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There are many good reasons to join Harvard Pilgrim StrideSM Direct Payment Plan

Saving a stamp, a check, an envelope, and valuable time each month are just a few

We realize that your time and money are valuable. That's why we've created a program called the Direct Payment Plan. This electronic banking program allows you to pay your monthly premium payment without writing a check. It's a convenient and cost-effective alternative to paying your plan premium through the mail. The money is automatically withdrawn from your bank account at the same time every month.

The Direct Payment Plan uses the same financial network as Direct Deposit. In fact, more than half of all Social Security benefits are paid this way. Your rights with the Direct Payment Plan are protected by state and federal regulations. And you may cancel your Direct Payment authorization at any time by notifying Harvard Pilgrim. Please note that deductions are made between the 27th and the last day of each month. All you need to do is note the date and amount in your checkbook.

To enroll in the Direct Payment Plan, simply complete and return the request form on the reverse side, along with a voided blank check.

Authorization Agreement for Pre-authorized Payments

Please retain a copy for your records

I authorize my financial institution to deduct the amount of my monthly plan premium payment for Harvard Pilgrim StrideSM from my checking account. If at any time I decide to discontinue the Direct Payment Plan, I will notify Harvard Pilgrim in writing. I understand that both my financial institution and Harvard Pilgrim, upon written notification, reserve the right to terminate my participation in the Direct Payment Plan. I understand that my participation in the Direct Payment Plan is subject to Harvard Pilgrim approval.

Name (as it appears on your bill) _____

Harvard Pilgrim StrideSM Number (as it appears on your bill) _____

Address _____

City _____ State _____ ZIP Code _____

Daytime Telephone Number _____

Bank Account Holder's Name _____

Signature of Account Holder or Authorized Representative Date

Notes: All Direct Payment Plan premiums will be deducted from your checking account between the 27th and the last day of each month. For proper handling, please **DO NOT** send this application with your monthly payment.

Please complete this form and return it with a voided blank check to:

Harvard Pilgrim Health Care
Attn: Enrollment/Billing
PO Box 211067
Eagan, MN 55121

Please allow six to eight weeks for deductions to begin. Please continue to pay your monthly premium if you receive a paper bill. You will no longer receive a monthly bill when your request for Electronic Fund Transfer (EFT) has been successfully processed.

Questions?

If you need more information about the program or would like to cancel Automatic Bank Withdrawal, please call our Member Services department at **(888) 609-0692**. For TTY service, call **711**. Representatives are available from October 1 – March 31, from 8 a.m. to 8 p.m., 7 days a week and from April 1 - September 30, from 8 a.m. to 8 p.m., Monday through Friday.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England, Inc.

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