

UnitedHealthcare Electronic Funds Transfer (EFT) Is Here for All GA- 23111 Plans and COBRA Enrollees

UnitedHealthcare is excited to introduce you to **Electronic Funds Transfer (EFT)**. A payment method that allows you to have your payment automatically deducted from your checking account. It is a fast, secure way to ensure that your medical insurance is paid, even when you are away from home.

Enrollees you can feel comfortable in knowing:

- Your insurance is paid when you are away from home
- You will save on the cost of checks and rising postage rates
- You know that your checks have not been lost in the mail
- You will always be paying the proper rate
- You will receive a record of payment on your bank statement
- Your payment will be withdrawn on or about the fifteenth of the month

TAKE ADVANTAGE OF THIS GREAT PROGRAM AND SIGN UP FOR EFT TODAY!

- Complete the attached form and sign.
- Attach a voided check.
- Send to:
UnitedHealthcare
Railroad Accounts: EFT
450 Columbus Blvd
CT030-13NA
Hartford, CT 06103
- You should continue to make your monthly payments until notified your monthly automated withdrawal will happen. You will receive a "VERIFICATION OF ELECTRONIC PREMIUM WITHDRAWAL" statement, which will replace the monthly billing statement. This statement will advise you the date when the withdrawal will take place and the amount to be withdrawn.
- **PLEASE DO NOT SEND WITH YOUR PAYMENT COUPON**

Questions: Please call 800-842-5252

*****Premiums must be paid through the current period in order to enroll*****

These forms are only to be used for UnitedHealthcare Railroad Accounts



Electronic Funds Transfer
AUTHORIZATION FORM

Railroad Accounts-EFT
450 Columbus Boulevard
CT030-13NA--EFT
Hartford, CT 06103

INSTRUCTIONS:

1. Complete the information below.
2. Sign and date the completed form.
3. Attach a voided check. Do not send a deposit slip or canceled check.
4. Mail the completed, signed form along with the voided check to the address indicated below.
5. Accounts will be converted to a monthly status in order to be enrolled in EFT.

Member Information:

Member First Name: _____ M.I.: ____ Last: _____

Billing Agreement / Subscriber Number: _____

I (we) authorize UnitedHealthcare Railroad Accounts to initiate monthly deductions, in the amount of the current rate for the coverage month(s) for which payment is due from the checking account named on this form and authorize the named banking facility (BANK) to charge such deductions to my (our) account.

This authority remains in effect until UnitedHealthcare Railroad Accounts and BANK receives notification from me (or either of us) of its termination in such time and manner as to give UnitedHealthcare Railroad Accounts and BANK a reasonable opportunity to act on it. I (we) have the right to stop payment of a deduction by notification to BANK in such time as to give BANK a reasonable opportunity to act upon it, with the understanding that such action may put my (our) health care contract in arrears and subject to cancellation.

Bank Account Information:

First Name: _____ M.I.: ____ Last Name: _____

Signature: _____ Today's Date: _____


Telephone Number: _____

Bank Routing Number: _____ Bank Account Number: _____

Bank or Institution Name: _____

Send completed Application and voided check to:

Railroad Accounts-EFT
450 Columbus Boulevard
CT030-13NA
Hartford, CT 06103
Tape Voided Check Here
No Staples, Please

		DATE _____	101
PAY TO THE ORDER OF _____		\$ _____	
		_____ DOLLARS	
 MoneyInstructor.com Bank 1221 Main Street Anywhere, US 10001			
FOR _____			
⑆43618071⑆	7279678402⑈	0101⑈	
Routing/Transit Number	Account Number		