

ADMINISTRATOR HANDBOOK



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Welcome to Atlantis

Dear Administrator:

Welcome to Atlantis Health Plan. We have put together this easy to use guide to assist you in your day-to-day operations as Administrator. Please note that in the event of any inconsistent or contrary language between this handbook and the Group Subscriber Contract, including but not limited to appendices, amendments and exhibits, the provisions of the Group Subscriber Contract shall prevail.

As healthcare costs continue to rise we have a stronger incentive to work together to ensure the efficient administration of your employee's coverage. To that end, Atlantis has developed this Administrator Handbook. This handbook contains all of the important information to help you and your employees navigate through their plan benefits. Please note that we will send you periodic updates to this handbook as Atlantis procedures and government regulations change.

By following the policies and procedures outlined here and encouraging your covered employees to do the same, you'll take an active role in ensuring your employees get the most out of their Atlantis Health Plan benefits.

Please keep this handbook in a convenient place as it will be your first resource for any questions you may have. If there is a topic that is not addressed, please call the Atlantis Broker and Account Services Department and we'll be happy to help you.

Sincerely,

Atlantis Health Plan

Important Contact Information

We encourage you to call us to get quick resolution of any questions or issues that arise. To expedite inquiry resolution please make sure you have your group number, the member's identification number, and pertinent documents available when you call.

Broker and Account Services

For questions regarding your account.

212-747-8279

Broker/Sales Agent

Insert your broker/sales agent telephone number in the space provided.

Member Services/Billing and Enrollment

For questions regarding eligibility, claims, benefits, and billing.

866-747-8422

Utilization Management/Health Services

For questions regarding Pre-authorization.

800-270-9072

Prescription Drug Services

For information regarding prescription drug benefits and Participating Pharmacies.

888-341-8570

Behavioral Health Services

For information regarding behavioral health and substance abuse benefits.

866-477-9740

Hearing and Speech Impaired

Please dial 711 for TRS (Telecommunication Relay Service) and STS (Speech-to-Speech) services. A representative will connect you to Atlantis.

711

Non-English Speaking Members

For your employees who do not speak English or prefer to communicate in a language other than English, our Member Service staff can assist them in understanding their coverage and/or with any other questions/concerns they may have. Multi-lingual staff and translation services are available.

To contact Atlantis through U.S. Mail, Fax, or Email:

If you prefer to contact us in writing, please follow the suggestions below to help ensure a prompt and accurate response.

- Requests for changes that affect your group (e.g., changes in eligibility, member status, company address) must be submitted in writing.
- Use your company letterhead for any inquiries or correspondence.
- Please include your group number and if applicable the member's name and Atlantis Member ID. Also include a telephone number where we may reach you and the best time to call.
- Keep a copy of all forms and other correspondence submitted to or received from Atlantis for your records.

Important Addresses:**General Correspondence**

Atlantis Health Plan
39 Broadway, Suite 1240
New York, NY 10006

Utilization Management/Health Services

Atlantis Health Plan
Attn: Utilization Management
39 Broadway, Suite 1240
New York, NY 10006

Behavioral Health Services

Atlantis Health Plan
Attn: Behavioral Health Services
39 Broadway, Suite 1240
New York, NY 10006

Prescription Drug Services

CatalystRx
800 King Farm Boulevard
Rockville, MD 20850

Billing and Enrollment/Underwriting

Atlantis Health Plan
90 Matawan Road, Suite 204
Matawan, NJ 07747
Fax: 732-393-7200

Lockbox Premium Payments

Atlantis Health Plan
P.O. Box 9431
Uniondale, NY 11555-9431

Claims Submission

Atlantis Health Plan
Attn: Claims Department
P.O. Box 4656
Houston, TX 77210-4656

Atlantis General Fax (New York)

212-747-0843

Email

Please click on "Contact Us" on our website:
www.atlantishp.com

Eligibility

GROUP ELIGIBILITY

The following are the enrollment guidelines and requirements for your group's eligibility for coverage with Atlantis Health Plan:

- Your group must have at least one (1) full-time employee enrolled with Atlantis Health Plan. This employee must work twenty (20) or more hours per week.
- Your group must be located within Atlantis' service area. If your group relocates outside the service area, contact your Atlantis Representative.
- Your group's premiums must be paid when due.
- Your group must continue to meet Atlantis' minimum enrollment participation requirements as they relate to your group.

