

Employer eServices Scheduled Direct Debit

Sign up for UnitedHealthcare Scheduled Direct Debit to automatically deduct your premium payments from your bank account.

Streamline your monthly invoice payment process.

Scheduled Direct Debit from Employer eServices® is a convenient way to pay your monthly insurance premiums.

After you sign up, your premium will be automatically deducted from your company's bank account.

Even better, Scheduled Direct Debit helps you streamline your monthly invoice payment process and better organize your payment records, which frees you up to focus on the business of your business.

Enroll today and worry about one less thing tomorrow.

Enrollment instructions:

- 1 Complete the Scheduled Direct Debit Authorization Form on the back of this page.
- 2 List all customer numbers and bill groups that you wish to have paid by automatic withdrawal.
- 3 Return the completed form by fax, mail or email. Contact information is listed on the form.

IMPORTANT: Please return the completed form along with a voided check (no deposit slips, please) or an authorized bank letter.

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With Scheduled Direct Debit, everything is taken care of—automatically—which means you can:

- Pay your premium at the same time, on time, each month.
- Maintain a consistent process for your payments.
- Better predict cash outflow.
- Access an accurate record of your payments, which are listed on your bank statement.



Scheduled Direct Debit Authorization Form

Authorized signature and title of signatory	Date
Employer name/Customer name/Policy name	Employer email address
UnitedHealthcare customer number	UnitedHealthcare bill group(s)
Name of your financial institution	Telephone number of financial institution
Routing/Transit number (9 digits)	Account number (include all zeros and omit spaces/special characters)

IMPORTANT: Please return the completed form along with a voided check (no deposit slips, please) or an authorized bank letter.

Mail to: UnitedHealthcare – UHC West

Attn: Remittance Easy Pay Set up PO Box 6044 CA124-0151 Cypress, CA 90630 **Fax to:** 1-888-476-5127

Attn: Accounts Receivable

Email to: Direct Debit@uhc.com

Statement of understanding

This agreement is made in accordance with the operating rules and regulations of the National Automated Clearinghouse Association. By executing this document in the space provided above, I confirm that I am authorized to act on behalf of the employer/customer ("Group") and agree on behalf of the Group to the following terms and conditions:

- By choosing Scheduled Direct Debit, the customer understands all invoicing will be online only located at www.employereservices.com.
 Should there be any questions pertaining to accessing and/or location of the invoice, please call 1-800-591-9911.
- Group authorizes UnitedHealthcare to debit the group checking or savings (account number provided above) for all monthly charges
 for coverage.
- Group understands that it may take up to one month to set up Scheduled Direct Debit and consequently all overdue premiums should be promptly paid in order to avoid receiving a delinquency letter and possible termination of your account during this initial set up period.
- Group understands and agrees that it will have sufficient funds in its account to cover the full premium invoice on the draft due date. If necessary
 funds are not in your account on the draft due date, group coverage may be subject to termination proceedings consistent with the terms stated
 in your UnitedHealthcare contract.
- · Group understands that the amount drafted may vary based on billing premium adjustments reflected on your monthly invoice.
- Group understands UnitedHealthcare may make adjustments to the account whenever a correction or change is required. For example, if there is an error, the group/member agrees that UnitedHealthcare may correct the error immediately and without notice. Such errors may include, but are not limited to, reversing an improper credit, making adjustments for returned premium, and correcting calculation and input errors. The right to make adjustments are not subject to any limitations or time constraints, except required by law.
- Your payment will be withdrawn on the 1st of each month. If the 1st falls on a weekend or holiday the payment will be withdrawn the next business day.
- Group agrees to promptly notify UnitedHealthcare of any change to the information provided.

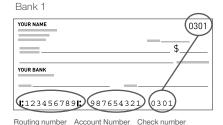
Authorization

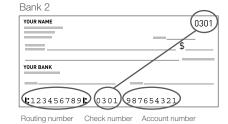
Authorization is given to UnitedHealthcare to initiate debits (payments) to the financial institution indicated above. This financial institution is authorized to debit the account. This authority is to remain in full force and effect until either a 30 day revocation notice is written to UnitedHealthcare; it is canceled by UnitedHealthcare under the conditions stated above; or upon termination of coverage with UnitedHealthcare.

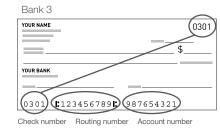
Signature required

Determining your routing number

To determine your routing number, refer to your company check. The routing number is always 9 digits long and it is enclosed by colons. The location of the routing number and account number on your company check varies depending on your bank. For example:







Please contact your financial institutions if you have any questions about your routing number or account number.

Insurance coverage provided by or through UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx or OptumHealth Care Solutions, Inc.

