

Authorization agreement for pre-arranged payments (auto-debits)

New authorization

Transferring authorization
to another bank

Change of bank
account number

Company name Geisinger Indemnity Insurance Company Company ID no. 23-2815174

Address 100 N. Academy Ave., Ste. 23-51 City Danville State PA Zip 17822-3251

I hereby authorize the above listed company to initiate debit entries to my Checking/Savings account (check one) indicated below and the financial institution listed below to debit the same to such account.

Checking

Savings

Financial institution

Branch

Address

City

State

Zip

Bank transit/ABA number

Account number

This authority is to remain in full force and effect until the above listed financial institution has received written notification from me of its termination in such time and in such manner as to afford the above listed financial institution a reasonable opportunity to act on it. The client is responsible to ensure the account listed on this authorization form will accept ACH withdrawals.

Customer name

Company ID number

Date

Signed

Please select an option for your first month's payment:

Failure to remit the initial payment by due date may result in claims payment delays.

The group will mail the first month's binder payment* to the below address:

Mailing address:

Amanda Schlieff
Manager, Account Operations
Geisinger Health Plan Finance Dept.
100 N. Academy Ave., Ste 32-51
Danville, Pa. 17822

*ACH is required for all ongoing premiums

The group elects to have their first month's premiums pulled on the 25th of the month prior to the group's effective date. *If the form is received after the 25th of the month prior to the effective date, the premium will be pulled on the date the form is received.

If employer group's account is not funded in full by the 1st of the month, Geisinger Health Plan may suspend provider payments immediately. Geisinger Health Plan shall not be responsible for delays in provider payments due to insufficient funds in employer group's account.

Geisinger Health Plan refers collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company.

HPM50 ab Fillable auto-debit form Rev. 1/2020

Geisinger
Health Plan