

Pre-Authorized Checking/Savings Registration Form

By completing this document, you authorize the Morneau Shepell Billing Service Center to debit your bank account for the dollar amount of your monthly premium.

COBRA\Direct Bill Participant Information:

First Name _____ Last Name _____

Participant ID # _____ Phone Number _____

Email Address: _____ Employer Name _____

I hereby authorize Morneau Shepell Billing Service Center, to withdraw any amounts owed by me by initiating debit entries to my account at the Financial Institution (herein after BANK) indicated below. Further, I authorize BANK to accept and to charge any debit entries initiated by Morneau Shepell Billing Service Center to my account. In the event that Morneau Shepell Billing Service Center withdraws funds erroneously from my account, I authorize Morneau Shepell Billing Service Center to credit my account for an amount not to exceed the original amount of the debit.

Banking Information:

Account Type: Checking Account Savings Account

Bank Name: _____

City _____ State _____ Zip Code _____

Bank Routing Number: _____

Bank Account Number: _____

New Account Set-up Change Existing Account

This authorization is to remain in full force and effect until Morneau Shepell Billing Service Center and/or BANK has received written notice from me of its termination in such time and in such manner as to afford Morneau Shepell Billing Service Center and/or BANK a reasonable opportunity to act on it. Should I change accounts that would affect this withdrawal, I am aware that I must complete another Pre-Authorized Checking/Savings Registration Form. If there is a lapse in payment due to a change in this account, it is my responsibility to ensure that another method of payment is provided during any lapse due to changes in this account.

Signature _____

Date _____

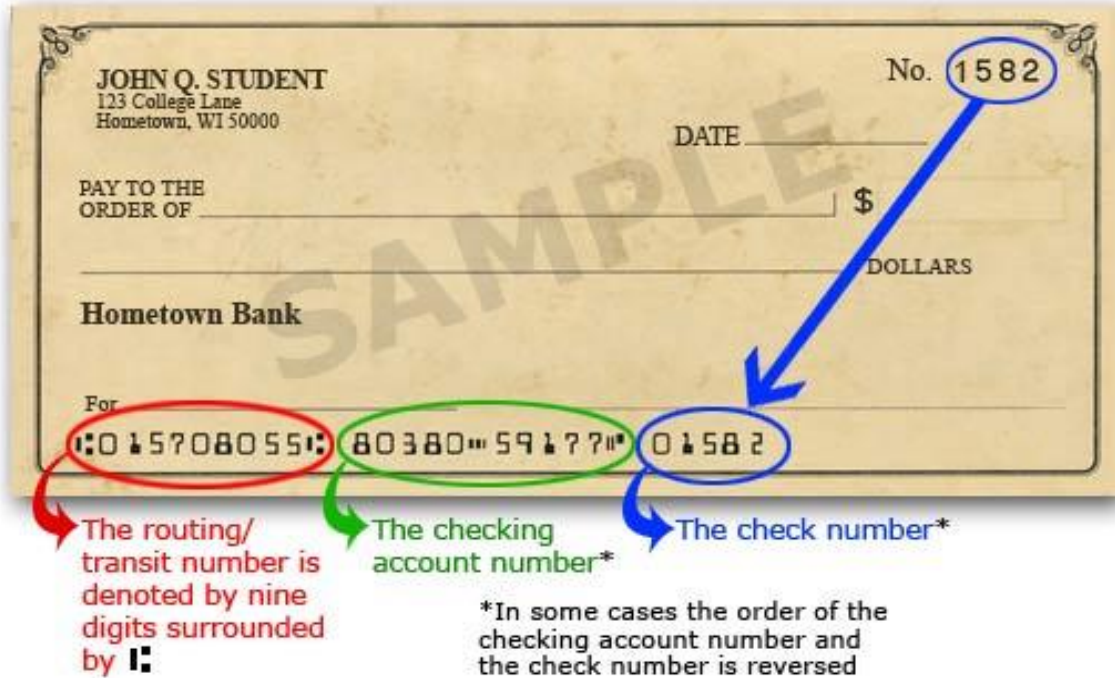
**** Please see reverse side for mailing instructions.**

"Note: Please attach a voided check from your checking account or a pre-printed savings deposit slip to this application."

Pre-Authorized Checking/Savings Registration Form

Mail to:

Morneau Shepell Billing Service Center
 3201 34th Street South
 Building A, 4th Floor
 St. Petersburg, FL 33711
 Phone: 855-274-8493
 Email: consumerservices@MorneauShepell.com



Sample Monthly Coupon:

Below is an example of where the Participant ID is located on your monthly coupon.

Participant ID# 55443323232	ATESTER, JOE	Due: 04/08/2016		
Carrier	Coverage	Amount	Coverage Dates	Grace Ends
BLUE SHIELD PPO \$AVER PLAN	Participant + 1	\$ 1295.03	03/01/2016-03/31/2016	05/08/2016
Delta Premier Plus PPO	Participant + 1	\$ 127.53	03/01/2016-03/31/2016	06/07/2016
		=====		
		Total \$ 1422.56		
Mail payment to: Morneau Shepell Lockbox XXX City FL ZIP				
This address is for payments only. No correspondence please.				
Division: COBRA				