

# Now there are more ways to pay your premiums!

*That's right. The SEIB now offers you three different ways to make your premium payments.*

- Automatic bank drafts
- E-check
- Traditional mail

Using bank draft or e-check payments will free you from the worry of late payments and save you the rising cost of postage and check supplies. You won't have to remember to write your check and mail your payment.

## Recurring monthly payment option

- A charge is made to your designated bank account on the first day of the month for your premium payment as shown on your statement.
- Enrollment is simple. Return the attached form to SEIB accounting.
- You will receive a monthly bill advising of your balance due.

## "You make the call" option

- **You** decide when to have your bank account charged. (Your payments must continue to be current to avoid cancellation.)
- Payments can be made calling our office.
- You will receive a monthly bill advising you of your balance due.



**Cost to You:** None.

**Benefits to You:** No more checks and no more stamps!

If you have any questions regarding these payment options contact our accounting department at 1.866.836.9737, option 5, and then option 5 again.

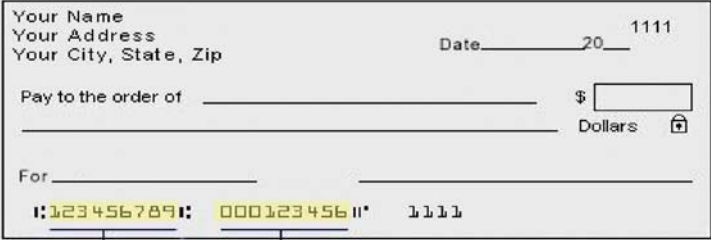
***If you choose to enroll in the recurring payment option, please complete the form on the back and return to:***



State Employees' Insurance Board  
Accounting Department  
Post Office Box 304900  
Montgomery, Alabama 36130-4900

# State Employees' Insurance Board Local Government Health Insurance Program Pre-Authorized Payment Service Authorization Agreement

I authorize the State Employees' Insurance Board (SEIB) and the financial institution, listed below, to electronically debit or credit my account as specified:

|  |
|--|
| Account Number*  |
| Name of Financial Institution  |
| Routing Number**   |
|  <p style="text-align: center;"> <span style="margin-right: 100px;">Routing Number**</span> <span>Account Number*</span> </p> <p style="text-align: center;">Please staple your voided check to this form.</p> |

This authority is to remain in full force and effect until SEIB and the financial institution have received written notification from the local government unit of its termination. This should be done in such time and manner as to afford SEIB and the financial institution a reasonable opportunity to act on it.

| <b>LGHIP UNIT INFORMATION</b>  | <b>ACCOUNT HOLDER</b>  |
|--|--|
| LGHIP Unit Number  | (If different from unit)   |
| LGHIP Unit Name (please print)   | Account Holder Name (please print)   |
| LGHIP Unit Authorized Signature  | Account Holder Signature   |
| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <div style="text-align: right; margin-top: 10px;">Date</div> | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <div style="text-align: right; margin-top: 10px;">Date</div> |

Please staple your voided check to this form to verify account information for withdrawals from your Checking Account.

Please return this form to:



State Employees' Insurance Board  
Accounting Department  
Post Office Box 304900  
Montgomery, Alabama 36130-4900

Form may be returned with your payment.