

Automated Clearing House (ACH) Authorization

ACH Authorization Agreement For A One-time Payment Upon New Case Installation

Your company (hereinafter "Group") hereby agrees to allow Humana to initiate payment from Group consistent with the following:

1. The ACH payment will be pulled from the financial institution and account number authorized below in the amount of an approximation of the first month's premium payment, as acknowledged by the Group.
2. Payment shall be considered made when Humana initiates the ACH payment transaction from your company's financial institution upon completion of Group setup. If for some reason this payment is unable to be drafted, you will be contacted to authorize a new payment.
3. The initial ACH payment may be terminated by the Group by providing notification to the Sales Office prior to completion of Group setup. If notification is not received until after Group setup has been completed, a refund will be processed.

Group Information

Employer Legal Business Name _____
Street Address _____
City _____ State _____ Zip Code _____

Financial Institution Information

Name of Group's Financial Institution _____ Amount \$ _____
(if left blank, the first month's premium will be debited)
Street Address _____
City _____ State _____ Zip Code _____
Nine-digit American Banker's Association (ABA) Identifying Number for Routing the Transfer of Funds _____

Account Name _____
Name on the account must match name of Group with which Humana is doing business.
Account Number _____

ACH Authorization Agreement For Recurring Premium Payment

1. Accounts set up for a Recurring Payment will have the 'Total Amount Due' for an invoice charged to the selected account each month on the Scheduled Date. Monthly charges for the 'Total Amount Due' will continue indefinitely unless a Specified End Date or a Fixed Number of Payments is selected.
2. If coverage is terminated prior to the Recurring Payment Schedule Date but an invoice is still unpaid, a charge WILL be made to the selected account for the 'Total Amount Due'. If this results in an overpayment on the account, a refund will be promptly issued.
3. The first recurring payment will occur on the selected debit date after your next invoice is generated. A recurring payment does not become effective until your next billing cycle.

Recurring Payment Schedule

By checking you agree to the Recurring Payment Schedule defined below.
Amount: 'Total Amount Due' from invoice. Amount can be verified on invoice or online at Humana.com.
Payment Date: Day _____ of every month. Date elected must be between 1st and 10th.
Effective Period (select one): Until Cancelled For _____ payments Until Date _____ (MM/DD/YYYY)
Invoice Format (select one): Paper Electronic (will waive any applicable administrative fees)
Group is responsible for management of the Recurring Payment Schedule by registering at Humana.com or by contacting their designated billing representative.

Signature

Group's Authorizing Official: By signing this document, you authorize Humana to initiate an ACH payment(s) from the above company as requested by the Group. This includes authorization for a one-time payment upon new case installation, and/or recurring payment(s) as requested in the Recurring Payment Schedule above.

Signature _____ Date _____
Printed Name _____ Phone number _____
Title _____