Automatic Payments Application

SAG·AFTRA HEALTH PLAN

Instructions

To get started with automatic payments:

- Log in to your Benefit Manager account at sagaftraplans.org/health, go to "Payment Methods" and click on Automatic Payments "Set Up Now".
- *OR* Email this completed application form to ParticipantSupport@sagaftraplans.org.
    - **Please note:** To use a credit/debit card for automatic payments, you **must** enroll via Benefits Manager.

Important details:

- Payments are processed around the 25th of each month to ensure uninterrupted coverage. You'll receive a confirmation email once your payment is successful, and funds will be deducted within two business days.
- A $25 fee will be charged for declined transactions.
- If your earned coverage ends, automatic payments will terminate.
- If you enroll in COBRA, you'll need to re-enroll for automatic payments.
- When switching from COBRA to earned coverage, automatic payments will continue at the quarterly earned premium rate.
- Applications, account changes, and cancellation requests must be submitted at least 15 days before the premium due date. You can log in to your Benefit Manager account, go to "Payment Methods" and click "Manage AutoPay" or "Turn Off AutoPay".
- By enrolling in automatic payments, you are also agreeing to the full payment terms and conditions available at: sagaftraplans.org/health/terms-and-conditions.

Participant

LAST NAME	FIRST NAME	MIDDLE NAME	PHONE NUMBER ( )	PARTICIPANT ID (HCID)

Application status:

☐ New Applicant	☐ Change bank account

Bank account information:

☐ Checking Account (attach voided check)	☐ Saving Account

Name of Bank	
Account Holder Name	
Bank Account Number	
Bank Routing Number	

I authorize the SAG-AFTRA Health Plan to withdraw the scheduled monthly or quarterly (whichever is applicable) Plan premium payment from my checking or savings account on approximately the 25th of the month prior to the due date based on the information provided on this form. I further authorize the Plan to adjust this withdrawal to reflect any rate change that may occur. The Plan's authority is to remain in full effect until the Plan has received written notification of its termination.

SIGNATURE OF PARTICIPANT DATE