

COVID-19 DEFERRED PREMIUM and PAYMENT CONTRACT

Memorial Hermann Health Plan and affiliated entities* have authorized the payment of monthly premiums for the coverage months of March, April and May 2020 on an installment basis.

Deferred Premium and Payment Contract Terms:

- Available to an employer group with active coverage as of April 1, 2020;
- Group must be in good payment standing (all premiums up to and through February 2020 paid to ninety percent (90%) of total due); and
- The payment of the total balance of premiums due for this period must be paid by the installment due dates listed below.

INSTALLMENT DUE DATES

All payment percentages are applied to total amount due-

First payment of forty percent (40%) due on or before May 15, 2020

Second payment of thirty percent (30%) due on or before June 10, 2020

Final payment of thirty percent (30%) due on or before July 1, 2020

The failure to make deferred payments in accordance with the scheduled repayment plan may be cause for involuntary termination of the employer group and/or subgroup coverage and subsequent reversal of claims paid. Upon involuntary termination after the deferment period expires, any debt remaining must be paid before any requested reinstatement of coverage can be completed.

The signing of this Premium Deferral and Payment Contract shall constitute full acknowledgement of and agreement with the terms, conditions and obligations expressed herein and no further notice of action to be taken by Memorial Hermann Health Plan consistent with the terms or conditions hereof shall be required. Except as modified by this Premium Deferral and Payment Contract, the terms and provisions of the policy or contract in place between the employer group and Memorial Hermann Health Plan shall remain in full force and effect.

I HAVE READ THE DEFERRED PREMIUM AND PAYMENT CONTRACT AND AGREE TO ITS TERMS AND CONDITIONS. I AM AUTHORIZED TO EXECUTE THIS CONTRACT ON BEHALF OF THE EMPLOYER GROUP NAMED BELOW.

Signed by _____ Title _____ Date _____

Group Name _____

Group No _____

Coverage Months to Which this Premium Deferment and Payment Contract Applies:

- March 2020
- April 2020
- May 2020

AGREED TO:

Memorial Hermann Health Plan, Inc.
Memorial Hermann Commercial Health Plan, Inc.
Memorial Hermann Health Insurance Company
Memorial Hermann Health Solutions, Inc.

Signed:

Title: Chief Executive Officer

Date:

Internal Use Only	
Received on	Received by – Initials & Title

*Affiliated entities include Memorial Hermann Commercial Health Plan, Inc., Memorial Hermann Health Insurance Company, and Memorial Hermann Health Solutions, Inc.