If your group's status changes and you fail to continue to meet the above specifications, you will have sixty (60) days to meet the minimum requirements. Please contact your Atlantis Representative if you have any questions concerning our enrollment guidelines.

MEMBER ELIGIBILITY

Group Subscribers

- Group subscribers must be full-time or permanent part-time employees who work twenty (20) or more hours per week. Employees working less than twenty (20) hours per week are not eligible for coverage.
- Your group subscribers must have an employer/employee relationship and you must be able to document this relationship.

Dependents

Spouse: For a spouse to be treated as a "covered dependent", they must be the spouse of an eligible subscriber under the Group Contract. The spouse may be excluded from your Group Contract if they are covered under another group policy. Atlantis will process this exclusion upon receiving your request accompanied by the appropriate forms and documentation. Documentation may be a letter from either the spouse's employer/insurance carrier or copy of their member ID card with their carrier.

Children: To be treated as a "covered dependent", the dependent must be an unmarried child who is claimed as a dependent on the subscriber's or spouse's tax return and is any of the following:

1. An employee's or spouse's natural child.
2. A step-child who is dependent upon the subscriber or spouse for support.
3. A child who is legally adopted or pending adoption.
4. A dependent child for whom the subscriber or their spouse has a legal obligation to cover the healthcare expenses of under a divorce decree or court order.
5. Nineteen years of age or older, but incapable of self-support due to a mental illness, developmental disability, mental retardation, or physical handicap (and this incapacity occurred before they reached the age at which coverage would otherwise terminate under the Group Contract). Please note that a physician must certify the child's disability. Proof of disability must be submitted to Atlantis within 31 days of the date the dependent reaches the age limitation.
6. Enrolled as a full-time student attending an accredited educational institution. When not away at school the student must have the same principle address as his or her parents. Documentation of student status is required. Coverage for full-time students generally ends on the last day of the

month in which they reach 23 or 25 years of age subject to the terms of your group's student rider.

7. A covered full-time student who requires a medical leave of absence from school due to illness. For coverage to continue, a licensed physician must certify in writing that the dependent's medical leave of absence is medically necessary.

Dependent eligibility ends on the last day of the month in which the child no longer meets these conditions.

MEMBER OR DEPENDENT LOSS OF ELIGIBILITY

Atlantis must be notified of any change in family status. If the subscriber marries or would like to add a child, they must change to family coverage status in order to cover their spouse or child. They must notify Atlantis of their choice of family coverage within thirty-one (31) days of the marriage, or the birth or adoption of their child. Failure to notify may affect coverage.

If a member leaves your group or becomes ineligible, or the member's dependent(s) lose(s) eligibility, notify us immediately by submitting an *Account Adjustment Form*. Please include in the form the individual's current address and the date eligibility ended.

Enrollment Procedures

ELIGIBILITY PERIOD AND COVERAGE EFFECTIVE DATE

Coverage for new subscribers and their eligible dependents begins after a predetermined eligibility period. This eligibility period is the period of employment (if any) that the group has stipulated should elapse before the member becomes eligible for coverage. For example, you may request that new members work at your company three months before receiving healthcare coverage under your group's policy. Please note a new member's effective date will always be the 1st of the month following the eligibility period.

Your member's coverage effective date is the first day a new member may be covered under your group's policy. Depending upon your group's arrangement, a member's coverage effective date may be the 1st of the month after the day the member joined your group or the 1st of the month after the day the stipulated eligibility period ends.

- If your group stipulates that member coverage will be effective on date-of-hire, Atlantis must receive the member's completed *Employee Enrollment Form* within one month of the hire date.
- If your group does not stipulate date-of-hire as the effective date, Atlantis must receive the completed *Employee Enrollment Form* within the eligibility period in order for coverage to be effective.

