

<p style="text-align: center;">HYDE PARK CSD</p> <p style="text-align: center;">2020-2021 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p style="text-align: center;">JULY 2020</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p style="text-align: center;">HYDE PARK CSD</p> <p style="text-align: center;">2020-2021 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p style="text-align: center;">AUGUST 2020</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p style="text-align: center;">HYDE PARK CSD</p> <p style="text-align: center;">2020-2021 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p style="text-align: center;">SEPTEMBER 2020</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>
<p style="text-align: center;">HYDE PARK CSD</p> <p style="text-align: center;">2020-2021 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p style="text-align: center;">OCTOBER 2020</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p style="text-align: center;">HYDE PARK CSD</p> <p style="text-align: center;">2020-2021 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p style="text-align: center;">NOVEMBER 2020</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p style="text-align: center;">HYDE PARK CSD</p> <p style="text-align: center;">2020-2021 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p style="text-align: center;">DECEMBER 2020</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>
<p style="text-align: center;">HYDE PARK CSD</p> <p style="text-align: center;">2020-2021 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p style="text-align: center;">JANUARY 2021</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p style="text-align: center;">HYDE PARK CSD</p> <p style="text-align: center;">2020-2021 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p style="text-align: center;">FEBRUARY 2021</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p style="text-align: center;">HYDE PARK CSD</p> <p style="text-align: center;">2020-2021 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p style="text-align: center;">MARCH 2021</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>
<p style="text-align: center;">HYDE PARK CSD</p> <p style="text-align: center;">2020-2021 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p style="text-align: center;">APRIL 2021</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p style="text-align: center;">HYDE PARK CSD</p> <p style="text-align: center;">2020-2021 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p style="text-align: center;">MAY 2021</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p style="text-align: center;">HYDE PARK CSD</p> <p style="text-align: center;">2020-2021 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p style="text-align: center;">JUNE 2021</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>

All payments must be received by the 30th of the month in which they are due. **Make checks payable to: HYDE PARK PREMIUM BILLING.**

Mail payment to: The Preferred, P.O. Box 16275, Albany, NY 12212. Write in the memo section: HPCSD and your name. Thank you!