

Pay your monthly insurance premiums automatically with Scheduled Direct Debit

With Scheduled Direct Debit from Employer eServices®, your monthly insurance premiums are automatically deducted from your company's bank account.

It's convenient, helps simplify and streamline your accounting process and recordkeeping, and frees you up to focus on the business of your business.

Enroll today and worry less tomorrow. Here's how:

- 1 Complete the Scheduled Direct Debit Authorization form below
- 2 List the customer numbers and bill groups you wish to have paid by automatic withdrawal
- 3 Return the completed form by email or fax (see contact information on the form)

Making your payments just got a lot easier

- Pay your premiums at the same time, on time, each month
- Maintain a consistent process for making payments
- Better predict cash outflow
- View an accurate payment record, right on your bank statement

IMPORTANT:

Printed name and title of signatory	Date
Employer name/customer name/policy name	Employer email address
UnitedHealthcare customer number	UnitedHealthcare bill group(s)
Name of your financial institution	Telephone number of financial institution
Routing/transit number (9 digits required)	Account number

Please return the completed form along with a voided check (no deposit slips, please) or an authorized bank letter.

Email to: direct_debit@uhc.com

Fax to: 1-888-476-5127 Attn: Accounts Receivable



(include all zeros and omit spaces/special characters)

Statement of understanding

This agreement is made in accordance with the operating rules and regulations of the National Automated Clearinghouse Association. By executing this document in the space provided above, I confirm that I am authorized to act on behalf of the employer/customer ("Group") and agree on behalf of the Group to the following terms and conditions:

- By choosing Scheduled Direct Debit, the customer understands all invoicing will be online only located at employereservices.com. Should there be any questions pertaining to accessing and/or location of the invoice, please call 1-800-651-5465, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday.
- Group authorizes UnitedHealthcare to debit the group checking or savings (account number provided above) for all monthly charges for coverage.
- Group understands that it may take up to one month to set up Scheduled
 Direct Debit and consequently all overdue premiums should be promptly
 paid in order to avoid receiving a delinquency letter and possible
 termination of your account during this initial set up period.
- Group understands and agrees that it will have sufficient funds in its
 account to cover the full premium invoice on the draft due date. If
 necessary funds are not in your account on the draft due date, group
 coverage may be subject to termination proceedings consistent with the
 terms stated in your UnitedHealthcare contract.
- Group understands that the amount drafted may vary based on billing premium adjustments reflected on your monthly invoice.
- Group agrees to promptly notify UnitedHealthcare of any change to the information provided.

- Group understands UnitedHealthcare may make adjustments to the
 account whenever a correction or change is required. For example, if there
 is an error, the group/member agrees that UnitedHealthcare may correct
 the error immediately and without notice. Such errors may include, but
 are not limited to, reversing an improper credit, making adjustments for
 returned premium, and correcting calculation and input errors. The right
 to make adjustments are not subject to any limitations or time constraints,
 except required by law.
- Group understands that payment will be withdrawn based on the product(s) offered to employees:
 - If group offers HMO product(s) only, payment will be withdrawn on the 1st of each month. If the 1st falls on a weekend or holiday the payment will be withdrawn the next business day.
 - If group offers PPO product(s) only, payment will be withdrawn on the date indicated on your monthly invoice.
 - If group offers a combination of both HMO and PPO products, payment will be withdrawn on the 10th of each month. If the 10th falls on a weekend or holiday the payment will be withdrawn the next business day. Please note: Payment is always due on the first of the month of coverage, the withdrawal on the 10th does not extend your grace period.

Authorization

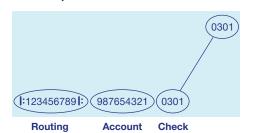
Authorization is given to UnitedHealthcare to initiate debits (payments) to the financial institution indicated above. This financial institution is authorized to debit the account. This authority is to remain in full force and effect until either a 30 day revocation notice is written to UnitedHealthcare; it is canceled by UnitedHealthcare under the conditions stated above; or upon termination of coverage with UnitedHealthcare.

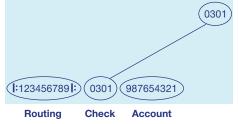
Signature required

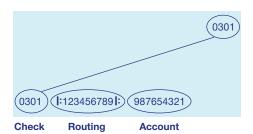
Determining your routing number

To determine your routing number, refer to your company check. The routing number is always 9 digits long and it is enclosed by colons. The location of the routing number and account number on your company check varies depending on your bank. Please contact your financial institution if you have any questions about your routing number or account number.

For example:









Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare ef Benefit Plan of California (UHCBPCA), UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).