Please note that it is the employer's responsibility to enforce the eligibility period for their new members.

Enrollment Date and Effective Date

A member's enrollment date is the first day of coverage of a member under this Contract or, if earlier, the first day of the longest waiting period that must pass before the individual is eligible to be covered for benefits.

A member's effective date is the first day of coverage of a member under this Contract, as shown on the identification card.

CREDITABLE COVERAGE

For new members who have not submitted Creditable Coverage there is an 11-month waiting period before members can receive coverage for any pre-existing conditions. (The Pre-existing Condition Limitation does not apply to members of Large Groups – 50 or more eligible employees).

Definition of Pre-existing Condition – A condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within the 6-month period immediately preceding the Enrollment Date. Genetic information will not be used to establish a Pre-existing Condition in the absence of a diagnosis of the condition related to such information.

Definition of Creditable Coverage – Prior coverage of a member under any of the following:

1. A group health plan, including church and government plans;
2. Health insurance coverage;
3. Part A or Part B of Title XVIII of the Social Security Act (Medicare);
4. Medicaid, other than coverage consisting solely of benefits under section 1928;
5. The health plan for active military personnel, including TRICARE;
6. The Indian Health Service or other tribal organization program;
7. A state health benefits risk pool;
8. The Federal Employees Health Benefits Program;
9. A public health plan as defined in federal regulations;
10. A health benefit plan under section 5(e) of the Peace Corps Act;
11. Any other plan which provides comprehensive hospital, medical, and surgical services.

Under this provision Atlantis will not pay for any pre-existing condition or any complications of a pre-existing condition until the member or eligible dependent has been continuously covered under the group contract for at least 11 consecutive months.

Any member whose prior coverage lapsed for more than a period of sixty-three (63) consecutive days will be subject to the full extent of the Pre-existing Condition Limitation.

If the new member had continuous coverage and was covered by another insurance company within sixty-three (63) days prior to the effective date of their coverage with your group, they will be eligible for credit for the time enrolled with the other carrier. To determine their eligibility, evidence of their coverage from the other carrier is required. This is known as a “HIPAA Certification” which provides proof of coverage from the prior carrier. It also contains the covered person’s name, contract type, level of benefits, period covered, and names of covered dependents.

We recommend that the evidence of prior coverage be submitted with the members *Employee Enrollment Form* to immediately establish portability and avoid possible claim rejections.

Remember, portability will only be established if the time lapse between the cancellation date of the former coverage and the effective date of the new coverage is no greater than sixty-three (63) days. Evidence of prior coverage must be submitted to Atlantis Health Plan.

ENROLLING NEW MEMBERS

Your group members enroll by submitting an *Employee Enrollment Form*. If Atlantis does not receive a completed *Employee Enrollment Form* from your group member by the end of the eligibility period the group member may not become effective until the group anniversary date. To help avoid potential problems, please make sure that:

- You immediately send us the new member’s completed *Employee Enrollment Form*.
- The form is completed, signed by both the Group Administrator and the member.
- All eligible new members sign up prior to their effective date.

ENROLLING ELIGIBLE DEPENDENTS

The *Employee Enrollment Form* your member submits at enrollment should list all eligible dependents. When enrolling dependents, members should enroll the appropriate coverage type (e.g., Family Coverage).

Subsequent to their initial enrollment, your group member can enroll dependents in the event that a qualifying event occurs such as marriage, birth, or adoption. To enroll eligible dependents in these instances, submit a completed *Employee Enrollment Form* within thirty-one (31) days of the qualifying event. Failure to meet this timeframe may affect their coverage.

IDENTIFICATION CARD

After we receive the *Employee Enrollment Form* we will send the member their identification card. Covered individuals must present this card when visiting any participating physician, specialist, hospital or pharmacy.

Continuation of Coverage

COBRA

Under Federal Law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), continuation of current group benefits may be available after loss of eligibility for coverage. This law applies to groups with more than twenty (20) eligible employees.

