

United Schools Associates "The Educators' Benefits Company" PAYMENT AUTHORIZATION AGREEMENT

POLICY HOLDER/APPLICANT INFORMATION

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	PERSONAL PHONE NUMBER
ADDRESS	CITY	STATE ZIP CODE
PERSONAL E-MAIL ADDRESS	SCHOOL NAME	
PAYMENT INFORMATION		
Initial Premium Payment School Group/No Initial Payment Rec For new policies only.	uired <u>Amount Due: \$0.00</u>	Initial Payment Date:// (If different than recurring payment start date)
Payment Type: Check Bank Draft Credit Card Payroll D	Deduction/Split Direct Deposit (HR4U)	Policy Application Date://
For all new policies except for life insurance, your coverage will be effective as of the date of application if 1) you provide a full monthly premium payment at the time of application or authorize a full monthly premium payment with an Initial Payment date that coincides with the Application Date, 2) you provide a Recurring Payment Start Date no later than 45 days after the Initial Payment Date, and 3) the coverage applied for is issued. Otherwise, your coverage will be effective as of the date it is issued by United Schools Associates and/or its affiliated insurance carries and the effective date will be provided to you as part of your policy documentation.		
Recurring Premium Payment Attaching a voided check may assist in the proce	ssing of this authorization.	nto: / /
Payment Type: 🔄 Bank Draft		ate://
Credit Card	Recurring Payn	nent Start Date : Next Payroll cycle
Payroll Deduction/Split Direct Deposit	Deduction An	nount: \$
Payment Frequency: Bi-weekly (Tenthly) Payments will be charged on the Recurring Payment Start Date above and every two weeks thereafter. (Excluding two months of the year)		
Bi-weekly (26 pay) Payment will be charged on the Recurring Payment Start Date above and e	, , , , , ,	
Semi-Monthly Payments will be charged on the same day of the month as the day indicat		oximately one half month after the first semi-monthly
premium payment unless an alternate day of the month is provided here.	ou abovo in the recoming start Date and on a day appr	onimatory one main month and the mot semi-monthly
MonthlyPayments will be charged each month on the same day of the month as th	e day indicated above in the Recurring Payment Start D	Date.
Quarterly Payments will be charged every (3) three months on the same day of the r	nonth as the day indicated above in the Recurring Paym	nent Start Date.
Semi-Annually Payments will be taken every (6) six months on the same day of the month	as the day indicated above in the Recurring Payment S	tart Date.
Annually Payments will be taken every year on the same day and month as the day	and month indicated above in the Recurring Payment S	Start Date.
To set up your recurring deduction via ACH and verify accuracy of your account, the company will run a test deduction in the amount of <u>\$0.01 within the next 7 days from your bank or credit card.</u> The first recurring premium payment will be taken on the date stated as the Recurring Premium Start Date unless this form is received and processed after the dates indicated in which case the first recurring that date will be made as soon as reasonably possible after the date indicated. In the event the date for any scheduled recurring payment falls on a non-business day, the scheduled recurring payment will be taken on the normally scheduled date. A recurring Payment Start Date that is more than 45 days after the initial Payment Date may change upon which the coverage is effective.		
CREDIT CARD AND BANK INFORMATION		
Credit Card Bank Draft		
Name on the Credit Card: 0	Credit Card Type: Visa Master	Card Discover Amex
Card Number:	Expiration Date:/	CV:
Card Billing Address (if different than the above):		
Electronic Bank Draft	CITY	STATE ZIP
Account Holder's Name:	Bank Name:	
FIRST NAME MI LAS		
Routing No.: Account No).:	
Account Billing Address (if different than the above):	СІТУ	STATE ZIP
PAYMENT AUTHORIZATION AGREEMENT I authorize United Schools Associates (USA) or its affiliates to receive ACH Payments for my prem listed above and/or make withdrawals from the bank account listed above in accordance with the F authorize the corresponding institutions to process such transactions. In the event that the authoric coverages on which I am the payor, I authorize USA to increase/decrease the amount noted above authorizations for payment which I have provided to USA or its affiliates. If the above-noted premiu business day. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I schedule or within 30 days, and I agree to an additional \$25.00 charge for each attempt returned N authorization will remain in effect until I cancel it in writing, and I agree to notify USA in writing of any of USA is a Licensed Third Party Administrator (TPA), and is responsible for making all of your premi payment, which has already been built into the price listed above.	Payment Information above for a one-time Initial Pre- zed amount for a Recurring Premium Payment exce- to correspond with premium amounts due. This auth- m payment dates fall on a weekend or holiday, I un understand that USA may, at its discretion, attempt i SF, which will be initiated as a separate transaction fi thanges in my account information (or termination of th	mium Payment and/or Recurring Premium Payments. I also eds the amount necessary for payment of premiums for all orization does not revoke or amend any previously-executed iderstand that the payment(s) may be executed on the next to process the charge again on my next recurring payment rom the authorized recurring payment. I understand that this is authorization) at least 15 days prior to the next billing date.
CARD HOLDER/ACCOUNT HOLDER SIGNATURE PRINTE	D NAME	DATE
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