

**NEW HAMPSHIRE HEALTHY KIDS
AUTHORIZATION FOR AUTOMATIC PREMIUM WITHDRAWAL
SILVER PROGRAM**

I (we) hereby authorize NEW HAMPSHIRE HEALTHY KIDS to initiate automatic withdrawal of my (our) monthly 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 automatic 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 automatic payments for that month. Your account must have a zero balance before automatic payments can be set up.

NEW HAMPSHIRE HEALTHY KIDS AUTOMATIC PREMIUM WITHDRAWAL SILVER PROGRAM

We are pleased to notify you about a payment option that automatically deducts your monthly payment from your designated bank account each month. 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 option, 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.
- Your account must have a zero balance before automatic payments can be set up.

Additional information you should know about automatic payments:

- If your premium changes, you do not need to complete a new form. We will automatically update the amount we are deducting from your bank account.
- 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.
- The automatic payment covers the upcoming month of coverage. In other words, we will deduct your payment for January benefits on December 30th.
- If the 30th of the month falls on a holiday or weekend, your payment will be processed on the last business day prior to the payment date.
- If you want to stop the automatic payment withdrawal, you must let us know in writing 10 days before your next payment date.

We strongly encourage you to enroll in our automatic premium withdrawal option. 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