Members, their spouses and their dependent children may be eligible for continuation. In order to qualify for continuation of coverage, the member must no longer be eligible for healthcare benefits because of any of the following qualifying events:

- (a)** Termination of employment.
- (b)** A decrease in benefits due to a reduction in hours of employment.
- (c)** Loss of coverage because of a divorce, legal separation, or the death of the Group Member.
- (d)** Loss of eligibility for coverage as a dependent of a Group Member.
- (e)** Loss of coverage of the spouse and dependents when a covered employee or a covered retiree becomes entitled to Medicare.
- (f)** Loss of eligibility for coverage as a covered retiree or covered spouse, dependent, or widow of a retiree whose employer filed for bankruptcy on or after July 1, 1986.

Providing COBRA coverage is the Employer's responsibility. Additionally, providing notice of an employee's right to Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and New York Continuation of Coverage is the employer's responsibility.

If members are not eligible for or have not elected Continuation of Coverage, remind them that they may contact Atlantis directly to apply for Direct Payment coverage.

CONTINUATION OF COVERAGE UNDER NEW YORK STATE LAW

There are cases where the member may lose eligibility for coverage under the Certificate of Coverage but not be eligible for continuation of coverage under Federal Law. If the loss of eligibility is due to termination of employment or loss of membership in the class or classes eligible for coverage, they may be entitled to continued coverage under New York State law. Continued coverage is available without evidence of insurability. If continuation is available to the Group Member under Federal Law, then the New York State

continuation law does not apply. The New York State law does not apply if they become eligible for coverage under Medicare or another group health policy.

Please refer to the Group Subscriber Contract, Section XIX Right to Continuation of Coverage, for more detailed information on continuation of coverage rules and timeframes.

Direct Payment Conversion

A member may have the option to convert to individual coverage with the Plan, on a direct payment basis, when group eligibility ends for any of the following reasons:

- (a)** The Group Contract was terminated and not replaced with similar and continuous coverage for the same Group whether insured or self-insured by the remitting agent.
- (b)** The member ceased to meet the eligibility requirements under the Contract.
- (c)** A covered dependent ceased to meet the eligibility requirements due to age or the death or divorce of the subscriber.
- (d)** A spouse is no longer covered under the Contract because of divorce from the subscriber or annulment of the marriage.
- (e)** The subscriber's coverage under the Contract ends due to termination of employment, a reduction in work hours, or membership in the class or classes eligible for coverage under the Contract.

The member may convert to individual membership within forty-five (45) days after the termination of the Contract. The member may exercise this right by completing an application for conversion without furnishing evidence of insurability and making the first payment. The Effective Date for the conversion contract shall be the day following the termination of insurance under the Group Contract or if there is a continuation of coverage on the day following the end of the period of continuation.

Coordination of Benefits

There may be instances where a member may be covered by two or more group health benefit plans. These programs may provide similar benefits. Should the member receive services covered by more than one plan, Atlantis will coordinate benefit payments with the other plan. In this case, one plan pays its full benefit as a primary benefit and the other plan pays secondary benefits. This prevents duplicate payments and overpayments. In no event shall payments exceed 100% of a charge.

Certain laws and regulations have been established to determine which plan is primary. Atlantis follows these authorities. The rules apply whether or not the member makes a claim under both plans. If Atlantis pays the member more than they should have been paid under this provision, it has the right to recover the overpayment. Atlantis may recover the overpayment from the member or any other person, insurance company, or other organization which gained from the overpayment. The member must help Atlantis in recovering any overpayment. This help may mean filing claim forms with another company.

RULES OF COORDINATION

The rules for determining primary and secondary benefits are as follows:

- (a)** The plan covering the member as an employee is primary before a plan covering the member as a dependent.
- (b)** The plan of a parent whose birthday occurs first in the year is primary for dependent children covered under plans maintained by both parents. Birthday refers only to the month and day on which the parent is

born and not the year. If both parents have the same birthday, the plan covering the member for the longer time is primary. If the other plan does not have the rule discussed above but has a rule based upon the gender of the parent, that plan's rule determines order of benefits.

