



You Have Options with the SEIB!

The State Employees' Insurance Board (SEIB) offers multiple options to make paying your premium as easy as possible.

No matter what option you choose, you will continue to receive your monthly statement showing your premium and the total amount due. Your statement will also indicate if the payment will be made by bank draft.

Remember, we must receive your premium by the due date to avoid cancellation.

AUTOMATIC BANK DRAFT

With automatic bank drafts, your premium is deducted from your bank account on either the 1st or the 15th of the month – you make the call! Avoid the risk of losing your health insurance coverage by enrolling in this FREE service! You will also save yourself the cost of postage and check supplies, as well as the hassle of mailing your payment! To sign up, complete and return the form on the back. Once enrolled, your payments will always stay current until you cancel your bank draft. You may cancel your bank draft anytime just by calling our office.

E-CHECK

Payment by e-check is available to use by logging into your online account at www.alseib.org or by calling our office at 1-866-836-9737. This service is FREE to you but it does require you to initiate payment every month.

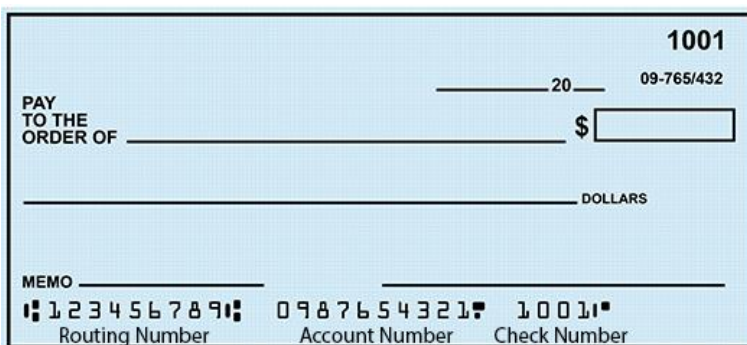
TRADITIONAL MAIL PAYMENT

You can still mail your payment into our office by the due date to ensure your continued coverage with the SEIB. Your monthly statement will reflect your due date and the premium amount due. Please only pay what is indicated on the invoice. All payments must be current to avoid cancellation.

State Employees' Insurance Board Electronic Funds Transfer Authorization Agreement

I hereby authorize the State Employees' Insurance Board (SEIB), and the financial institution listed below, to electronically debit or credit my account for recurring insurance premium payments or credits. Payment will be applied to the account referenced below and will continue to be deducted monthly on approximately the same date.

Checking Account Number
Name of Financial Institution
Routing Number
Choose Date of Draft (Select only one) <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> First Day of the Month <input type="checkbox"/> Fifteenth Day of the Month </div>



If I elect to stop making payments by Electronic Funds Transfer (EFT), I agree to notify the SEIB at least 7 days prior to the current EFT payment due date. If my routing number or account number changes, I will provide the SEIB with the new information at least 20 days prior to the next scheduled draft date. In the absence of required notification, I agree to honor any payment deducted or fees incurred.

I agree that if any dishonored payment results in termination of my insurance coverage, the SEIB and the State of Alabama shall be under no liability.

MEMBER INFORMATION

ACCOUNT HOLDER INFORMATION

Contract Number:	
Member Name:	Account Holder Name (If different from member)
Print	Print
Signature Date	Signature Date

Please attach your voided check to this form to verify account information for withdrawals from your checking account or a deposit slip for withdrawals from a savings account.

Please return this form to: SEIB/Accounting Department
PO Box 304900
Montgomery, AL 36130-4900
Form may be returned with your payment