

YOU HAVE EARNED A BONUS PRIVILEGE

Dear

Are you always in a hurry when you pay bills? Do you hate having to write checks, find stamps and go to the mailbox? *Do you worry about identity theft?*

Imagine being free of these hassles!

You've earned access to a secure convenience paying service. It's yours to use at **NO COST**¹.

What it does is pay your premium notices securely, directly from your checking account.

Your payment is **never missed** and is **always paid on time**. Plus, there's no chance of envelopes getting lost in the mail, leaving you unprotected.

Claim your convenience payment privileges by returning the authorization below with your current premium payment.

Your current premium:

Your billing mode:

¹Financial institution fees may apply.



Start **SAFEguardPAY**® now
and relax...

- ✓ No check to write
- ✓ No stamp to affix
- ✓ No walk to the mailbox
- ✓ No bill to watch for in the mail

Plus

- ✓ Your premium is always paid — automatically!

TO ACTIVATE:

- 1) Sign and date the Authorization Form below.
- 2) Detach and return the Form with your premium payment in the enclosed envelope.

MAIL TO:

Insurance Plans
P.O. Box 10494
Des Moines, IA 50306-0494

↓ DETACH AND MAIL FORM WITH PREMIUM PAYMENT ↓

SAFEguardPAY® Authorization Form



Name: _____

Insurance Certificate #: _____

1 Please Complete:

Checking Account

Your payments will be deducted in the month they are due, based on your current payment schedule. If you would like to change to monthly deductions, please check here.....

Routing Number: _____

Account Number: _____

2 Please Sign & Date:

I authorize Mercer Health & Benefits Administration LLC to establish an automatic bill payment to pay my insurance premiums when they come due. I also authorize my financial institution to charge my account accordingly. I understand if my premium changes I will be notified and my SAFEguardPAY® deduction will be adjusted accordingly. I agree to notify Mercer Health & Benefits Administration LLC should my account information change.

Sign Here

Signature: X _____

Date: X _____

Continue to pay the premium notices you receive in the mail until your SAFEguardPAY® convenience payment has been established. Your premium payment will be deducted from your account the month it is due. You can cancel or change this arrangement at any time by contacting the plan administrator. **PLEASE RETURN WITH YOUR CURRENT PREMIUM PAYMENT** to Insurance Plans, P.O. Box 10494, Des Moines, IA 50306-0494. You'll receive a notice when your payment service begins.