



2020 Retiree Automatic Deduction Authorization (ACH) Agreement

East Central College requires automatic deduction for insurance premium payments.

1. Complete the form below. If your account is a joint account, both account holders must sign this form.
2. Attach a voided check to this form. (Only required for first time ACH set up or if bank account has changed)
3. Return this form and the voided check to East Central College Human Resources Department
4. Retain a copy of this form for your files.

I (we) hereby authorize EAST CENTRAL COLLEGE to initiate debit entries to my (our) account in the entity named below (“institution”), and I (we) authorize the institution to accept and to debit the amount of such entries to my (our) account. Each debit is on the first business day of the month in an amount equal to the withdrawal amount indicated below.

Name (Please Print): _____

Address (Please Print): _____

Name of Financial Institution (Please Print): _____

Address of Financial Institution: _____

Financial Institution Routing Number: _____

Checking Account Number: _____

Select 2020 insurance coverage and record monthly premium next to the plan option.

Retirees and their dependents may only continue with medical, dental, and/or vision if currently enrolled in one of these options. If insurance coverage was terminated, retiree and dependents are no longer eligible to re-enroll in a plan in the future.

Medical: \$ _____

- ☐ Retiree Only
- ☐ Retiree + Spouse
- ☐ Retiree + Child (ren)
- ☐ Retiree + Family
- ☐ No Coverage
- ☐ UnitedHealthcare Medicare Advantage – requires separate enrollment.

Dental: \$ _____

- ☐ Retiree Only
- ☐ Retiree + Spouse
- ☐ Retiree + Child (ren)
- ☐ Retiree + Family
- ☐ No Coverage

Vision: \$ _____

- ☐ Retiree Only
- ☐ Retiree + Spouse
- ☐ Retiree + Child (ren)
- ☐ Retiree + Family
- ☐ No Coverage

Select month to start insurance coverage (coverage starts at the first of the month) _____

Note: Automatic deduction payment will be processed the first of the month that coverage is effective.

Total Premium Withdrawal Amount per Month: _____

This authorization will remain in full force with effective date above through December 31, 2020 or until I (we) revoke the agreement as hereinafter provided. Any revocation shall not be effective until the College has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give the College a reasonable opportunity to act on it.

Account Holders Signature/Date

Joint Account Holder's Signature/Date