



## **There are many good reasons to enroll in Harvard Pilgrim's Auto Pay program**

**Saving a stamp, a check, an envelope and valuable time each month are just a few ...**

We all like to save time and money. That's why we've created the Auto Pay Program.

**Auto Pay is available for individuals purchasing coverage directly from Harvard Pilgrim and for Medicare Supplement members.**

This electronic banking program allows you to pay your monthly charges without writing a check. It's a convenient and cost-effective alternative to paying your plan charges through the mail. Deductions are made on the first business day of each month – all you need to do is note the date and amount in your checkbook.

The Auto Pay Program uses the same financial network as Direct Deposit. Your rights with the Auto Pay Program are protected by state and federal regulations. You may cancel your Auto Pay authorization at any time by notifying Harvard Pilgrim.

### **Auto Pay instructions**

You can sign up for the Auto Pay program online or by mail:

#### ***Apply online***

- Visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org), log in to your *HPHConnect* for Members account, select "Online Billing *New*" and complete the electronic application (available as of January 1, 2016).

#### ***Apply by mail***

- You can also complete the Auto Pay Authorization Form on the reverse and submit it via U.S. mail. Medicare Supplement members will also find it in their enrollment kit.

If your application is received and processed by the last day of the month, the withdrawal will take place on the first business day of the second following month. For example: If your application for the Auto Pay Program is received by December 31, you will be enrolled in Auto Pay starting February 1.

- Be sure to make your regular premium payment until you receive an invoice indicating "Enrolled in Auto Pay – Automatic Withdrawal of Current Charges" instead of "Please Pay This Amount."
- "Enrolled in Auto Pay – Automatic Withdrawal of Current Charges" confirms that you are authorized to participate in the Auto Pay Program.

**Questions?** If you need more information about the program or would like to cancel Auto Pay, please call our Member Services department at **(877) 907-4742**. For TTY service, call 711.



## Authorization Agreement for Pre-authorized Payments

Please retain a copy for your records

I authorize my financial institution to deduct the amount of my Harvard Pilgrim monthly plan charges from my bank account. If at any time I decide to discontinue the Auto Pay Program, I will notify Harvard Pilgrim in writing or by calling the Member Services department at (877) 907-4742. I understand that both my financial institution and Harvard Pilgrim, upon written notification, reserve the right to terminate my participation in the Auto Pay Program. I understand that my participation in the Auto Pay Program is subject to Harvard Pilgrim approval. I also certify that I have read and agree to the Terms and Conditions of the program set forth here.

Type of Request (check one)      \_\_\_\_\_ New      \_\_\_\_\_ Change

Name (as it appears on your bill) \_\_\_\_\_

Harvard Pilgrim ID Number  
(as it appears on your bill) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Bank Account Holder's Name \_\_\_\_\_

**Notes:** All Auto Pay premium withdrawals will be deducted from your bank account on the first business day of each month. For proper handling, please **DO NOT** send this application with your monthly payment.

If you're submitting authorization on paper, please complete this form and return it with a voided blank check to:

Premium Cash Dept. 4th floor  
Harvard Pilgrim Health Care  
1600 Crown Colony Drive  
Quincy, MA 02169

The Auto Pay application is due by the last business day of the month. Your participation will be noted on your following month's invoice, and we will debit your account on the first business day of that coverage period. (Example: for an Auto Pay application processed by December 31 and invoiced on January 5, your bank account is debited on February 1). Please consider mailing and processing time when submitting your application. Be sure to make your regular premium payment until you receive an invoice indicating "Enrolled in Auto Pay – Automatic Withdrawal of Current Charges" instead of "Please Pay This Amount." "Enrolled in Auto Pay – Automatic Withdrawal of Current Charges" confirms that you are authorized to participate in the Auto Pay Program. Upon participation, only current month charges will be withdrawn. Any previous balances must be paid via check or processing a one-time payment through online billing.