



**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Automatic Premium Payments allow your insurance premiums to be automatically withdrawn from your checking account each month. Having your premiums automatically withdrawn gives you assurance that your coverage will not be cancelled for late payment or non-payment.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I am solely responsible to maintain sufficient funds in the designated account to ensure that monthly premiums can be withdrawn on the **tenth** day of the coverage month (or first business day thereafter if the tenth is on a weekend or holiday).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**

	XXX-XX-
Your Name	Social Security Number

Name on Checking Account	Name of Financial institution

Checking Account Number	Routing Number of Financial Institution

E-mail Address

Signature	Date

Please choose **ONE** method below to submit your APPA form **AND VOIDED CHECK:**

**\*BMS SECURE ONLINE PORTAL:** <https://www.upmchealthplan.com/pitt-ddb/appa.aspx>

-Email: [PITT-BMSdocs@upmc.edu](mailto:PITT-BMSdocs@upmc.edu) -Fax: 1-877-851-5591

-Mail: UPMC Benefit Management Services  
US Steel Tower  
600 Grant Street UST 01-11-01  
Pittsburgh PA 15219

**\*IMPORTANT\***

**Did You Include?**

- APPA Form
- Voided Check**

**Please Note:** You will receive a confirmation via email when your form has been processed which will include the first automatic payment deduction date. Submissions of completed form and voided check received by the 5<sup>th</sup> of the month will be effective the 10<sup>th</sup> of the same month. Otherwise, the effective date will be the 10th of the following month. Please continue to pay your premium until notified your form has been processed.