Health Net's Automatic Bank Draft *(ABD) service*

Saving you time and money

We are happy to offer our convenient Automatic Bank Draft (ABD) service to our individually billed members.

Health Net's ABD service makes bill paying easier. Each premium paid through ABD represents one less check to write and one less bill to mail. Also, if you are out of town, you enjoy the peace of mind of knowing your Health Net premiums will be paid.

How do I enroll in Automatic Bank Draft (ABD)?
To take advantage of this service, simply complete the authorization agreement on the back, and include a blank check from your checking or savings account and write "VOID" on it. Do not submit a deposit slip. If you do not have checks from your savings account, please attach a letter from your bank with all the account and routing details.

Please note: A separate ABD authorization form must be completed for each application sent to Health Net. If applicants share the same bank account, please fill out a separate ABD form using the Health Net Member ID number for each applicant.

How does the ABD process work?
On or about the 3rd business day of each month, Health Net will communicate directly with your bank to deduct the premium amount due for that month. Based on the time of the month this form is submitted to Health Net, it may take 1–2 billing cycles until the money is deducted from your account. Your monthly bank statement will reflect the amount debited for your Health Net premium.

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Health Net®
MEDICARE PROGRAMS

Once ABD is set up by your bank, we will send you a confirmation letter advising you of the first payment deducted from your bank account. Until you receive the confirmation from us, please continue to pay as you are billed. Please allow a minimum of two weeks' processing time.

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

Health Net Medicare Enrollment
PO Box 6501
Rensselaer, NY 12144-6501

Please do not send payments to this address.

How do I cancel ABD?

To cancel your ABD service, simply notify Health Net by calling our Customer Service Center or writing (to the address previously mentioned) that you wish to discontinue the ABD service. Please note that canceling ABD does not cancel your health care coverage, unless specifically stated in your letter. You can cancel your health care coverage during specific enrollment periods only.

If you have additional questions regarding our ABD service, please call our Customer Service Center at 1-800-806-8811 (TTY/TDD 1-800-929-9955 for the hearing and speech impaired), 8:00 a.m. to 8:00 p.m., 7 days a week.

A stand-alone prescription drug plan with a Medicare contract. Members may enroll in the plan only during specific times of the year. Contact the plan for more information. Health Net Life Insurance Company is a subsidiary of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc.

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Health Net
MEDICARE PROGRAMS

Health Net's Orange Prescription Drug Plan (PDP)

Automatic Bank Draft (ABD)

Authorization Agreement

Please list your Health Net plan.
(This information can be found in your Summary of Benefits or Evidence of Coverage (EOC).)

State: _____ **Plan name:** _____ **Monthly plan premium: $** _____

To start Automatic Bank Draft (ABD): Complete and sign this form. Include a **blank check** from your bank account and write "VOID" on it. **Do not** submit a deposit slip. (If you do not have checks from your savings account, please attach a letter from your bank with all the account and routing details.) 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.

Applicant name: _____

Health Net member # (if applicable): _____ Medicare #: _____

Daytime phone:

Bank account #:_____ ☐ Checking ☐ Savings

Financial institution name:_____

Branch address:_____

City:_____ State: _____ ZIP: _____

ABA routing #: _____

Attach VOIDED CHECK Here →

I hereby authorize Health Net and my financial institution named above to debit my bank account around the 3rd of the month for the amount of my premium payment. I understand my premium amount may vary due to enrollment status changes, 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 will not be canceling my medical 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 signature: _____

Date:

For office use only – confirmation of Automatic Bank Draft
Current premium amount to be debited: $ _____
Date of first debit: _____ A/R initials: _____

White – Health Net Yellow – Enrollee Pink – Writing Agent