

HEALTH NET® QUICK PAY

SAVING YOU TIME AND MONEY



We are happy to offer our convenient Quick Pay service to our employer group clients. Your monthly premium payments can be automatically deducted from your checking account.

Health Net's Quick Pay service makes bill paying easier by saving you time and money. Each premium paid through Quick Pay represents one less check to write and one less bill to mail.

How do I enroll in Quick Pay?

To take advantage of this service, simply complete the authorization agreement and include a **blank check** from your checking account and write "VOID" on it. **Do not** submit a deposit slip.

Once enrolled, your Quick Pay account is set up within 48 hours, and will then take effect for the next billing period after enrollment. It may take up to four weeks before your first Quick Pay transaction.

If you are returning this authorization form separately from your Enrollment Application, please complete and mail to:

Health Net
Attn: Membership Accounting & Eligibility
One Far Mill Crossing
P.O. Box 904
Shelton, CT 06484

How does the Quick Pay process work?

About the 5th of each month, Health Net will communicate directly with your bank to deduct the premium amount due for that month. You will not receive premium billing notices from us while this service is in effect. Your monthly bank statement will reflect the amount debited for your Health Net premium.

How do I cancel Quick Pay?

To cancel your Quick Pay service, simply notify Health Net in writing that you wish to discontinue the Quick Pay service. Please note that canceling Quick Pay does not cancel your coverage, unless specifically stated in your letter.

If you have additional questions regarding our Quick Pay service, please call our Membership Accounting Department at 1-800-848-4747



Health Net of the Northeast, Inc.
One Far Mill Crossing, Shelton, CT 06484
www.healthnet.com

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Health Net's Quick Pay Authorization Agreement

To start Quick Pay: Complete and sign this form. Include a BLANK CHECK from your account and write "VOID" on it. DO NOT submit a deposit slip. The ABA ROUTING NUMBER is the 9-digit number located at the bottom left corner of your check, or you may call your bank for the number.

Customer/Applicant Name: _____

Group # (if applicable): _____ Daytime Phone: () _____

Financial Institution Name: _____

Branch Address: _____

City: _____ State: _____ ZIP: _____

Account Number: _____ Checking
 Savings

ABA Routing #: _____

Attach VOIDED CHECK Here 

I hereby authorize Health Net and my financial institution named above to debit my bank account between the 5th and the 10th of each month for the amount of my premium payment. I understand my premium amount may vary due to enrollment status changes or renewal rate, which may include retroactive premiums due.

I understand that if there are insufficient funds at the time my account is debited, a letter will be sent in 7 to 10 business days billing me for the amount owed.

I understand that this authorization will remain in effect until I notify Health Net in writing that I no longer desire this service. I also understand that by canceling this service, I am not canceling my health care coverage unless specified in my written notification to Health Net. Once the notice is received by Health Net's Billing Department, a reasonable period of time (up to 10 business days) is required to revoke this agreement.

Account Holder(s) Signature(s): _____

Name (Print): _____

Title (Print): _____

Date: _____

For A/R use only: **Confirmation of Quick Pay**

Current premium amount to be debited: \$ _____ Date of first debit: _____

A/R Initials _____