check, or money order. We accept Visa, MasterCard, or Discover.

Visa MasterCard Discover



Name on card (please print)

Individual & Family Plan Sales

800-358-8815

Note: Payment will not be processed until Individual & Family coverage is approved.

OFFICE USE ONLY

Date _____

Send receipt

Daytime phone number

Subscriber name

Subscriber #

Group #

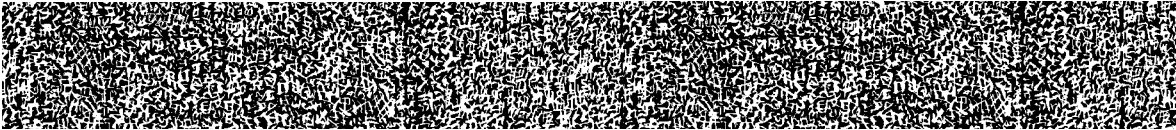
Payment amount

* Refers to Group Health Cooperative or Group Health Options, Inc.

Individual & Family plan bankcard payment

The first month's premium for your Group Health* Individual & Family plan must be paid by credit card, check, or money order. We accept Visa, MasterCard, or Discover.

Visa MasterCard Discover



Name on card (please print)

Individual & Family Plan Sales

800-358-8815

Note: Payment will not be processed until Individual & Family coverage is approved.

OFFICE USE ONLY

Date _____

Send receipt

Daytime phone number

Subscriber name

Subscriber #

Group #

Payment amount

* Refers to Group Health Cooperative or Group Health Options, Inc.