Automatic Payment Authorization Form For Marketplace Members

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SANFORD HEALTH PLAN

Request: ☐ New ☐ Change

To sign up for automatic monthly payments, please complete this form and return with a voided check (if necessary) to the address, fax number or email listed above. Automatic withdrawals will begin on the 20th of the month after this form is received for the upcoming month (If premium has not already been paid). Please include payment for the current month's premium (if due) when returning this form.

Please read and initial each statement about automatic monthly payments below.

_____ I authorize Sanford Health Plan to withdraw my health insurance premium on the 20th of each month. If I owe any past due premiums, I understand the entire balance due will be withdrawn.

_____ I understand all payments made to Sanford Health Plan will be applied to the oldest balance due.

_____ I understand that if I receive a subsidy or changes are made to my plan, the monthly withdrawal amount may change as the Marketplace advises Sanford Health Plan of the amount due each month. We will draft according to the information provided by the Marketplace.

_____ I understand that if Sanford Health Plan is notified of a subsidy amount change (if applicable) after the 15th of the month, additional funds may be owed and that any additional amount due will be withdrawn in the upcoming month.

_____ I understand that if I want to cancel my automatic withdrawal, I must notify Sanford Health Plan at least 5 business days before the next scheduled withdrawal.

_____ I understand if my payment is returned, automatic withdrawals will be stopped until I notify Sanford Health Plan and that other payment arrangements should be made for past due amounts.

_____ I authorize Sanford Health Plan to initiate monthly, electronic debit entries to the bank account indicated below.

Financial Institution Information

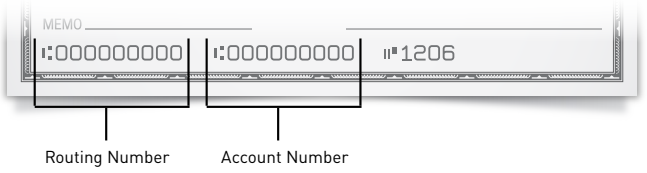
Policyholder name:_____ Policyholder date of birth #: _____

Phone number: _____ Member ID number # _____

Bank name: _____ ☐ Checking account (include voided check) or ☐ Savings account

Routing Number: _____

Account Number: _____



_____ _____

Signature Date