East End Health Plan

If you would like to have your monthly premium deducted from your bank account, please complete the below information and mail or fax this form and copy of a cancelled check to:

East End Health Plan
c/o Eastern Suffolk BOCES
201 Sunrise Highway
Patchogue, New York 11772

Fax: 631-687-3067

Remember, premiums are billed one month in advance. Deductions are made on the last business day of the month prior to the month of coverage.

REQUEST FOR AUTOMATIC DEDUCTION OF HEALTH INSURANCE PREMIUM

I, _____ request the withdrawal of my monthly East End Health Plan premium
(print your name)

from my (Checking/Savings) account number _____
(circle one)

_____
(Bank routing number)

with _____bank, effective _____.
(name of bank) **(date you want to begin deduction)**

My current monthly amount is $_____

ATTACH A COPY OF A VOID CHECK OR DEPOSIT TICKET HERE.

_____
Signature

_____
EEHP ID Number

_____
Mailing Address

_____

_____
E-Mail Address

_____
Telephone Number