

OFFICE OF THE ATTENDING PHYSICIAN TO THE U.S. CONGRESS
2021 MEDICAL SERVICES ENROLLMENT & PAYMENT FORM

Member: _____ **Date of Birth:** _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (MM/DD/YEAR)

Washington, D.C. Office Address: _____
(ROOM NUMBER) (HOUSE OFFICE BUILDING)

Washington, D.C. Home Address : _____
(STREET ADDRESS) (APARTMENT NO.) (CITY) (STATE) (ZIP CODE)

Congressional District Home Address: _____
(STREET ADDRESS) (APARTMENT NO.) (CITY) (STATE) (ZIP CODE)

Telephone Nos.: _____
D.C. OFFICE (AREA CODE) (NUMBER) D.C. HOME (AREA CODE) (NUMBER)

_____ CELL PHONE (AREA CODE) (NUMBER) DISTRICT OFFICE (AREA CODE) (NUMBER)

Office Fax Nos.: _____
D.C. OFFICE (AREA CODE) (NUMBER) DISTRICT OFFICE (AREA CODE) (NUMBER)

E-mail address: _____

Emergency Contact : _____ **Relationship to Member:** _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

Office Address: _____
(STREET ADDRESS) (APARTMENT NO.) (CITY) (STATE) (ZIP CODE)

Home Address: _____
(STREET ADDRESS) (APARTMENT NO.) (CITY) (STATE) (ZIP CODE)

Telephone Nos.: _____
OFFICE (AREA CODE) (NUMBER) HOME (AREA CODE) (NUMBER) CELL PHONE (AREA CODE) (NUMBER)

E-mail address: _____

ENROLLMENT ELECTION

☐ I hereby submit my election to enroll in the OAP medical services plan for calendar year 2021.

PAYMENT OF THE 2021 ANNUAL FEE

Payment may be made via check or payroll deduction. Please select your preferred payment method from the options below:

- ☐ I prefer to pay the 2021 annual fee as a lump sum payment by check. Enclosed is my personal check made payable to the U.S. Treasury in the amount of \$646.32 to cover the total cost of the 2021 annual fee.
- ☐ I prefer to pay the 2021 annual fee by payroll deduction. By signing this form, I authorize the Office of the Chief Administrative Officer (CAO Members' Services) to deduct: (select one)
- ☐ A ***lump sum payment*** of \$646.32 from my salary in the next available pay period to cover the total cost of the 2021 annual fee.
- ☐ ***Equal monthly payments*** from my salary starting in the next available pay period and in each of the subsequent pay periods of the 2021 pay year to cover the total cost of the 2021 annual fee (\$646.32).

MEMBER'S SIGNATURE

Date (mm/dd/year)

Please submit your completed form to:
Office of Members' Services
160 Cannon House Office Building
Washington, DC 20515
or email to
CAOMembersServicesTeam@mail.house.gov