

MEMPHIS Plan Enrollment Schedule

- The 1st statement will be mailed the first week of _____.
- The Bank Draft will occur _____.
- Coverage begins for the participant _____.
- Participant packets will be mailed and arrive the last week of _____.

Participant packets will be sent to the mailing address on the Enrollment Agreement.

If the 15th is on a weekend or Holiday the Bank Draft will occur the next business day.

Payments are expected monthly. Failure to pay may result in loss of coverage.

*Participant coverage will **NOT** begin until the 1st payment is received.*

*New participant packets are large, white envelopes with each participant's name on it.
It is YOUR responsibility as the Employer to distribute information to each participant.*

Each packet includes:

- 1) A letter with name, address and phone # of assigned physician
- 2) Peel Off Hospital card
- 3) 2 Discount Prescription cards

***If you do not receive the packet during the month indicated
CALL THE MEMPHIS PLAN OFFICE IMMEDIATELY!
1-901-272-7526***

Thank you for your interest in the MEMPHIS Plan.

Print Name: _____

Signature: _____ Date: _____