

Appendix D. LIFE Monthly Premium and Payment Agreement

I understand that as part of my participation in the LIFE Program, I am required to pay a monthly premium as they relate to my continuing eligibility for Medical Assistance, Medicare and/or private pay services. I understand that the monthly fee may vary as my eligibility for these programs may change in the future and may be adjusted annually. I will be required to pay those monthly fees directly to my LIFE Provider.

I understand that all required payments to LIFE are due by the ____ of the month.

My payment to LIFE will be: \$_____

Effective date: _____

I agree to make the payment as indicated above:

Participant Signature

Date

Participant Printed

Representative Signature

Date

Representative Printed

LIFE Staff Signature

Date

LIFE Staff Printed