

# Senior Health Insurance Company of Pennsylvania (In Rehabilitation)

## Electronic Fund Transfer (EFT) Authorization

### Policy Number:

To arrange for your EFT, please provide the following information:

1. Circle frequency of payment: Monthly    Quarterly    Semi-annually    Annually
2. Deduct premiums from my account on the following date each month premium is due: \_\_\_\_\_  
(Enter a day between 1– 28)
3. List all policy numbers you wanted deducted from this account: \_\_\_\_\_  
(Please note: If premiums for any other policy are to be paid from a different account, you will need to complete an authorization form for each bank account.)
4. Deduct premiums from checking account below:

\_\_\_\_\_  
Routing number

\_\_\_\_\_  
Checking account number

Bank/Financial Institution Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

As a convenience to me, I hereby request and authorize Senior Health Insurance Company of Pennsylvania (In Rehabilitation), to make withdrawals from the account stated above including checks, drafts, or electronic fund transfers, payable to Senior Health Insurance Company of Pennsylvania (In Rehabilitation), pursuant to the instructions set forth above for the purpose of paying premiums for the insurance policy(ies) stated above. I understand: 1) debits made hereunder shall be the same as if they were made pursuant to a check payable to Senior Health Insurance Company of Pennsylvania (In Rehabilitation) and signed by me; 2) the debit reflected on my bank/credit union statement shall constitute a receipt of my payment; 3) the agreement made herein may be revoked by Senior Health Insurance Company of Pennsylvania (In Rehabilitation) without prior notice if any account withdrawal is not paid upon presentation; 4) Senior Health Insurance Company of Pennsylvania (In Rehabilitation) shall have no obligation to notify me if any account withdrawal is not paid upon presentation; 5) if any payment is not made by me for any reason, with or without cause, Senior Health Insurance Company of Pennsylvania (In Rehabilitation) shall be under no liability whatsoever even though such nonpayment may result in the forfeiture of insurance; and 6) this authorization shall not be construed as a modification of any provisions of the above stated insurance policy(ies).

\_\_\_\_\_  
Printed Policyholder Name

\_\_\_\_\_  
Policyholder Signature

\_\_\_\_\_  
Date

Please return via fax: 952-983-5256 or mail to:    Senior Health Insurance Company of Pennsylvania (In Rehabilitation)  
P.O. Box 64913  
St. Paul, MN 55164

## PLEASE ATTACH VOIDED CHECK HERE

SHIP operates without the objective of a profit and is exclusively focused on providing high quality service and meeting the Long Term Care Policy commitment to our policyholders