(c) If no other criteria apply, the plan covering the member the longest is primary. However, the plan covering the member as a laid-off or retired employee, or as a dependent of such a person, shall be secondary and the plan covering the member as an active employee or a dependent of an active employee shall be primary as long as the other plan has a coordination of benefits provision similar to this one.

(d) This Certificate of Coverage is not intended to duplicate any coverage for members who are eligible for Medicare. If the member becomes eligible for Medicare, Atlantis will be the primary payer, with Medicare as the secondary payer under the following circumstances:

(1) Working Aged: For members age sixty-five (65) or over who are covered under a Group Contract because of their current employment or their spouse's current employment by the Group, Medicare is the secondary payer if the group (or at least one employer participating in a multi-employer plan) has twenty (20) or more employees.

(2) Disability: Medicare is the secondary payer for members under age sixty-five (65) who have Medicare coverage due to a disability and who are covered under a Group Contract maintained by an employer with one-hundred (100) or more employees (or by a multi-employer group that includes at least one employer with one-hundred (100) or more employees) because of their current employment or the current employment of a family member.

(3) End Stage Renal Disease (Permanent Kidney Failure): Medicare is the secondary payer during a thirty (30) month coordination period for members who have Medicare because of end stage renal disease. This provision applies regardless of the number of Group employees and regardless of the member's employment status, i.e., whether or not the individual is currently employed.

In all cases other than those specified above, Medicare will be the primary payer and Atlantis will be the secondary payer. When Medicare is the primary payer and Atlantis pays secondary, we cover the services specified in the member's Certificate of Coverage only to the extent that they are not covered under Medicare. The member must complete and submit to us any documentation reasonably necessary for us to receive or ensure reimbursement under Medicare for which they or their covered dependents are eligible.

If the member is eligible for but declines enrollment into Medicare Part B, Atlantis will provide benefits in accordance with the same rules as if they were enrolled in Medicare Part B. This means that if Medicare would have been the primary payer, Atlantis will reduce benefits by the amount Medicare would have been had they been enrolled in Medicare Part B.

SPECIAL RULES FOR DEPENDENTS OF SEPARATED OR DIVORCED PARENTS

(a) If there is a court decree that imposes financial responsibility for the healthcare expenses of the dependent child on one parent, that parent's plan is primary. That plan must have actual knowledge of the decree. Atlantis has the right to request a copy of the portion of the decree pertaining to the healthcare expenses of the dependent child.

(b) If there is no court decree, the plan covering the parent with custody of a dependent child is primary.

(c) If the parent with custody of a dependent child remarries, that parent's plan is primary. The step-parent's plan is secondary. The plan covering the parent without custody is tertiary.

Billing

All groups with 1 to 50 subscribers are “community-rated.” That means rates are set on the basis of actuarial studies and the claims experience of a pool of persons covered under a similar contract in a similar geographic area. Groups of this size are not rated on age, sex, health status and/or occupation.

- All rates for community-rated contracts are approved by the New York State Insurance Department.
- Groups with over 50 subscribers will be rated based on underwriting criteria of Atlantis Health Plan.

GROUP BILL

Atlantis bills you on a monthly basis. Your group receives a *Detail Listing Bill*. This type of bill lists every member of your group as well as all membership changes that occurred during the billing period.

For questions about general billing procedures or about a specific bill you have received, call the telephone number listed on your bill.

REPORTING MEMBERSHIP CHANGES

By submitting ongoing membership updates to Atlantis your group will help ensure accurate billing and avoid interruption of member coverage. The following situations should be reported to Atlantis as soon as they occur:

- Birth of a child
- Change of dependent status
- Marriage
- Divorce
- Death
- Adoption
- Change of address
- Change of employment
- A member’s previously lapsed coverage is reinstated.
- A member becomes eligible for Medicare

Atlantis must be notified in writing and must receive a completed *Employee Enrollment Form* (if applicable) within thirty-one (31) days if any of the preceding situations occur. Failure to notify may affect coverage.

