

UPMC HEALTH PLAN

Payment Election Form

Please fill out this form if you wish to pay your monthly plan premium through automatic bill pay. Your premium bill will be paid automatically each month using the credit card or checking account you specify below.

Complete and sign this form and return it in the enclosed envelope or mail it to:
UPMC Health Plan, Premium Billing Department, 600 Grant Street, Pittsburgh, PA 15219.

Member Name:	
Member Billing Address, City, State, and ZIP Code:	
Member Email Address (We will send you email notifications when your premium payments are made.):	Member ID Number (Your member ID number is listed on the enclosed confirmation of enrollment letter.):

I hereby authorize UPMC Health Plan, its affiliates, and subsidiaries to electronically deduct the monthly premium payment from my account named below.

Select a checking/savings or credit card option (choose only one option):

Checking/Savings Option:

- Please submit a voided or photocopied check with this form.
- If the voided check or deposit slip does not include transit or account numbers, please provide this information and submit it with this form.

Bank or Financial Institution Name: _____

Type of Account: Checking Account Saving Account Credit Union Share Draft Account

Credit Card Option: Visa MasterCard Discover American Express

Account Number: _____

Expiration Date: _____

If we receive this form by the 25th of the month, your first payment will be deducted on the 5th of the following month. If we receive it after the 25th of the month, then the automatic payment deduction will be delayed by an additional month. UPMC Health Plan will deduct the premium amount from your account on the 5th. UPMC Health Plan will notify you in advance whenever the deduction amount or deduction day changes via the monthly invoice.

This agreement is to remain in effect until UPMC Health Plan has received written and signed notification or you have updated your preferences online terminating electronic payments. UPMC Health Plan and the banking institution will require a reasonable advance notice allowing opportunity to act on the request. If any deduction is not honored by your bank, the premium will be considered not paid. UPMC Health Plan will ask you to pay the dishonored amount. UPMC Health Plan has the right to discontinue electronic payment if one automatic deduction is not honored. If the agreement is discontinued you must resubmit a new agreement to resume electronic payments.

UPMC Health Plan may revise the terms of this agreement at any time upon written notification.

Complete the following information exactly as it appears on your Banking or Credit Card Account:

Print Name of Account Holder

Signature of Account Holder

Name of UPMC Health Plan Member
(Only if different from Account Holder)

Signature Date

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