



AUTHORIZATION FOR LIA HEALTH ALLIANCE TO ACT AS AGENT FOR BILLING TO THE UNDERSIGNED SOLE PROPRIETOR/GROUP OF ONE

The undersigned hereby requests that Oxford bill and collect all premiums from LIA Health Alliance who shall act as agent for the undersigned.

The undersigned hereby directs Oxford to send all billing notices and shall collect premium from LIA Health Alliance as the authorized agent for the undersigned.

The undersigned understands and agrees that all billing notices including any notices of delinquency and/or termination shall be sent to the LIA Health Alliance and that such notice sent to LIA Health Alliance shall be treated the same as a notice sent directly to the undersigned.

The undersigned further understands and agrees that this authorization does not in anyway remove or diminish its obligation to pay or Oxford's right to collect directly from the undersigned any premium that is due and owing to Oxford that has not been paid on its behalf by the LIA Health Alliance.

Oxford will follow its standard billing and termination practices in operation of this arrangement.

This authorization shall be effective as of the date executed below and shall remain in place until revoked by the undersigned in writing.

[Name of Individual Authorized Sign on Behalf of the Sole Proprietor and/or Group of One]

[Date]