



c/o BeneSys Administrators
Mailing Address: P.O. Box 2340, West Covina, CA 91793
P-(626)-646-1078 | Toll Free-(855)-696-2909 | F-(626)-931-1368
E-Mail: staff@phbpbenefits.org | Website: www.phbp.org

Payment of Monthly Premiums Freelance Employee

Automatic Withdrawal

Please complete and return the **Automatic Withdrawal Authorization Form** below along with a **voided check**. Payments are withdrawn on the **10th of each month** for current eligibility. **Please note that you may need to mail in an initial payment, so please contact our office to discuss.**

The following is due each month to ensure uninterrupted **Medical, Dental and Vision** Coverage:

Employee Only	\$ 0.00
Employee + 1 st Dependent	\$ 250.00
Employee + Additional Dependents	\$ 100 per additional Dependent*

*** For example, if you enrolled 2 dependents, the cost is \$350. If you enroll 3 dependents, the cost is \$450. For 4 dependents, the cost is \$550.**

Terms of coverage, benefits and eligibility are governed by the Plan's Rules and Regulations, Insurance Policies and other Plan documents, and the decisions of its Trustees.

Automatic Withdrawal Authorization Form

Please enter your information about your checking account provided on the bottom of your check. You may only use a checking account. It can be from a bank, credit union or savings association. It cannot be from a money market, line of credit or investment account.

*Name on Bank Account: _____

*Routing Number: _____

*Bank Account #: _____

I certify that I have read and agree to abide by the Terms and Conditions. Money will be debited from my account at night on the day in which payment is due.

Please be sure to include a VOIDED check with this form.

Participant's Name: _____

Signature: _____ Date: _____

Terms and Conditions for Automatic Withdrawal

SCOPE OF AGREEMENT: This Agreement covers your participation in the Automatic Withdrawal Program offered by Administrative Services Only, Inc (the "Program"). In this Agreement, the words "you" and "your" refer to the Basic Participant (that is, the person primarily responsible for repayment of the account) and also includes all Additional Participants who have applied to participate in the Program. The words "we," "our" and "us" refer to Administrative Services Only, Inc. The words "your account" refer to the account held by a bank, securities firm or other financial institution from which payment will be made when you make transactions under the Program. The words "your bank" mean the bank, securities firm or other financial institution that holds your account.

PAYMENT FOR CASH OR CHECKS: Each time you initiate a transaction, you authorize us or our agent to draw a check or draft or initiate an automated clearing house (ACH) or depository transfer check (DTC) debit in your name to the financial account you specify in the amount you request, payable to us or to our agent, in the amount of the transaction.

CHARGES: For each transaction your bank may assess its customary per-check or item-handling charge, if any. You also agree to pay us a service charge for each dishonored check or draft to reimburse us for any costs of collection. Your bank may also assess its customary charge for such items.

DISHONORED REQUESTS FOR PAYMENTS: If any transaction (check or draft drawn by us or our agent in connection with the Program) is not honored by your bank, we have the right to charge the amount of any such transaction to your bank account or to collect the amount from you in some other way. If this happens, we may cancel your right to participate in the Program.

HOW TO CONTACT US: If for any reason you wish to contact us about the automatic withdrawals or, if you believe someone has transferred or may transfer money from your account without your permission call 855-696-2909. Or write: **PRODUCERS' HEALTH BENEFITS PLAN**

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OUR LIABILITY FOR IMPROPER TRANSACTIONS OR PAYMENTS: If a transaction is not completed as you have directed or if we do not complete a transfer to or from your account on time in the correct amount, we will be liable for your losses or damages. However, there are some exceptions. We will not be liable to you in the following instances:

- If, through no fault of ours, your account does not contain enough money to complete the transaction;
- If the funds in your account are subject to legal process or other encumbrance restricting the transaction;
- If circumstances beyond our control (such as fire or flood) prevent the transaction, despite reasonable precautions that we have taken.

BUSINESS DAY: For purposes of this Agreement, our business days are Monday through Friday. Holidays are not included.

DISCLOSURE OF ACCOUNT INFORMATION TO THIRD PARTIES: To protect your privacy, we will not disclose any information about your transactions to any person, except as follows:

1. as necessary to complete transactions;
2. to comply with government agency or court orders;
3. to our employees, auditors, service providers, attorneys, or collection agents in the course of their duties;
4. to persons authorized by law in the course of their official duties; or
5. if you give us your written permission.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR TRANSACTIONS: Write or call us at the number or address given above as soon as you can if you think your receipt is wrong or if you need more information about a transaction listed on your receipt. We must hear from you no later than 60 days from when the problem occurred.

1. Tell us your name and Social Security number.
2. Describe the error or the transaction you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

If you tell us orally we may require that you send us your complaint or question in writing within 10 business days from the date you notified us.

We will tell you the results of our investigation within 10 business days* after we hear from you and we will correct any error promptly. If we need more time, however, we may take up to 45 calendar days to investigate your complaint or question. If we decide to do this we will ensure that your bank re-credits your account within 10 business days* for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days* following your oral notification, we may not re-credit your account. For transactions initiated outside the U.S. (and in the event there are transfers resulting from any point of sale debit card transactions), we will have 20 business days instead of 10 business days, and 90 calendar days instead of 45 calendar days, unless otherwise required by law.

If we determine that there was no error, we will send you a written explanation within 3 business days after we finish our investigation. Upon your request we will provide you with copies of the documents that we used in our investigation. If we have provisionally re-credited your account during the investigation and determine that there was no error, we will notify you of the date on which we will re-debit your account, and the amount to be debited. You should make certain that your account contains sufficient funds to cover this debit. If this happens, we may cancel your right to participate in the Program.

Please be sure to check the next day to confirm that the transaction completed successfully.

Terms of coverage, benefits and eligibility are governed by the Plan's Rules and Regulations, Insurance Policies and other Plan documents, and the decisions of its Trustees.