



Attach voided check
or deposit slip here.

Complete the information on the attached authorization form, detach and return it (with voided check or deposit slip attached) in the envelope provided to:

HealthPartners
Attn: Membership Accounting
8170 33rd Ave. So.
P.O. Box 0297
Minneapolis, MN 55440-0297

Three steps to joining the Direct Payment Plan

1. Complete the authorization form.
2. Attach a voided check or savings deposit slip from your account with the word **VOID** written across it.
3. Mail your completed authorization form in the envelope provided to:

HealthPartners
Attn: Membership Accounting
8170 33rd Ave. So.
P.O. Box 0297
Minneapolis, MN 55440-0297

* Be advised if you now have a 16th of the month billing cycle, your first withdrawal will be for 1 1/2 months premium to adjust your premiums to a 1st of the month billing cycle.

*If there is more than one month's premium due at the time of your first withdrawal, the entire amount would be withdrawn.

Direct Payment Plan

The easy way to pay premiums

Now you can have your health care premiums paid automatically from your checking or savings account without changing your present banking relationship.

Save time-

fewer checks to write

Enjoy the convenience-

*payments are made even if
you're out of town*

Save postage-

payments are made automatically

Look inside for more information about the Direct Payment Plan.

Here's how the Direct Payment Plan works

You authorize regularly scheduled payments to be made from your checking or savings account by completing and returning the attached Direct Payment Plan Authorization Form.

It's that simple!

Your payments will be made automatically on the fifth day of each month. Your bank statement will be your proof of payment showing the amount withdrawn.

The authority you give to withdraw from your account will remain in effect until you notify us *in writing* to terminate the authorization.**

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, just follow the three easy steps to join the Direct Payment Plan.

** Please call 952-883-5353 or 1-888-880-9114 to notify us if you wish to cancel. A service charge will be incurred on any withdrawals returned by your bank for insufficient funds.

Q. What is the Direct Payment Plan?

A. It is a service in which your health care premiums are paid automatically from your checking or savings account without writing checks. It saves time. It saves work. It saves worry.

Q. How is money taken from my account?

A. You authorize HealthPartners to collect payments from your account by completing a Direct Payment Plan form.

Q. When are payments taken out of my account?

A. Payments are taken on the 5th day of every month.

Q. Without cancelled checks, how can I prove I made my payments?

A. Your bank statement gives you an itemized list of automatic payments. It's your proof of payment.

Q. Is direct payment risky?

A. Direct payments may be less risky than check payments. They can't be lost, stolen or destroyed in the mail, and they have an extremely high rate of accuracy. We don't expect any mistakes, but if you ever suspect a problem, call 952-883-5353 to get it resolved.

Q. What if I change banks or accounts?

A. Just call us at 952-883-5353. We'll send you a new authorization form to fill out with the new account information. Please allow four weeks for this change to take place. For any other questions call Member Services at 952-883-5000.

Direct Payment Plan Authorization Form

I authorize HealthPartners and the bank named below to automatically withdraw funds from my checking or savings account. This authorization will remain in effect until I notify HealthPartners of cancellation *in writing* at least 14 days before my next payment is due. I agree to pay all bank charges associated with any stop payments initiated by me or my bank and any insufficient fund charges.

Name of Financial Institution (bank)

Address

City

State

ZIP code

checking

savings

Account number

Your name (printed)

Address

City

State

ZIP code

Signature