DeanHealthPlan
A member of SSM Health

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Authorization for Automatic Transfer of Funds (Form B)

Dean Health Plan, Inc. offers an easy way to make monthly premium payments, called the **Direct Premium Payment Program**. This service allows Dean Health Plan to automatically transfer funds from your checking or savings account on a monthly basis to pay your monthly premiums. This program ensures your monthly premiums will be paid timely even if you are traveling and there is no cost to you for this service.

To participate, simply sign this authorization and attach a voided check that shows the bank and account number. Please be sure to fill in your financial institution name, routing number and account number below. We will take care of the rest!

The Direct Premium Payment Program will generally start on the 23rd of the month following acceptance of your application. You will receive a letter prior to the first transfer notifying you of the amount that will be transferred from your account and when the first transfer will occur. Thereafter, your monthly premium will be transferred from your account on the 23rd of each month or the business day following. If your account has insufficient funds for the transfer, you are responsible for the monthly premium.

If you have any questions, please contact the Customer Care Center at (800) 279-1301.

By signature below, I authorize Dean Health Plan to instruct my financial institution to deduct my premium payments from the account designated below. I authorize the financial institution to debit the amount of my premium from my designated account. This authorization is to remain in full force and in effect until Dean Health Plan has received written notification from the individual member of their termination in such time and in such manner as to afford Dean Health Plan and the financial institution a reasonable opportunity to act on it.

_____ _____
Name of Account Holder (please print) Name of Financial Institution

Routing number: | | | | | | | | | | Type: ___ Checking ___ Savings

Account number: | | | | | | | | | | | | | | | | | |

_____ _____
Signature of Applicant Date (mm/dd/yyyy)

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