2026 Individual Payment Selection Form

PLEASE PRINT CLEARLY

Applicant/Member First name	Last name	MI

Member ID Number	Instructions: complete if you are an existing member making changes to your auto pay. For self service, log on to your account at healthplanofnevada.com or sierrahealthandlife.com

Premium payment options

You are required to make an initial premium payment at the time of application.

Is a third party providing funds to pay the premiums for your insurance coverage? ☐ Yes ☐ No

If yes, please identify the third party providing funds (directly/indirectly) to pay the premiums: ______________________________

The following are the only acceptable third parties who may pay HPN/SHL premiums on the Member/Insured's behalf:

- Ryan White HIV/AIDS program under the Title XXVI of the Public Health Service Act;
- Indian tribes, tribal organizations, or urban Indian organizations;
- Employer;
- State and Federal government programs; or
- Family members.

If payment from the Member/Insured is received and premium is determined to be from a non-acceptable third party, the Member/Insured will be informed that the payment will be returned and that the premium payment remains due by an acceptable party. If the premium payment is not received from an acceptable party within the premium grace period the policy will be terminated for nonpayment of premium.

I will pay with the following payment option:

☐ Credit/Debit card VISA MasterCard AMERICAN EXPRESS ☐ EFT/ACH bank draft ☐ Check or money order

If choosing to pay by **credit/debit card**, you must complete all of the following information:

Cardholder name as it appears on card			
Cardholder billing address	City	State	ZIP
Credit card # ___________-___________-___________-___________	Exp date (MM/YY) _____/_____	CVV/CVC	
Email address	Cell phone		

– – – OR – – –

If choosing to pay by **EFT/ACH bank draft**, you must complete all of the following information:

Bank account holder name as it appears on bank statement	Account holder address	Type of account ☐ Checking ☐ Savings
Routing #	Bank account #	
Email address	Cell phone	

Amount to charge upon application submission $__________________

Select day of month for recurring payments __________

(Date will be the 5th day of the month if no date is entered)

☐ ***Initial and Recurring Monthly Payments*** I authorize Health Plan of Nevada/Sierra Health and Life to charge my credit/debit card OR debit my bank account for the payment amount shown above at the time my Application is submitted. I also authorize Health Plan of Nevada/Sierra Health and Life to charge my credit/debit card OR debit my bank account equal to the monthly billed premium and/or any past due premiums for this Individual Plan from Health Plan of Nevada/Sierra Health and Life.

☐ ***Initial Payment Only*** I authorize Health Plan of Nevada/Sierra Health and Life to charge my credit/debit OR debit my bank account for the payment amount shown above at the time my Application is submitted. I understand the amount authorized will be charged in its entirety upon approval of this Application and may or may not be my final monthly premium. **I am responsible for any premium due on my account. Any credits will be applied to future billings.**

☐ ***Recurring Monthly Payments*** I authorize Health Plan of Nevada/Sierra Health and Life to charge my credit/debit card OR debit my bank account to the monthly billed premium and/or any past due premiums for this Individual Plan from Health Plan of Nevada/Sierra Health and Life.

The monthly premium will be automatically charged to the credit/debit card or debited from the bank account indicated above on the date specified above (or next business day if a weekend or holiday) for which the premium is due. **This authorization is to remain in full force and effect until Health of Nevada/Sierra Health and Life have received written notification of its termination** in such a manner as to afford Health Plan of Nevada/Sierra Health and Life and the financial institution a reasonable opportunity to act on it. **In the event your monthly premiums increase, the increased premium rate will be deducted from your account.** Member can change and/or terminate monthly payments by logging on to their account.

Card/Account holder signature____ Date____________________