Scheduled Direct Debit Program

Now you can pay your monthly premiums automatically with Scheduled Direct Debit. Automatic payment saves you time and gives you peace of mind, since your premium will be paid automatically every month by a withdrawal from your checking account, without you having to mail a check.

How do preauthorized payments work?

When you complete and submit the authorization form, this allows the payments you have authorized to be withdrawn from your designated checking account. The funds are sent electronically to us.

When must the money be in my account?

Your bank account must have the full dollar amount due in available funds on the date of the draft so the current month's preauthorized payment can be made. Your scheduled direct debit will be drafted on or about the 10th of the month. If your account has insufficient or uncollected funds, your bank will return the preauthorized payment and may charge you just as if you had a check returned for the same reason.

With Scheduled Direct Debit you'll take advantage of a variety of benefits.

- No more checks to write
- Easier reconciliation of your bank account
- Timely payments ensure continuous coverage, which means you'll never have to worry about missing an invoice or deadline again. Everything's taken care of – automatically.

If you have any questions about signing up for Scheduled Direct Debit, please call us at **1-800-591-9911.**

UnitedHealthcare®

Scheduled Direct Debit Authorization Form

Enrollment instructions

1. Complete the form below.
2. List all customer numbers and bill groups that you wish to have paid by automatic withdrawal.
3. Fax this form to the fax number on the bottom of the Authorization form.

Statement of understanding

By executing this document in the space provided below, I hereby confirm that I am authorized to act on behalf of the employer/customer ("Group") described below and agree on behalf of Group to the following terms and conditions:

Group authorizes UnitedHealthcare to debit the group checking (account number provided below) 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 setup 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. The draft due date will be the 10th of the month for which the invoice applies. 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 agrees to promptly notify UnitedHealthcare of any change to the information provided.

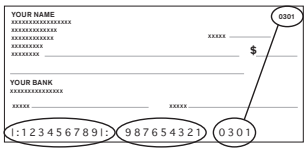
Authorization

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

Determining your routing number

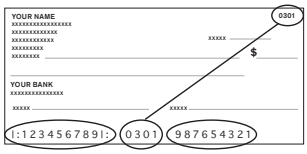
To determine your routing number, refer to your company check. **The routing number is ALWAYS 9 digits long** and it is enclosed by colons. The location of the routing number and account number on your company check varies depending on the bank; for example:

Bank 1



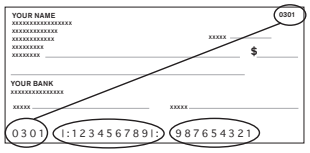
Routing# Account# Check#

Bank 2



Routing# Check# Account#

Bank 3



Check# Routing# Account#

I have read and agree to the terms and conditions outlined above.

Authorized signature and title of signatory | Date

Employer name/Customer name/Policy name | Employer e-mail address

Group number | UnitedHealthcare customer number and bill group(s)

Name of your financial institution | Telephone number of financial institution

Routing/Transit Number (9 Digits)	Account Number (include all zeroes and omit spaces/special characters)

Mail to: UnitedHealthcare
Attn: Remittance Easy Pay Set Up
5701 Katella Ave. CA120-0351
Cypress, CA 90630

OR

Fax to: 1-866-392-7071
Attn: Remittance Easy Pay Set Up

UnitedHealthcare®

Health plan coverage provided by or through UnitedHealthcare Insurance Company and UnitedHealthcare of California. Administrative services provided by PacifiCare Health Plan Administrators, Inc., Prescription Solutions or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).

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PCA325730-002