

# Group 10-Year Level Term Life Insurance EFT Authorization Form

I would like the Administrator to deduct from my checking account the applicable premium contribution for my IEEE Group 10-Year Level Term Life Insurance.

I have attached a voided check for the checking account from which I want these future deductions made. I understand by signing up for the Electronic Funds Transfer Plan, I will no longer receive a notice of premium due for my premium contributions, and that this process will continue until I notify you in writing to terminate the deductions. **I understand the change will not take effect until my next renewal date.**

Name of Insured Member: \_\_\_\_\_  
Name: First Middle Last  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State/Province Zip/Postal Code  
\_\_\_\_\_  
Account No.

**Billing Option:** Monthly (Deduction will occur on the first business day of each month.)

Home Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

Assignee or Owner Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(If Applicable)

**PLEASE ATTACH A VOIDED CHECK**

**\*This change in billing will not go into effect until the *next* renewal date.**

Please mail this form and your voided check to:

Mercer Consumer,  
a service of Mercer Health & Benefits Administration LLC  
P.O. Box 10374  
Des Moines, IA 50306-0374