



**Coventry Health Care of Georgia, Inc.
SOLE PROPRIETOR BANK ACCOUNT DEDUCTION FORM – INDIVIDUAL POLICY**

As a convenience to me, I hereby request and authorize Coventry Health Care of Georgia, Inc. (Coventry) to deduct my CoventryOne® insurance premiums directly from my sole proprietorship's (named below) bank account.

I acknowledge and agree that:

1. The company named below is a sole proprietorship and as such there are no employees other than myself.
2. CoventryOne is not an employer-sponsored group health plan; it is an individual health insurance product.
3. I am ultimately responsible for the payment of my CoventryOne premium to Coventry. If my company fails to submit the required premium on my behalf, my CoventryOne coverage will terminate in accordance with the terms set forth in my CoventryOne policy, unless prior to termination I establish a personal payment arrangement directly with Coventry and pay any outstanding premium amount.
4. Coventry or I may terminate this sole proprietor bank account deduction program upon thirty (30) days advance written notice to the other party.
5. Participation in this sole proprietor bank account deduction program does not guarantee coverage. Coverage through CoventryOne is based upon the underwriting of my individual CoventryOne application.
6. I will indemnify Coventry in the event that any certifications made above are inaccurate or untrue.

Sole Proprietor Name: (print) _____

Company Name: (print) _____

Company Address: (print) _____

Sole Proprietor Signature: _____ **Date:** _____