Member Termination - Termination of a member must be submitted within thirty-one (31) days prior written notice. **All terminations must be submitted in writing.**

Member Reinstatement - Restoring coverage for a member who has rejoined your group or who was terminated in error must be submitted in writing within thirty (30) days after removal.

To report member terminations or reinstatements, notify us immediately on an *Account Adjustment Form*. Prompt notification will help ensure that we credit your group correctly. Also, any account changes (such as name changes, address change, etc.) can be done on an *Account Adjustment Form*.

For reinstatements, please contact Atlantis Health Plan directly so that we can restore a reinstated member’s coverage promptly. If the changes are not shown at the time you receive your bill, please notify Atlantis Health Plan so the changes can be made on a timely basis.

Detail Billing works best when you use the *Account Adjustment Form* and *Employee Enrollment Form* to notify us of membership changes throughout the billing period.

Note: You can reinstate members only within 30 days after Atlantis processes their removal. Beyond that time the member must re-enroll. The group then submits a new *Employee Enrollment Form*, subject to all regulations and provision's for new members. Evidence of re-employment may be requested.

Submit completed *Employee Enrollment Form* and/or *Account Adjustment Form* to the Billing and Enrollment address listed in the Important Contact Information Section of this handbook. Refer to the Forms Section for sample *Account Adjustment Form* and *Employee Enrollment Form*.

One of following forms of documentation will establish the date of our receipt of your request to terminate a member:

- Date stamped on faxed *Account Adjustment Form*.
- Atlantis' mailroom date stamp.
- Your Atlantis Representative's date stamp.

PAYMENT INSTRUCTIONS

Your bill will include any new member whose *Employee Enrollment Form* has been received and processed before the bill preparation date. If you have submitted an *Employee Enrollment Form* to enroll a new member into an account and the new member is not on the bill contact us immediately by calling the number listed on your bill. Please do not adjust your bill to reflect new enrollees.

Your bill will reflect any requests for member termination that we have received and processed before the bill preparation date. If we receive your request for member termination after the bill preparation date, the member's name will still be on the bill. If you have already requested termination, the change will be reflected on your next bill. Be sure to pay the full amount on the original bill.

To ensure uninterrupted coverage, pay your bill no later than the Due Date. Atlantis will not send any subsequent reminders or bills to your group. If you fail to remit the full amount owed, as scheduled, Atlantis has the right to terminate your group coverage for unpaid premiums.

When sending payment, please observe the following procedures:

- Submit your company or organization's bank check, a certified check, or a money order.
- Make checks payable to Atlantis Health Plan.
- Write your group number on the check.

Please Note: We will not accept personal checks from an individual group member.

If you wish to pay by credit card or ACH, please complete the form on the back of the invoice or refer to the *Credit Card/ACH Form* in the Forms Section of this handbook. Credit card or ACH payments can be made on a one time only or recurring basis.

Submit payment to the Billing and Enrollment Address or Lockbox address listed in the Important Contact Information Section of this handbook or on the bill.

Forms

If you need to order additional copies or any of the forms listed below, please call an Atlantis Representative.

- 1. *Employee Enrollment Form***
- 2. *Account Adjustment Form***
- 3. *Credit Card/ACH Form***

CREDIT CARD/DEBIT CARD PAYMENT AUTHORIZATION

I AUTHORIZE ATLANTIS HEALTH PLAN TO BILL MY CREDIT/DEBIT CARD ACCOUNT INDICATED BELOW FOR PAYMENT OF PREMIUM CHARGES. I UNDERSTAND THAT MY PREMIUM MAY CHANGE UPON ANNUAL RENEWAL AND GIVE PERMISSION TO ADJUST PAYMENT ACCORDINGLY. I UNDERSTAND AND AGREE THAT BY EXECUTING THIS AUTHORIZATION, THIS ACTION DOESN'T AFFECT, WAIVE, OR CHANGE ANY OF THE POLICY'S TERMS, CONDITIONS, AND PROVISIONS, INCLUDING THE POLICY'S PREMIUM PAYMENT AND GRACE PERIOD PROVISIONS.

