

## BENICORP INSURANCE COMPANY AUTOMATIC PREMIUM COLLECTION (“APC”)

Enroll in Benicorp’s APC program and have your monthly premiums automatically withdrawn from your checking account. With APC you save the expense of preparing and mailing a check each month and rest secure that your important health benefits will not be lost because your check was delivered after the expiration of the grace period.

To enroll, simply complete the attached authorization form, attach a voided check for the account you wish to have debited, and send it in. We will process your authorization and send you a confirmation when APC is in effect for your account. Then, on your choice of the 1<sup>st</sup>, 5<sup>th</sup> or 10<sup>th</sup> of the month we will debit your checking account for the total premiums due. You will continue to receive your invoice as you do now so you may review it and submit any changes in enrollment on an *Employee Request to Change Status* form. Your invoice will indicate your premium will be collected by APC.

Now receive a 50% reduction in your monthly administration fee of \$25 when you **enroll in APC and sign up for On-Line Account Inquiry (coming soon)** at Benicorp.com.

- I have signed up for On-Line Account Inquiry. Please reduce my admin fee 50% for each month I enrolled in APC.

### Authorization Agreement

Group Name (EMPLOYER)	Group Number	Debit Date If none are checked, the debit date will be the 1 <sup>st</sup> .	<input type="checkbox"/> 1 <sup>st</sup>
Group Contact Name for APC	Title		<input type="checkbox"/> 10 <sup>th</sup>
Phone Number	E-Mail Address		
Financial Institution Name and Address (FINANCIAL INSTITUTION)			
Financial Institution Routing Number			
Checking Account Name			
Checking Account Number			
Please attach a voided check for the above named account			

EMPLOYER hereby authorizes BENICORP INSURANCE COMPANY to initiate debit and/or credit entries to the account indicated above for collection of group insurance premiums and related fees as billed to EMPLOYER by BENICORP INSURANCE COMPANY. EMPLOYER further authorizes FINANCIAL INSTITUTION to honor debit and/or credit entries as initiated by BENICORP INSURANCE COMPANY. This authorization is to remain in full force and effect until BENICORP INSURANCE COMPANY has received written notification from EMPLOYER in such time and manner as to afford BENICORP INSURANCE COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. EMPLOYER acknowledges that BENICORP INSURANCE COMPANY’S policies regarding premium billing and payment, including premium due dates and the grace period for payment of premium, are not altered by APC and that debits returned by FINANCIAL INSTITUTION (e.g., for insufficient funds) will be subject to these policies in the same manner as a mail-in payment.

Signature of Authorized Signer	Title
Date	Phone Number