



Benefit Strategies, LLC
 P.O. Box 3938, Manchester NH 03105-3938
 Tel. 888-401-3539
 Fax (603) 647-4668

MONTHLY DEBIT AUTHORIZATION

IN LIEU OF SENDING A CHECK FOR YOUR INSURANCE COVERAGE EACH MONTH, YOU MAY AUTHORIZE BENEFIT STRATEGIES TO AUTOMATICALLY DEBIT YOUR BANK ACCOUNT (FOR COBRA, RETIREE COVERAGE OR OTHER DIRECT PAYMENTS). PLEASE FILL OUT THE FOLLOWING FORM AND ATTACH A VOIDED CHECK. BENEFIT STRATEGIES WILL MAKE EVERY ATTEMPT TO CONTACT YOU OF AN ACH FAILURE, BUT IT WILL BE YOUR RESPONSIBILITY TO MONITOR PAYMENTS TO ASSURE PAYMENT CONFIRMATION. ALL MONTHLY DEBITS WILL BE PROCESSED AROUND THE 15ST OF THE MONTH.

PLEASE PRINT ALL INFORMATION REQUESTED CLEARLY.

GENERAL INFORMATION

 PARTICIPANT'S NAME

 SOCIAL SECURITY NUMBER

 PLAN SPONSOR (EMPLOYER)

 PARTICIPANT PHONE NUMBER

I hereby authorize Benefit Strategies, LLC to initiate monthly debit entries to my bank account indicated below for \$_____ around the 15th day of each month. I give Benefit Strategies authorization to increase or decrease this amount according to the premium that is due for that month, as reported to Benefit Strategies by your employer.

BANK INFORMATION: IT IS CRITICAL THAT THIS INFORMATION BE ACCURATE AND THAT CHECKING OR SAVINGS ACCOUNT IS INDICATED.

Checking Account

Savings Account

 YOUR FINANCIAL INSTITUTION'S NAME

 CITY

 STATE

 ZIP CODE

9 DIGIT ROUTING NUMBER

AND

 BANK ACCOUNT NUMBER

SEE SAMPLE CHECK BELOW TO HELP LOCATE YOUR 9 DIGIT ROUTING NUMBER AND YOUR BANK ACCOUNT NUMBER:



- #1. BANK NAME
- #2. 9 DIGIT ROUTING NUMBER
- #3. YOUR BANK ACCOUNT NUMBER

I authorize Benefit Strategies to initiate debit entries, and if necessary, credit entries and adjustments for any debit entries made in error to my account. This authorization will remain in effect until Benefit Strategies has received **written notification** from me of its change or termination at such time and manner as to afford Benefit Strategies and the financial institution a reasonable opportunity to act on it.

BENEFIT STRATEGIES ASKS THAT YOUR FIRST PAYMENT BE MADE VIA CHECK AND ALL SUBSEQUENT PAYMENTS WILL BE DIRECT DEBITED. PLEASE ALLOW 3-5 BUSINESS DAYS FOR PROCESSING OF YOUR REQUEST FOR DIRECT ACH DEBIT.

 PARTICIPANT EMAIL

 Participant Signature

 DATE

