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AUTHORIZATION FOR AUTOMATIC TRANSFER OF FUNDS

The health plan offers an easy way to make monthly premium payments, called the **Direct Premium Payment Program**. This service allows the health plan to automatically transfer funds from your checking or savings account on a monthly basis to pay your monthly premiums.

Here's how it works: To participate, simply sign this authorization and send it to the health plan along with a voided check or one of your company's bank deposit tickets that shows the bank and account numbers. (If the deduction is to be made from your savings account, we will need the bank name, routing number, and savings account number filled out below.) We will take care of the rest!

The Direct Premium Payment Program will start the 23rd day of each month. Automatic transfers from your bank account will occur at the same time each month prior to the month of coverage. Any transfers that are not possible due to insufficient funds will be your responsibility.

If you have any questions, please feel free to contact our Customer Care Center at 1-800-279-1301.

This authorization is to remain in full force and in effect until the health plan has received written notification from the employer group of its termination in such time and in such manner as to afford the health plan and the bank a reasonable opportunity to act on it.

On behalf of the employer group listed below, I hereby authorize the health plan to initiate debit entries to the company account:

Employer Name _____

Group Number(s) _____ Month to begin deductions _____

Bank Name _____

Checking # _____ or Savings # _____ Routing # _____

(Payment must be made from a company authorized account.)

Authorized Signature _____ Date _____

Don't forget to attach a deposit slip or voided check, or if the deduction is to be made from your savings account include the bank name, routing number and account number above.