Arkansas Department of Human Services
TEFRA Waiver Program
Premium Notification

Dear TEFRA Recipient:

This letter is notification of your TEFRA Waiver premium amount and the monthly payment options. You will also receive periodic Premium Invoice and Statement of Account forms.

Your monthly TEFRA waiver premium is ___(premium amount)_. An initial payment for your first two months premium (for the months of XXX and XXX) is due upon receipt. The total amount due is _____. Future payments will be made based on the payment option you select.

Your TEFRA Account Number is:_____
Enter your TEFRA Account Number on the Premium Payment Selection Form and on personal checks and money orders. Make your check or money order payable to: *TEFRA Premium Unit*.

ENCLOSED ARE THE FOLLOWING:

1) TEFRA Waiver Program Premium Payment Selection form. Please complete this form, attach the appropriate documentation and return in the envelope supplied.

2) Pre-paid business reply envelope for your convenience in returning your initial payment and your TEFRA Waiver Premium Payment Selection form.

If you choose to pay by monthly bank draft, your bank account will be drafted on the first business day of each month. If you choose to pay by check or money order, you will be required to remit payments on a quarterly basis. You will receive a monthly Invoice and Statement.

The bank that will process premium payment checks and monthly bank drafts on behalf of the Department of Human Services will charge you $3.00 for check overdrafts and up to $5.25 for failed monthly bank drafts. These fees, if assessed, will be shown on the monthly Premium Invoice and Statement of Account form.

If you need assistance in completing the forms or if you have any questions, please contact the TEFRA Premium Unit at their toll free number, 1-866-239-9938.

Sincerely,

TEFRA Premium Unit