

Dear Trust Participant

We are pleased to offer you a new service—the **Direct Payment Plan**. Now you can have your premium payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

**The Direct Payment Plan will help you in several ways:**

- It saves time – fewer checks to write.
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town.
- No lost or misplaced statements, your payment is always on time—it helps maintain good credit, and assures you uninterrupted health care coverage.
- It saves postage.
- It's easy to sign up for, easy to cancel. .

**Here's how the Direct Payment Plan works:**

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day, and proof of payment will appear on your bank statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before your next payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us

**All you need to do is:**

1. Mark the box, before type of account, to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. **Attach a voided check for verification of all financial institution information.** If you are unable to attach the voided check, please fill in your account number and bank routing number.

**Please Note: A separate authorization form must be submitted for each eligible participant.**

If you have any questions or need any further assistance, please do not hesitate to contact the Billing Department at (239) 936-6242.

## Direct Payment Plan Authorization

\_\_\_\_\_  
Name of Participant:

\_\_\_\_\_  
GMP Account # (located on Invoice)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address (if applicable)

**I authorize G.M.P. – Employers Retiree Trust to initiate electronic debit entries to my:**

\_\_\_\_ checking account or

\_\_\_\_ savings account

for payment of my insurance premiums. I understand I will receive a notice if the amount changes.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled deductions in writing or I am no longer eligible for coverage.

\_\_\_\_\_  
FINANCIAL INSTITUTION NAME (PLEASE PRINT)

\_\_\_\_\_  
ACCOUNT NUMBER AT FINANCIAL INSTITUTION

\_\_\_\_\_  
ROUTING/TRANSIT NUMBER

\_\_\_\_\_  
FINANCIAL INSTITUTION CITY AND STATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

If you elect to take advantage of this option, **you must contact our office to determine when the deductions can start and verify your account is paid through the prior month.** Thereafter, monthly deductions will occur on the 5<sup>th</sup> of every month. If the 5<sup>th</sup> falls on a weekend or holiday, the payment will be deducted on the next working day of the month.

If you do not choose to participate at this time, you may elect to do so in the future; however you will need to contact the Trust office to determine the beginning date of deductions.