



700 Main Street, Suite 100
Alamosa, CO 81101
(719) 589-3696
fridayhealthplans.com

<<DATE¹>>

Friday Health Plans ID: <<#####²>>

<<NAME³>>
<<STREET ADDRESS⁴>>
<<CITY, STATE, ZIP⁵>>

Dear <<NAME⁶>>,

We received your request to enroll in Friday Health Plans of Colorado's <<PLAN NAME>> Plan from the Connect for Health Colorado insurance marketplace. Thanks for choosing Friday Health Plans of Colorado for your 2019 health insurance needs.

For your coverage to go into effect, you must pay your initial month's health insurance premium of \$<<####⁷>> by the 20th of the month prior to your plan's start date. If you're receiving this letter after the 20th, please pay immediately. If you've already made your payment, you may disregard this letter.

Friday customer service 800-475-8466
Monday-Friday between 8:00 A.M. to 5:00 P.M.
Deaf or hearing-impaired using TTY may call 800-659-2956

To make a credit card payment

Please call customer service. In January, you can sign up for online autopay when Friday's new member portal is launched. More information to come soon!

To pay by check

Please include the coupon below with your payment and your Member ID number on the check, payable to Friday Health Plans of Colorado.

If you're a 2018 member already enrolled in Friday's online AutoPay

Your credit card or bank account on file will be automatically charged on or around December 20 for your January 2019 premium. If you would like to use an alternative form

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of payment, please call us before December 15.

FHP ID: <<#####⁸>>
Amount Due: <<Premium¹⁰>>

Name: <<NAME⁹>>
Plan Name: <<Plan Name¹¹>>

Send Check to: Friday Health Plans of Colorado
Attn: Billing & Enrollment
700 Main Street, Suite 100
Alamosa, CO 81101

Return this coupon with your payment by the due date





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| Field # | Description | Source Data |
|---------|----------------------------|-------------|
| 1 | Date letter generated | |
| 2 | Member ID number | |
| 3 | Member First and last name | |
| 4 | Street Address | |
| 5 | City, state, zip | |
| 6 | Member first and last name | |
| 6 | 2019 Plan name | |
| 7 | 2019 Premium rate | |
| 8 | Member Id number | |
| 9 | Member first and last name | |
| 10 | 2019 Premium rate | |
| 11 | Plan name | |
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