



AUTOMATIC PREMIUM PAYMENT AUTHORIZATION (APPA) FORM

Automatic Premium Payments allow your insurance premiums to be automatically withdrawn from your checking account each month. Having your premiums automatically withdrawn gives you assurance that your coverage will not be cancelled for late payment or non-payment. Additionally, it reduces administrative costs and your personal banking costs by eliminating the need to write and mail a check each month. To use this automatic payment method, read the following authorization statements, complete the application information below, attach a VOIDED check and mail to the address listed below.

- ✓ On behalf of the named Account Holder, I authorize the University of Pittsburgh and their administrator to begin deductions from the account and financial institution designated, for payment of my premium invoices.
- ✓ The financial institution is authorized to charge these withdrawals to my account until you revoke this authorization in writing.
- ✓ I agree that I am solely responsible to maintain sufficient funds in the designated account to ensure that monthly premiums can be withdrawn on the **twenty-fifth** day of the coverage month (or first business day thereafter if the twenty-fifth is on a weekend or holiday). Failure to pay on time can result in additional fees or the loss of applicable coverage.
- ✓ I acknowledge that the University of Pittsburgh or the financial institution can terminate this automatic premium payment program or my participation in it at any time, with or without cause.
- ✓ I affirm that I am duly authorized to execute this Debit Authorization on behalf of the named Account Holder.

PLEASE PRINT

Your Name	XXX-XX- Social Security Number
Name on Checking Account	Name of Financial institution
Checking Account Number	Routing Number of Financial Institution
E-mail Address	
Signature	Date

Mail this completed form to:
 UPMC Benefit Management Services
 339 Sixth Street
 Heinz 57 Center
 9th floor - HFS 010901
 Pittsburgh, PA 15222

NOTE: Continue to pay any bills that you receive concerning your coverage until you are notified that your Automatic Premium Payment is effective.
