



Automatic Bank Draft Authorization Form

Health Net Life Medicare Supplement

Subscriber / Reference ID #:		Medicare claim #:		Group #:	
Subscriber last name:			First name:		MI:
Subscriber street address:					
City:		State:	ZIP:	Home telephone #: (_ _ _) _ _ - _ _ _ _	
Billing information					
Account holder name (if different):			Account holder telephone # (if different): (_ _ _) _ _ - _ _ _ _		
Account holder address (if different):		City:		State:	ZIP:
The monthly premium charge can be withdrawn directly from your personal checking or savings account. Please select your account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings					
Transit routing number (9 digits):			Account number:		
Bank name:					
City:			State:	ZIP:	
Signature of account holder (required to process):					

I hereby authorize Health Net Life Insurance Company to debit the account shown above for my (the subscriber's) Health Net Life Insurance Company coverage when my premium payment is due. I authorize the bank or financial institution shown above to accept such debits without responsibility for their correctness.

I may terminate this Automatic Bank Draft Authorization at any time by giving Health Net Life Insurance Company written notification of termination or by calling **1-800-926-4178 (TTY:711)** Monday through Friday, 8:00 a.m. to 8:00 p.m., except holidays, to request termination. I understand that such notification will become effective after Health Net Life Insurance Company has received the termination request and has had a reasonable amount of time to act on it (at least thirty (30) days).

If the amount of my Health Net Life Insurance Company premium should change for any reason, I will be notified in writing by Health Net Life Insurance Company at least thirty (30) calendar days prior to my account being debited.

Please mail this form to: Health Net Life Insurance Company
PO Box 10420
Van Nuys, CA 91499-6208

Subscriber last name:	First name:	MI:
Medicare claim #:		

Automatic Bank Draft (ABD) transmissions are submitted to the bank on approximately the 6th of every month, for that month's premium. Therefore, your premium should be submitted with your request for ABD, and/or manual payment should continue to be submitted to Health Net Life Insurance Company by the first of the month for each month, until such time that you receive confirmation of ABD commencement in writing from Health Net Life Insurance Company.

In the interim, if a manual payment is received after the bank transmission has occurred (the 6th of the month), it may not be captured on the ABD transmit to the bank. Consequently, based upon the outstanding balance due at the time of transmission, your account may be drafted for more than one month's premium payment. If this occurs, your Health Net Life Insurance Company account will reflect the collected manual and automatic withdrawal premiums on the current billing statement/period. Conversely, if you manually pay your premium due, before the 6th of the month, your payment may be processed, whereby there will be no outstanding balance for the ABD to draft/process.

Once any outstanding balance is collected (if applicable), only your monthly premium will be deducted from your account on, or about, the 6th of the month for which payment is due. **Insufficient funds on Automatic Bank Drafts are subject to a \$15.00 return fee.**

Subscriber signature:	Date:
Additional signature (as needed):	Date:

**Please include a voided bank check with your authorization.
This will be used to verify bank information.**

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