PRINT NAME AS IT APPEARS ON CREDIT/DEBIT CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____

SELECT ONE: () VISA () MASTERCARD () AMERICAN EXPRESS

CREDIT/DEBIT CARD NUMBER _____ / _____
CARD EXPIRATION DATE

MUST CHOOSE AT LEAST ONE: ONE TIME ONLY \$ _____
Security code

MONTHLY AUTOMATIC (RECURRING) PAYMENT \$ _____

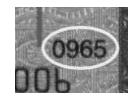
ATLANTIS ACCOUNT # (GROUP ID/MEMBER ID) : _____

AUTHORIZED SIGNATURE: _____ DATE: _____

How to Locate Your Security Code



Visa, MasterCard



American Express

BANK DRAFT (ACH) PAYMENT AUTHORIZATION

I HEREBY AUTHORIZE ATLANTIS HEALTH PLAN TO INITIATE MONTHLY DEBIT ENTRIES TO MY CHECKING/SAVINGS ACCOUNT. I UNDERSTAND THAT MY PREMIUM MAY CHANGE UPON ANNUAL RENEWAL AND GIVE PERMISSION TO ADJUST PAYMENT ACCORDINGLY. I UNDERSTAND AND AGREE THAT BY EXECUTING THIS AUTHORIZATION, THIS ACTION DOESN'T AFFECT, WAIVE, OR CHANGE ANY OF THE POLICY'S TERMS, CONDITIONS, AND PROVISIONS, INCLUDING THE POLICY'S PREMIUM PAYMENT AND GRACE PERIOD PROVISIONS

ACCOUNT HOLDER INFORMATION

LAST NAME: _____ FIRST NAME: _____
(AS IT APPEARS ON YOUR ACCOUNT)

MAILING ADDRESS _____
(AS IT APPEARS ON YOUR ACCOUNT)

CITY _____ STATE _____ ZIP CODE _____ --

MUST CHOOSE AT LEAST ONE: ONE TIME ONLY \$ _____

MONTHLY AUTOMATIC (RECURRING) PAYMENT \$ _____

ATLANTIS ACCOUNT # (GROUP ID/MEMBER ID): _____

AUTHORIZED SIGNATURE: _____ DATE: _____

FINANCIAL INSTITUTION INFORMATION

INSTITUTION NAME _____ BRANCH LOCATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ -

ROUTING NUMBER _____ ACCOUNT NUMBER _____

CHECK ONE: SAVINGS ACCOUNT _____ CHECKING ACCOUNT _____

PLEASE MAKE A NOTE ITEMS RETURNED FOR INSUFFICIENT FUNDS WILL BE ASSESSED A \$30 PENALTY FEE. AUTHORIZATION WILL REMAIN IN FULL FORCE AND EFFECT UNTIL ATLANTIS HAS RECEIVED WRITTEN NOTIFICATION FROM THE ACCOUNT HOLDER TO TERMINATE, IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD ATLANTIS A REASONABLE OPPORTUNITY TO ACT ON IT.

**YOU CAN FAX YOUR AUTHORIZATION TO 732-393-7200, ATTN: BILLING & ENROLLMENT OR
MAIL TO: ATLANTIS HEALTH PLAN 90 MATAWAN ROAD, SUITE 204, MATAWAN NJ 07747**

FOR NEW YORK STATE EMPLOYERS

Section 217 of the New York State Labor Law requires that you inform your employees of any plan to terminate their health care coverage. The law requires that a notice from you explaining the reason for the termination be either (1) hand delivered at the place of employment (e.g., by including the notice in the employees' pay envelopes); or (2) mailed to the employees' last known residential address. You must also post a copy of the notice of intent to terminate and the required covering letter in a conspicuous location. These actions must be taken at least nine days prior to the intended termination date.

The law does not apply if, at least 10 days prior to the date of the intended termination, you have (1) taken necessary steps to render an Atlantis notice of termination null and void, such as mailing the required premium; or (2) contracted with another insurer for similar coverage for the same certificate holders, and filed an affidavit with the Commissioner of Labor and Superintendent of Insurance to that effect.