

# United Food and Commercial Workers Unions and Employers Midwest Health Benefits Fund

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1300 Higgins Road, Suite 300 ♦ Park Ridge, Illinois 60068-5713 ♦ 847-384-7000 ♦ 800-621-5133  
FAX 847-384-0197 ♦ TDD 847-384-0199 ♦ ufcwmidwest.org

## What Could Be Worse than a Lost or Late COBRA Payment?

Members who pay the Fund for health coverage under the Federal COBRA Law must have their payments arrive at the Benefits Fund Office by the first of the month.

If a check is late or lost in the mail, any of the following can happen:

- our on-line pharmacy computer system might deny your prescription drug purchase while you are at the pharmacy ...
- doctors and hospitals calling the Benefits Fund Office may not be able to verify your coverage ...
- processing of your claims could be delayed ...
- your coverage could be cancelled if payment is not received.

We have an easy solution...avoid all these problems by sending us your COBRA payment directly from your bank, electronically. Many people now pay their bills electronically each month. You can pay your COBRA premium on the first of the month without writing a check, using a stamp or walking to the mailbox. More importantly, the payment is automatic and cannot be late or lost (unless there is not sufficient money in your account to make the payment).

If you are interested, just fill out the "Authorization Agreement for Electronic Transfer of Payments" form (on the reverse). We must have at least two weeks notice before the month you wish the direct payment to begin. We will confirm in writing that we have received your request and will also confirm the month that the direct payments will start.

We will stop taking direct payments from your bank when you advise us to stop or when your maximum allowable period under COBRA ends.

Should you have any questions, please contact the Billing Office.

**Please see page 2 for the  
"Authorization Agreement for Electronic Transfer of Payments" form**

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**Authorization Agreement for Electronic Transfer of Payments —  
Self-Payments to Continue Health Coverage**

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*To automatically deduct from your bank account the monthly cost of providing health coverage, just fill out and return the form below along with a voided check or savings deposit ticket. The monthly payment will be deducted from your account on the first working day of each month. We'll send you a notice letting you know when the automatic deduction will begin and the amount of the deduction.*

Member Name \_\_\_\_\_

Member Social Security Number \_\_\_\_\_

Member Daytime Area Code/Telephone \_\_\_\_\_

Bank Name \_\_\_\_\_

City & State \_\_\_\_\_

Bank Area Code/Telephone \_\_\_\_\_

Type of Account (such as checking, money market, savings) \_\_\_\_\_

Attach a voided check or a savings account deposit ticket  
which indicates account and bank numbers

I hereby authorize the UFCW Midwest Health Benefits Fund to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my account identified on the attached voided check or savings deposit ticket at the depository named above. This authorization will remain in effect until I notify the Health Fund in writing to the contrary. I understand that my written notice of termination is to be in such time and manner as to afford both the Health Fund and the depository named above a reasonable opportunity to act on it.

Signature \_\_\_\_\_

Date \_\_\_\_\_