

# AmeriHealth Medigap Plans HMO Electronic Funds Transfer

## Paying your monthly premium just got easier!

Electronic Funds Transfer (EFT) is a payment option that lets you quickly and automatically pay your AmeriHealth Medigap plan premium bills each month. Once you sign up for EFT, you'll never have to write checks for plan premium bills again.

### Never forget to make a payment

With EFT, each bill is automatically deducted from your checking or savings account. You'll never be bothered with remembering to pay your bill. EFT takes care of it for you, even when you're away on vacation.

### It's free!

EFT is absolutely free. There are no sign-up fees or charges per transaction, and you'll save money on postage.

### What if I don't have enough money in my account?

EFT takes the worry out of writing a premium check each month. However, if AmeriHealth Medigap Plans do not receive the appropriate funds as a result of insufficient funds in your bank account,

you will be billed through the mail for your monthly premium.

### Sign up for EFT

It's easy to sign up for EFT. Just complete the authorization form below (both sides) and follow the instructions on the back of this form.

### For more information

If you have any questions about using EFT, please call our Member Help Team at 1-866-406-5967, Monday through Friday, 8 a.m. to 6 p.m. (TTY/TDD: 711). Please note that on weekends and holidays from February 15 through September 30, your call may be sent to voicemail.

To request another copy of the AmeriHealth Medigap Plans EFT authorization form, call our Member Help Team at 1-866-406-5967, Monday through Friday, 8 a.m. to 6 p.m. (TTY/TDD: 711).

*(continued on back)*



## Authorization form *(Please complete both sides.)*

### Payment authorization

I (We) authorize my (our) bank or savings institution to make payments to AmeriHealth Medigap Plans from the account provided on the back of this form. I (We) understand this authorization may be revoked by me (us) at any time by calling the Member Help Team to discontinue the automatic payment. I (We) agree to maintain sufficient funds in the account to permit these deductions. If the account does not maintain sufficient funds, I (we) will be billed through the U.S. mail. If sufficient funds are not maintained during the next billing cycle, my (our) EFT option will be cancelled. The bank or savings institution will have no liability, except due to an error by the institution or by the plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature (if joint account) \_\_\_\_\_ Date \_\_\_\_\_

Signature of AmeriHealth Medigap Plans policyholder  
(if not bank account holder/policyholder) \_\_\_\_\_ Date \_\_\_\_\_

## To register for EFT

Complete the authorization form below (both sides) and send it to PO Box 7820, Philadelphia, PA 19101-7820 along with a voided check. If you want the debit to come from your savings account, please contact your financial institution and request the ABA routing number. Use only one form per applicant.

After mailing your completed EFT application to AmeriHealth Medigap Plans, you should continue to pay your monthly premium directly to the plan until you receive confirmation of enrollment in the EFT program.

If you need assistance completing this form, please call our Member Help Team.

## What to expect upon enrollment in EFT

Upon confirmation of your information and account status, your electronic withdrawal may begin as early as next month.

Payments will be debited on the 5th day of each month, unless the 5th falls on a weekend or bank holiday. If that happens, the deduction will occur on the next business day.

Please await written confirmation that you are enrolled in the program before you stop paying your bill by check or on our website.

If AmeriHealth Medigap Plans do not receive payment as a result of insufficient funds in your bank account, you will receive a notice that your payment is past-due. If your EFT payment remains unresolved the following month, you will be dropped from the program and be billed through the mail. Your bank may impose charges for payments declined due to insufficient funds. If you fail to pay your monthly premium after receiving a paper bill, you will be sent a notice reminding you that your plan premium is due in full.

AmeriHealth Medigap Plans  
PO Box 7820  
Philadelphia, PA 19101-7820



AmeriHealth Medigap Plans are offered through AmeriHealth Insurance Company of New Jersey.

AM7088 (10/15)

## Authorization form *(Please complete both sides.)*

### Payment authorization

I understand this authorization may be revoked by me at any time by contacting the Member Help Team or sending a letter to discontinue my automatic payment.

Policyholder: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Financial institution: \_\_\_\_\_

ABA routing # (first 9 digits): \_\_\_\_\_  Checking  Savings (no passbooks)

Bank account #: \_\_\_\_\_