

Scheduled Direct Debit



Now you can pay your UnitedHealthcare monthly premiums automatically with Scheduled Direct Debit. Save time and get peace of mind by having your premiums automatically withdrawn directly from your checking account.

How Do Preauthorized Payments Work?

When you complete and submit the authorization form on the reverse side, this allows the payments you have authorized to be withdrawn from your designated checking account. The funds are sent electronically to UnitedHealthcare.

Note: UnitedHealthcare must receive a 30-day written notification prior to implementing a change or termination of preauthorized payments.

When Must the Money Be in My Account?

Your bank account must have the full dollar amount due in available funds by the first of the month in order for the current month's preauthorized payment to be made. Your scheduled direct debit will be drafted on or about the 5th of the month. If your account has insufficient or uncollected funds, your bank will return the preauthorized payment and may charge you just as if you had a check returned for the same reason.

When Will My First Premium Payment Be Deducted?

Authorization forms received on or after the 1st of the month will be set up to begin direct debit the following coverage month, unless a future date had been specified. Your funds will be pulled on or about the 5th banking day of each coverage month.

To sign up for automatic payment of your monthly premium, complete and email, fax or mail the authorization form on the back side of this page, along with your voided or clean copy of a check to us as noted below.

eMail:
oxford_vdd@uhc.com

Mail:
UnitedHealthcare
Collections Department
4 Research Drive
Shelton, CT 06484

Fax:
1-888-715-2469

The Benefits of Scheduled Direct Debit

- ▶ More convenient and more secure than using paper
- ▶ Automatic payments ensure continuous coverage
- ▶ Savings in time and money
- ▶ Better for the environment

Scheduled Voluntary Direct Debit Authorization Form

Oxford Health Insurance, Inc. ("Oxford Health Plans"), Oxford Health Plans (NY), Inc. ("Oxford Health Plans"), Oxford Health Plans (NJ), Inc. ("Oxford Health Plans"), Oxford Health Plans (CT), Inc. ("Oxford Health Plans"), Oxford Health Plans LLC ("Oxford Health Plans")

Enrollment Instructions

1. Complete and sign the authorization section below.
2. List all customer numbers that you wish to have paid by automatic withdrawal.
3. Provide a voided check from the account in which the funds will be drawn upon.
4. Fax/e-mail this information to the fax number/e-mail address on the bottom of the form.

Statement of understanding

As a participant of Scheduled Voluntary Direct Debit, I agree to and understand all of the following on behalf of my group:

I understand it may take up to one month to establish a Direct Debit from the indicated account for premium payment. I understand that if premium payment is overdue at the time of establishing Direct Debit, a delinquency letter will be sent. I understand that failure to pay premiums due while Direct Debit is being requested may result in cancellation of coverage. I authorize Oxford to debit my group's checking or savings account for all monthly premium charges for coverage. I understand it is my responsibility to ensure that sufficient funds to cover premium due are in the checking or savings account registered for Direct Debit.

If the necessary funds are not on deposit in the account at the beginning of the month, the group's coverage may be subject to termination under the terms stated in the contract with Oxford. Oxford reserves the right to collect any additional fees incurred resulting from insufficient funds. I understand that collection of such fees might occur after termination. I understand it is my responsibility to promptly notify Oxford of any change to the group's checking or savings account. If such a change occurs, I understand it is my responsibility to provide Oxford with the new information, with reasonable advance notice of any such change.

Authorization

As an authorized representative of the group listed below, I hereby authorize Oxford to initiate electronic transactions debiting my account (payments) from the financial institution indicated below for the purpose of paying the group's monthly bill. If ever a debited amount needs to be adjusted, Oxford is authorized to make such adjustment. The financial institution indicated below is authorized to debit or adjust the account listed below, accordingly. This authority is to remain in full force and effect until my group revokes it by giving 30 days prior written notice to Oxford, it is cancelled by Oxford under the conditions stated above, or upon termination of my group's coverage with Oxford. I have also read and, on behalf of the group, agree to the terms and conditions outlined above.

Authorized Signature	Title	Date
Employer Name/Customer name/Policy name		
Group/Customer number		
Name of your group's financial institution and city, state		
Phone number of financial institution		
Transit / ABA #	Account number to debit	
Type of account (checking or savings)		

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