

NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

19 Campus Boulevard • Suite 200 • Newtown Square, PA 19073-3288
800-523-4702 • www.neibenefits.org

Extended Benefit or COBRA Credit Card Payment Information

Personal Information

Member
Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home
Phone:

()

Alternate Phone: ()

E-mail Address:

ID Number:

Birth Date:

Payment Information

I authorize the National Elevator Industry Health Benefit Plan to charge my credit card on the nineteenth of each month for the applicable Extended Benefit or COBRA coverage premium.

Name on Card

Street Address

Apartment/Unit #

City

State

ZIP Code

Card Type: Visa®

MasterCard®

Card Number

Exp. Date

Security Code (3 digits)

Signed

Date

**You may mail your completed form to the address on the above letterhead
or fax it to the Eligibility Unit at (610)325-9028.**