

Medica Individual and Family Plans Automated Payment Plan (ACH) Authorization Form

MEDICA®

Benefits of using our automated payment plan:

Peace of Mind: Worry-free way to ensure your health plan premium payments are received on time, every time.

Safe: Automatic premium payment is a safe transaction, protecting you and your hard-earned money. The fund transfer is conducted using the Automated Clearing House (ACH) system with the withdrawal happening on the 1st of the month. ACH is a fund transfer system with national rules, standards and procedures that is widely used by financial institutions across the country.

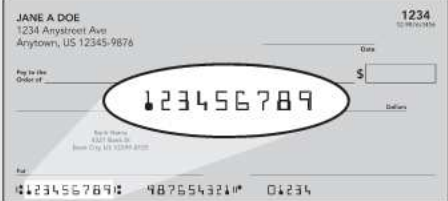
Easy: No more wondering if you have checks, envelopes or stamps on hand.

- **New applicants:** Please be sure you include a check for one month's payment.
- **Existing Medica members:** Do not send money. However, in order for the ACH program to be activated by the time your next premium is due, Medica must receive this Authorization Form at least 30 days prior to the start of the month you would like it effective.

**Please mail this completed
ACH Authorization Form to:**

Medica Automated Payment Plan
Mail Route CP312
PO Box 9310
Minneapolis, MN 55440-9310

Or, fax it to:
952-992-2511

BANK ACCOUNT INFORMATION	Bank name			Telephone	
	Street Address		City	State	Zip
	Name on bank account			Tip: Your account routing number is the 9-digit number located in the lower left corner of your personal checks.	
	Bank account number				
	Account routing number (see tip at right)				
					

I authorize Medica and the bank named above to initiate monthly withdrawals from my checking account, as indicated. This agreement will remain in effect until I notify Medica and my bank in writing to cancel it.

Print name of applicant/Medica member		Social Security Number	
Signature of bank account holder	Date	Signature of bank account holder (if joint account)	Date
X		X	

The ACH fund transfer will remain in effect until you notify Medica and your bank to cancel it. If you wish to stop the ACH fund transfer, you must notify Medica seven business days prior to the month premium is due. In addition, you will be notified within at least 30 days of any premium increase before the higher premium is deducted from your account. If the necessary funds are not present in my account the designated day for automatic payment, Medica will send me an invoice for the past due premium. This premium must be paid in order to avoid termination of my policy. I understand that I will be liable for any expenses Medica may incur following my termination date if termination results from non-payment.

Questions? Please call Medica at 952-992-1805 or 1-866-894-8051 between 8 a.m. to 5 p.m. Monday through Thursday or 9 a.m. to 5 p.m. Friday. TTY users may call 952-992-3650 or 1-800-234-8819.

© 2012 Medica. Medica® is a registered service mark of Medica Health Plans. "Medica" refers to the family of health plan businesses that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, and Medica Health Management, LLC.