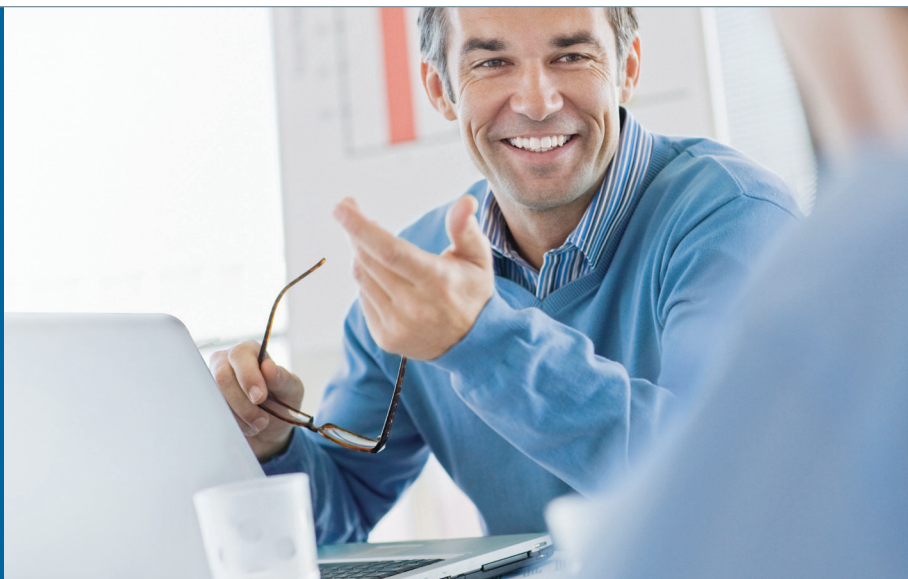


Scheduled Direct Debit



Now you can pay your UnitedHealthcare monthly premiums automatically with Scheduled Direct Debit. Save time and get peace of mind by having your premiums automatically withdrawn directly from your checking account.

How Do Preauthorized Payments Work?

When you complete and submit the authorization form on the reverse side, this allows the payments you have authorized to be withdrawn from your designated checking account. The funds are sent electronically to UnitedHealthcare.

Note: UnitedHealthcare must receive a 30-day written notification prior to implementing a change or termination of preauthorized payments.

When Must the Money Be in My Account?

Your bank account must have the full dollar amount due in available funds by the first of the month in order for the current month's preauthorized payment to be made. Your scheduled direct debit will be drafted on or about the 10th of the month. If your account has insufficient or uncollected funds, your bank will return the preauthorized payment and may charge you just as if you had a check returned for the same reason.

When Will My First Premium Payment Be Deducted?

UnitedHealthcare will notify you of your initial deduction at least 10 days prior to the transaction date. You will need to send in your premium payment until you are notified when your first premium payment will automatically be deducted. All subsequent premium payment deductions will be reflected on the statement from your financial institution.

To sign up for automatic payment of your monthly premium, complete and email, fax or mail the authorization form on the back side of this page, along with your voided or clean copy of a check to us as noted below.

eMail:
Direct_Debit@uhc.
com

Fax:
1-218-279-6493
Attn: Accounts
Receivable

Mail:
UnitedHealthcare –
Duluth
Attn: Accounts
Receivable
MN 015-2838
4316 Rice Lake Rd.
Duluth, MN 55811

Questions?
Call Center:
1-888-842-4571

The Benefits of Scheduled Direct Debit

- ▶ More convenient and more secure than using paper
- ▶ Automatic payments ensure continuous coverage
- ▶ Savings in time and money
- ▶ Better for the environment



Scheduled Direct Debit Authorization Form

Enrollment instructions

1. Complete the form below.
2. List all customer numbers and bill groups that you wish to have paid by automatic withdrawal.
3. Email, fax or mail using the contact information found at the bottom of this authorization form.

IMPORTANT: Please return the completed form along with a voided check (no deposit slips please.)

Statement of understanding

By executing this document in the space provided below, I hereby confirm that I am authorized to act on behalf of the employer/customer ("Group") described below and agree on behalf of Group to the following terms and conditions:

- Group authorizes UnitedHealthcare to debit the group checking (account # provided below) for all monthly charges for coverage.
- Group understands that it may take up to one month to set up Scheduled Direct Debit and consequently all overdue premiums should be promptly paid in order to avoid receiving a delinquency letter and possible termination of your account during this initial set up period.
- Group understands and agrees that it will have sufficient funds in its account to cover the full premium invoice on the draft due date. If necessary funds are not in your account on the draft due date, group coverage may be subject to termination proceedings consistent with the terms stated in your UnitedHealthcare contract.
- Group agrees to promptly notify UnitedHealthcare of any change to the information provided.

Authorization

Authorization is given to UnitedHealthcare to initiate debits (payments) to the financial institution indicated below. This financial institution is authorized to debit the account. This authority is to remain in full force and effect until either a 30 day revocation notice is written to UnitedHealthcare; it is cancelled by UnitedHealthcare under the conditions stated above; or upon termination of coverage with UnitedHealthcare.

Determining Your Routing Number

To determine your routing number, refer to your company check. **The routing number is ALWAYS 9 digits long** and it is enclosed by colons. The location of the routing number and account number on your company check varies depending on your bank; for example:

Bank 1

Diagram of a check for Bank 1. The routing number (123456789) is circled and labeled 'Routing #'. The account number (987654321) is circled and labeled 'Account #'. The check number (0301) is circled and labeled 'Check #'. The routing number is enclosed in colons.

Routing # Account # Check #

Bank 2

Diagram of a check for Bank 2. The routing number (123456789) is circled and labeled 'Routing #'. The check number (0301) is circled and labeled 'Check #'. The account number (987654321) is circled and labeled 'Account #'. The routing number is enclosed in colons.

Routing # Check # Account #

Bank 3

Diagram of a check for Bank 3. The check number (0301) is circled and labeled 'Check #'. The routing number (123456789) is circled and labeled 'Routing #'. The account number (987654321) is circled and labeled 'Account #'. The routing number is enclosed in colons.

Check # Routing # Account #

If you are unsure what the routing number/transit number is, your bank can assist you.

I have read and agree to the terms and conditions outlined above.

Authorized signature and title of signatory

Date

Employer name/Customer name/Policy name

Employer email address

UnitedHealthcare customer number and bill group(s)

Name of your financial institution

Telephone number of financial institution

Routing/Transit Number (9 Digits)

Account Number (include all zeroes and omit spaces/special characters)

Mail to: UnitedHealthcare – Duluth
Attn: Accounts Receivable
MN 015-2838
4316 Rice Lake Rd.
Duluth, MN 55811

OR Fax to: 1-218-279-6493
Attn: Accounts Receivable

OR eMail to: Direct_Debit@uhc.com

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.