

Medica Individual and Family Plans Automated Payment Plan Authorization Form

Ensure your health insurance premiums are received on time, every time.

Safe: The fund transfer uses the Automated Clearing House (ACH) system with the withdrawal happening on the 1st of the month.

Easy: Please send us this Authorization Form at least 30 days before the month you would like your automatic premium payments to start.

Please mail this completed ACH Authorization Form to:
 Medica Automated Payment Plan
 CW2971FB
 PO Box 9310
 Minneapolis, MN 55440

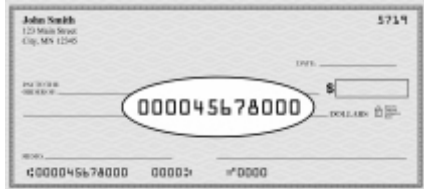
Or, fax it to:
 952-992-2511

BANK ACCOUNT INFORMATION

1. Please attach your voided check here

2. OR complete the bank account information in this section

Tip: Your voided check contains all the information needed to set up ACH payments through your bank: Name on Bank Account, Your Address, Bank Name, Account Number and Account Routing Number. If you do not have checks, you can request this information from your bank.



Bank Name: _____

Bank Address: _____
 _____ Street

City _____ State _____ Zip _____

Name on Account: _____

Bank Account #: _____

Bank Routing #: _____

3. Required

I authorize Medica and the bank named above to initiate monthly withdrawals from my bank account, as indicated. This agreement will remain in effect until I notify Medica and my bank in writing to cancel it.

Subscriber ID #:		Social Security #:	
Print name of applicant/Medica member		Your phone number	
Signature of bank account holder	Date	Signature of bank account holder (if joint account)	Date
X		X	

The ACH fund transfer will remain in effect until you notify Medica and your bank to cancel it. If you wish to stop the ACH fund transfer, you must notify Medica seven business days prior to the month your premium is due. In addition, you will be notified within at least 30 days of any premium increase before the higher premium is deducted from your account.

If the necessary funds are not present in my account the designated day for automatic payment, Medica will send me an invoice for the past due premium. This premium must be paid in order to avoid termination of my policy. I understand that I will be liable for any expenses Medica may incur following my termination date if termination results from non-payment.

Have Questions? Please call Medica at 1-888-592-8211 from 8 a.m. to 5 p.m. Monday through Thursday, or 9 a.m. to 5 p.m. Friday. TTY users, call the National Relay Center at 1-800-855-2880, then ask them to dial Medica at 1-888-592-8211.