



Scheduled Direct Debit

Sign up for Scheduled Direct Debit and have your premium payments automatically deducted from your bank account.

If you're looking for new and better ways to help organize, streamline and generally make your job easier, there's no better place to start than with Scheduled Direct Debit.

That's because Scheduled Direct Debit is a safe, convenient and automatic way to pay your monthly insurance premiums.

All you do is sign up, then every month we automatically deduct your premium from your company's bank account.

Even better, Scheduled Direct Debit helps you better organize your payment records, streamlines your monthly invoice payment process and frees you up to get on with the business of your business.

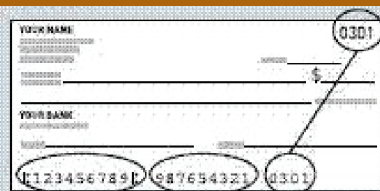
Enroll today in the ACEC Life/Health Trust Scheduled Direct Debit program. Just fill in the simple form on the reverse side and return it to us. By signing up today, you'll have one less thing to worry about tomorrow.



Determining your routing number

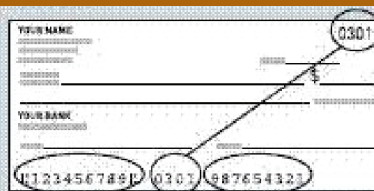
To determine your routing number, refer to your company check. The routing number is always 9 digits long and it is enclosed by colons. The location of the routing number and account number on your company check varies depending on your bank. For example:

Bank 1



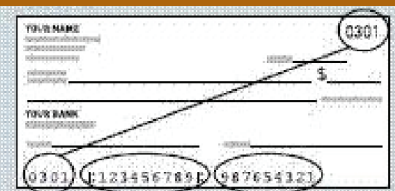
Routing # Account # Check #

Bank 2



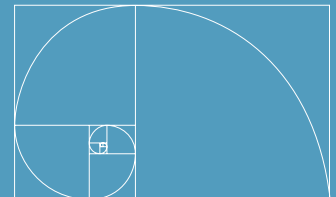
Routing # Check # Account #

Bank 3



Check # Routing # Account #

If you are unsure what the routing number/transit number is, your bank can assist you.



Enrollment Instructions

1. Complete the form below.
2. List the customer number that you wish to have paid by automatic withdrawal.
3. Attach a copy of a voided check showing the bank account to debit (Do not send a deposit slip).
4. Mail this form and a copy of a voided check to the address on the bottom of the authorization form.

Statement of Understanding

As a participant of Scheduled Direct Debit, I agree to and/or understand all of the following on behalf of my group:

It may take up to one month to establish this process. If a customer is overdue on a prior bill, a delinquency letter will be sent to the customer, and must be paid to ensure the account is not cancelled prior to the process being set up.

I authorize UnitedHealthcare to debit my group's checking or savings account for all monthly charges for coverage. I ensure sufficient funds are in my group's checking or savings account to cover my premium invoice. I understand that after my authorization is processed that my monthly premiums will be deducted from my account on the 10th of each month for payment of premiums for that month.

I understand that I will receive a monthly statement showing the amount that will be deducted from my account on the 10th of each month.

If the necessary funds are not on deposit in the account on the date of the draft, my group's coverage may be subject to termination under the terms stated in the contract with UnitedHealthcare. Also, my group may be subject to additional fees incurred by the ACEC Life/Health Trust subsequent to the termination date as a result of insufficient funds.

I will promptly notify the ACEC Life/Health Trust of any change to my group's checking or savings account. If a change occurs it is my responsibility to provide the ACEC Life/Health Trust with the current information.

Authorization

Authorization is given to UnitedHealthcare to initiate debits (payments) to the financial institution indicated below. This financial institution is authorized to debit the account. This authorization will remain in force until I send written notification to cancel, and such notification must be received by the ACEC Life/Health Trust no later than five work days prior to the scheduled date of the next transaction, in order to cancel such transaction. In the event of an erroneous charge to my account, I will send written notice to the address below within 60 days of receipt of the first statement of account on which the error appeared.

I have read and agree to the terms and conditions outlined above.

Authorized Signature and Title of Signatory

Date

Employer Name/Customer Name/Policy name

Employer Email Address

Customer Number

Name of Your Financial Institution

Phone Number of Financial Institution

Transit / American Bankers Association Number. Number can be found in the lower left corner of your check

Account Number to Debit

**Return To: ACEC Life/Health Trust
Dept CH 14382
Palatine, IL 60055-4382**

Insured and serviced by:



www.uhctogether.com/acec

Insurance coverage provided by or through United HealthCare Insurance Company or its affiliates. Administrative services provided by United HealthCare Insurance Company, United HealthCare Services, Inc. or their affiliates.

The American Council of Engineering Companies (ACEC), the ACEC Life/Health Insurance Trust and United HealthCare Insurance Company are three separate legal operating entities and, as such, the organizations are governed and function independently. UnitedHealthcare's services are provided with the authorization of the ACEC Life/Health Trust. Questions related to health benefits offered through the Life/Health Trust should be directed to 1-800-573-0415.

Health Plan coverage provided by or through a UnitedHealthcare company.

©2012 United HealthCare Services, Inc.
UHCEW519022-001