

**Now you can pay your Health insurance premium the easy, safe and dependable way:**

**Automatic Premium Payment**

The Automatic Premium Payment Withdrawal option allows Univera Healthcare to deduct your premium from your bank account.

You will receive a statement before the withdrawal is made so you will always know exactly what is being deducted from your account.

**Sign Up Today! It's Easy! Here's How:**

1. Complete the application that is on the inside of this brochure.
2. Attach a voided check or deposit ticket. (starter checks are not accepted)
3. Please continue to make any outstanding payments as you will be notified when your automatic premium payment withdrawal application has been processed.

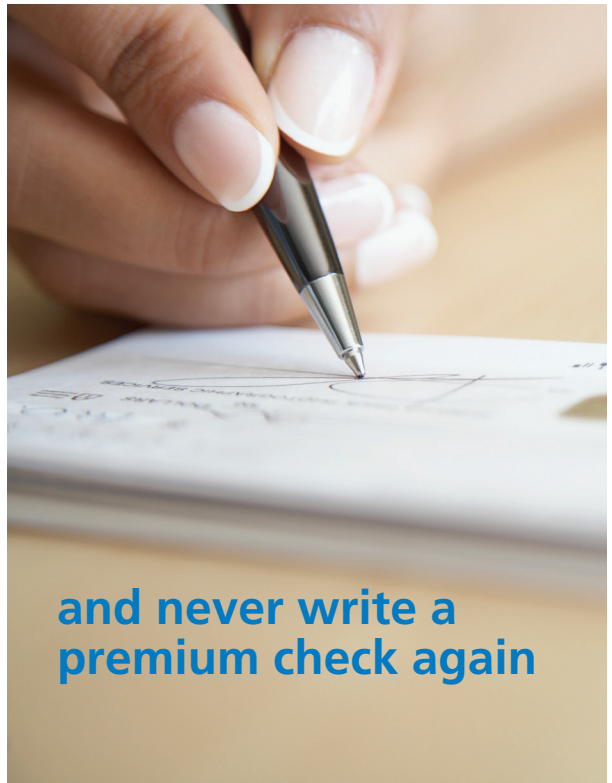
Once we process your application, you will receive a confirmation letter advising you that we will deduct your next premium payment from your bank account.

**Questions?**

We can answer your questions, just call our customer department at the phone number listed on your identification card.

**Making it Easier for You?**

With automatic premium withdrawal we will deduct your insurance premium from your bank account.



Locally based.  
Individually focused.™

# Automatic Premium Payment Authorization Form

When completed, mail this form and your voided check to:

PO Box 211256  
Eagan, MN 55121

Subscriber Identification Number: \_\_\_\_\_

Subscribers Name: \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Branch: \_\_\_\_\_

Bank Account#: \_\_\_\_\_

Bank Routing#: \_\_\_\_\_

Indicate type of account:  Checking  Savings

Payment withdrawals are made on the 4<sup>th</sup> calendar day of the month.

I authorize Univera Healthcare to charge the designated bank account as noted.

Authorization pertains only to the subscriber identification number(s) and the corresponding premium payments for those members listed on this form. This agreement remains in force until I notify Univera Healthcare in writing of its termination, or subscriber is no longer eligible for coverage or insufficient funds.

Account Holder's Name: \_\_\_\_\_  
Last First MI

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ATTACH CHECK HERE:

Reminder - Your application cannot be processed without a voided check or deposit ticket