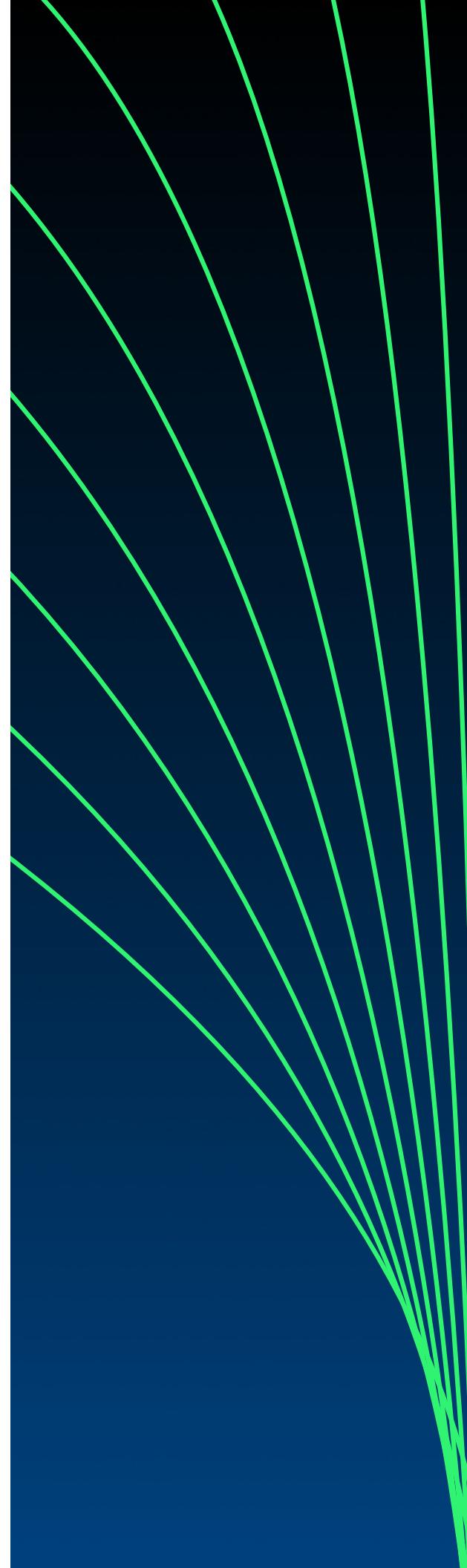


COUPE

Member Financial Onboarding Form Guide



Step 1

Visit the link provided by your HR or Benefit Admin Team to complete your Member Financial Onboarding Form and fill out the required fields.

COUPE

Member Financial Onboarding Form

Welcome to a new way to pay your healthcare costs: a single monthly statement for your out-of-pocket costs with built-in, 0% interest financing... no credit check needed! Use our payment platform to make your healthcare more affordable so you can access the care you need when you need it.

If you have any questions or are unable to complete this form, please reach out to [1-xxx-xxx-xxxx](tel:1-xxx-xxx-xxxx) for assistance.

Let's start by getting to know you. Please enter the Primary plan member's information below:

Primary Insured First Name	Primary Insured Last Name
<input type="text" value="John"/>	<input type="text" value="Sampleton"/>
Primary Insured Date of Birth	Primary Insured Email
<input type="text" value="01/01/1990"/>	<input type="text" value="JohnSampleton@gmail.com"/>
Date format - MM/DD/YYYY	
Primary Insured Last 4 of SSN	
<input type="text" value="...."/>	
<input type="button" value="Next"/>	

When you are done completing this section, click 'Next'.

Step 2

Click on the “eSign Disclosures” form and look over the disclosure forms. When finished, check “I agree” on both forms.

Please download eSign Disclosures

I agree to the [eSign Disclosures \(en español\)](#) and to receive electronic account records, have the required hardware and software to access and retain electronic records, and to sign all account documents electronically.

I agree

By signing below, you represent and agree that you have opened and viewed the [Multiple Advance Loan Agreement \(en español\)](#) and the [Privacy Statement \(en español\)](#) and agree to the terms and conditions of the agreements.

I agree

I agree to the [eSign Disclosures \(en español\)](#) and to receive electronic account records, have the required hardware and software to access and retain electronic records, and to sign all account documents electronically.

I agree

By signing below, you represent and agree that you have opened and viewed the [Multiple Advance Loan Agreement \(en español\)](#) and the [Privacy Statement \(en español\)](#) and agree to the terms and conditions of the agreements.

I agree

Step 3

Enter your preferred payment method and then click 'I agree'. Remember, you can change these preferences at any time.

Thank you for signing the financial agreements! Next, add a payment account to your payment profile.

Paytient's banking lenders require each plan member have an account on file to pay at least the minimum monthly financing payment on a monthly basis. Once you add an account, you can use it to set up an automatic payment plan to eliminate the worry of having to remember a monthly payment. Adding an account to your payment profile is necessary to enroll and be eligible for the health plan.



Bank Account



Debit/Credit Card



Payroll Deduction



HSA/FSA

By selecting the "Bank Account" option, you agree:

1. That this payment method may be automatically charged your selected cost-sharing amount each month.
2. That your health plan and Coupe Health and its vendors are not liable for any additional fees charged to you by your banking institution, such as interest or overdraft fees.

Please note any unresolved failure to pay the minimum cost-sharing amounts due may result in Coupe Health forwarding your account to collections.

Routing Number

080989430

Account Number

0014409843

Name on Account

John Sampleton

Account Type

Checkings Savings

Please choose your preferred payment amount and timing:

AUTO-PAY MINIMUM DUE

WITH ACCOUNT ON FILE

AUTO-PAY FULL BALANCE

WITH ACCOUNT ON FILE

PAY ON YOUR OWN SCHEDULE

WITH YOUR PREFERRED METHOD*

*Payments are due at the end of each month. If we do not receive at least your minimum payment by the due date, we will charge your preferred payment account on file for the minimum payment due on the day following the due date. If you choose an auto-pay option, we will automatically charge your account, and you will not need to worry about managing due dates.

I Agree



Thank you for completing the agreements and providing your payment method selections! You should receive PDF copies of your signed agreements in a separate email from HelloSign shortly.

Summary of Your Selections

When you have a balance due...

Primary payment method authorized: Debit Card ending in ****6680

Back-up payment method authorized (if primary method fails): NA

How much would you like to pay: Your minimum due each month

When would you like to pay: You want to log into the portal to make a payment or send a check each month on the date of your choosing. (If your minimum is not paid by the due date, your payment account will be charged the minimum the following business day.)

If you ever want to change your selection, please come back to this form at [sample](#).

If you have any questions, please reach out to your Health Valet at [1-xxx-xxx-xxxx](#).

After you select 'I Agree', you will see a summary of your selections and receive a confirmation email, confirming you have completed the financial onboarding process.

If you do not receive a confirmation email contact the Health Valet team at 1-833-749-1969 or healthvalet@coupehealth.com.

CoupeHealth.com

