

# How To Apply In 3 easy steps



## 1 Review the Benefits

Read through the important benefit information contained in this kit and determine which option best meets your needs.

## 2 Complete Your Application

### Apply Online

- Log on to [www.flexiben.com](http://www.flexiben.com).
- Begin your online application – applying online is simple and secure.
- Read, electronically sign, and date the Declarations and Conditions of Enrollment section of the application.
- Return to the site any time to track the status of your application.

### Apply on Paper

- Complete the paper application included with this kit. This must be done in black ink.
- Read, sign, and date the Declarations and Conditions of Enrollment section of the application
- Mail your application in the postage-paid reply envelope provided.

### Important:

**Whether applying online or using the enclosed application, be sure to complete all sections of the application and provide medical information on all persons applying for coverage. Primary applicant must be the oldest person applying for the coverage.**

## 3 Include your First Premium Payment<sup>1</sup>

In order to complete the application process, you must authorize your first payment. This amount is based on your preliminary rate quote, which is included in this kit. If you elect to pay electronically by ACH (Automated Clearing House), you must authorize withdrawal of your payment from your bank account. The amount withdrawn is the invoice total amount due. In addition to your monthly premium, the total amount due may include retroactive premiums due to incorrect bank information or returns as a result of insufficient account funds.

If you elect to pay by check, you must make your check out for the amount of three months premium. (For example, if your estimated premium is \$196 a month, your check should be in the amount of \$588.)

### Note:

**Your payment will not be processed until your coverage is approved.<sup>2</sup>**

<sup>1</sup>Receipt of your initial payment does not constitute enrollment in this program. Your coverage does not begin until your application has been approved and you have been assigned an Effective Date of Coverage.

<sup>2</sup>Final rate quote and approval of coverage is dependent on medical underwriting. Approval is not guaranteed and some applications may not be approved based on medical conditions.

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### **Payment by ACH (Automated Clearing House)**

- For online applications, complete the Automated Payment Information page on [ibx4you.com/apply](http://ibx4you.com/apply).
- For paper applications, complete the ACH Authorization Form provided in this kit and return it with your application. Submit a voided check (for checking accounts) or a deposit slip (for savings accounts) with your ACH Authorization Form.

### **Payment by Check**

- Only available for paper applications.
- Make check payable to Keystone Health Plan East.
- Include your Social Security number on your check.
- Mail your check with your application in the postage-paid reply envelope provided.

## **Questions?**

**Log on to [www.flexiben.com](http://www.flexiben.com)**

**or**

**Call 610-482-1800**