

Provider Address (Enter Below)

Dear Provider,

I am writing to request a deferment of my membership.

I am requesting that my deferment start on _____/_____/_____ (date).

Please defer billing and accumulation of care on my account for **(Circle One)**:

- A) One Month Deferment
- B) Two Month Deferment
- C) Three Month Deferment

Please circle below your deferment history (Circle One):

- A) This is my first deferment request
- B) This is my second deferment request
- C) This my third and final deferment request

I authorize you to start billing my account and re-activate my membership at the end of the deferment period.

Print Name: _____

Sign Name: _____