



Asuris Northwest Health
528 East Spokane Falls Boulevard
Suite 301
Spokane, WA 99202

ASURIS SUREPAY AUTHORIZATION

Policyholder Name \_\_\_\_\_ Member ID Number \_\_\_\_\_

SUREPAY is a simple and convenient way to keep your health coverage in force. If you select the SUREPAY option of paying for your Asuris Northwest Health health insurance, the payment will be deducted automatically on the 5th of every month. This will provide several advantages to you:

- Your payment will always be made on time (if funds are available in your account).
You won't have to worry about your coverage accidentally lapsing due to overlooked payments.
Your monthly bank statement will show a withdrawal notation. This will serve as receipt of payment.
Claims will be paid promptly due to your policy always being paid current.

GETTING STARTED IS EASY by mail or phone.

- Complete, date and sign the Surepay Authorization information below.
Attach your voided check (not a deposit slip). For savings account please provide proof of ownership of the account.
Return to Asuris Northwest Health (PO Box 1107, Lewiston, ID 83501).
For your convenience, you or the Bank Account Holder (if someone other than yourself is paying the premium) may also contact our office at 1 (888) 232-8229 to set up SUREPAY over the phone.

SOME SUGGESTIONS:

If you change your bank, wish to cancel your automatic deduction or make changes to your current policy:

- Requests must be received 15 days before your next premium payment is due. If your request is received later than that, changes may not be reflected until the next month's SUREPAY withdrawal.
When changing your bank, send us a copy of your new "voided" check and a note explaining that you have changed banks or have the Bank Account Holder contact our office and we can make this change by phone. We suggest you leave enough money in your old bank account to cover your payment in case there is a delay in processing this change.
Changes to your policy may result in an increase or decrease in the amount of premium deducted from your account.

AUTHORIZATION TO MY BANK

Checking Account Savings Account

As a convenience and on behalf of the Account Holder identified below, I/we hereby request and authorize you to pay and charge to the account identified below, checks or electronic debits drawn on the account by and payable to the order of Asuris Northwest Health, Seattle, WA. I/we agree that your rights to each such check or electronic debit shall be the same as if it were an actual check drawn on you and signed by me/us. This authority is to remain in effect until revoked by me/us in writing, and until you actually receive such notice, I/we agree that you shall be fully protected in honoring any such check. I/we further agree that if any checks or electronic debits be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance. A photocopy of this executed authorization shall be as valid as the original.

Table with 3 columns: Financial Institution, Transit/Routing Numbers, Account Number

Account Holder's Name (please print)

Account Holder's Authorized Signature(s) - as it appears on bank records

Date

