

**NEW HAMPSHIRE HEALTHY KIDS
AUTHORIZATION FOR AUTOMATED PREMIUM PAYMENTS
BUY-IN PROGRAM**

I (we) hereby authorize NEW HAMPSHIRE HEALTHY KIDS to initiate automatic withdrawal of my (our) premium payment on the 30th of each month in the amount of my monthly health insurance premium from my (our)

checking _____ or savings _____ (check one)

account indicated below and for the bank named below to debit the same to such account:

YOUR BANK'S NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING # _____ (this is the 9 digit # just before your account number on the bottom of your check)

ACCOUNT # _____

ATTACH VOIDED CHECK FOR CHECKING ACCOUNT WITHDRAWALS

This authorization is to remain in full force and effect until NEW HAMPSHIRE HEALTHY KIDS has received written notice from me (or either of us) of our wish to end the automated premium withdrawal. Such notification must be received 10 days prior to the next withdrawal date in order to allow NEW HAMPSHIRE HEALTHY KIDS and THE BANK a reasonable opportunity to act on it.

**** If the 30th falls on a holiday or weekend, your payment will be processed on the last business day prior to the payment date.**

NAME _____ SIGNED _____

NAME _____ SIGNED _____

DATE _____ HEALTHY KIDS CUSTOMER ID# _____

Please call our Accounting Department toll free at 1-877-464-2447 or 228-2925, ext. 241 if you have any questions. This form must be returned at least ten days prior to the 30th in order to begin automated payments for that month. Your account must have a zero balance before automated payments can be set up.

NEW HAMPSHIRE HEALTHY KIDS AUTOMATED PREMIUM PAYMENTS BUY-IN PROGRAM

We are pleased to notify you about a payment option that automatically deducts your premium payment from your designated bank account each month. We encourage you to enroll in the automatic payment plan. This easy way to make your payment will save you time and eliminate your receiving calls and letters for late payments. It will also help keep our administrative costs low so we can keep premiums as low as possible.

To enroll in the automatic payment plan, please complete the following step:

- Fill out this authorization form and return it to NHHK 1 Pillsbury Street Suite 300 Concord, New Hampshire 03301-3556. Your authorization must be received at least 10 days before the payment date you select.
- Your account must have a zero balance before automated payments can be set up.

Additional information you should know about automated payments:

- Remember that with the Buy-In program, your payment is due on the first of the month prior to the month of coverage. For example, your payment for May benefits is due April 1st.
- However, if you sign up for automated premium payments, your premium will be deducted on the 30th of the month for the upcoming month's benefits. For example your payment for May benefits will be deducted on April 30th.
- If the 30th falls on a holiday or weekend, your payment will be processed on the last business day prior to the payment date.
- If at any time your bank balance does not cover your payment, you may be charged a non-sufficient funds fee. You will be responsible for mailing your missed payment to us.
- If your premium changes, you do not need to complete a new form. We will automatically update the amount we deduct from your bank account.
- If you want to stop the automated payment deduction, you must let us know in writing 10 days before your next payment date.

We strongly encourage you to enroll in our automated premium payment plan. If you choose to participate, please send in your authorization form as soon as possible but at least 10 days before the payment date. If you have questions about this payment option, please contact our Accounting Department at 228-2925 or toll free at 1-877-464-2447, Ext 241.

Please retain this page for your records