

# Automatic premium payments

Electronic funds transfer request for automatic payments

Paying your health insurance premiums is easy with the Everence® electronic funds transfer (EFT). EFT allows you to pay your health premiums – automatically. Your payments appear on your statements from your financial institution.

Simply complete this request form and return it to your Everence representative or send it to Everence, Attn: Member Services, P.O. Box 483, Goshen, IN 46527, fax it to (574) 537-3627, or email it to [member.services@everence.com](mailto:member.services@everence.com).

## Policyholder information

Policyholder name \_\_\_\_\_ Birth date \_\_\_\_\_

Home phone number \_\_\_\_\_ Daytime phone number \_\_\_\_\_

## Account information

Type of account: ☐ Checking ☐ Savings

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

Name(s) on account \_\_\_\_\_

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

*See the back of this form for the location of your routing number and account number on a check.*

## Payment deduction date

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Please note that if your payment date falls on a holiday or weekend, the deduction from your account will occur on the next business day.

☐ I would like Everence to assign the date my premium is deducted from my account.

☐ Please deduct my payment on the \_\_\_\_\_ day of the month. (You may select a day anytime between the first and 28th day of the month.)

## Authorization

I authorize Everence Association Inc., a fraternal benefit society, to withdraw funds from my account for my initial and/or renewal premiums and understand that the amounts may differ. Premium shortages may result from a variety of causes. I authorize you, my financial institution, to pay from my account to "Everence Association Inc." any preauthorized electronic fund transfers. Your rights with each charge will be the same as if personally paid by me. The authorization will be effective until I give you at least three business days' notice to cancel. If notice is given verbally, you may require written confirmation from me within 14 days after my verbal notice.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

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Detach along this line and keep for your reference.

## How automatic Medicare supplement plan premium payments work

1. Automatic withdrawals for premium payments are made on the scheduled date. You simply subtract the premium amount from your account balance when the payments are made. Everence will inform you of the exact amount to deduct and when during the month the automatic payment will occur.
2. Your financial institution will report the automatic payment on your statement. This is the only notification you will receive from your financial institution.
3. If you change financial institutions or accounts, you'll need to complete another request form immediately. Early notification helps you receive the best service.
4. Everence will notify you whenever the amount of your premium changes.
5. If there is any problem with your electronic funds transfer account or if you wish to change your payment arrangements, please notify your Everence representative or Everence – not your financial institution.

### Everence Association, Inc.

1110 N. Main St. Toll-free: 800-348-7468  
P.O. Box 483 T: 574-533-9511  
Goshen, IN 46527  
[everence.com](http://everence.com)

1025

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_

\$

\_\_\_\_\_ DOLLARS

Security Features Included. Details on Back.

MEMO \_\_\_\_\_

⑆000000000⑆

⑆000000000⑆

1025

routing number

account number