



Authorization Agreement for Electronic Premium Deductions

Name(s) _____
(please print)
CDPHP ID Number _____

I (we) hereby authorize Capital District Physicians' Health Plan, Inc. (CDPHP®) or CDPHP Universal Benefits,® Inc. to initiate debit entries in the amount of my (our) monthly CDPHP premium to my (our) checking account indicated below at the depository named below, hereinafter called "Depository," to debit the same to such account.

Depository Bank

Bank Name _____

Branch _____

City, State, Zip _____

Account No. _____

Routing Number _____

Example of Routing Number: ⑆ 123456789 ⑆

You may find your routing number on the bottom of your checks, usually between a facing pair of symbols. Routing numbers are nine digits long. If you cannot find the number on your check, your bank will be able to provide this information to you.

This authorization is to remain in full force and effect until CDPHP has received written notification from me or (either of us) of its termination in such time and in such manner as to afford CDPHP and Depository a reasonable opportunity to act on it.

Name(s) _____
(please print)
Signature _____ Date _____

Signature _____ Date _____

**A voided check OR bank letter including member name, account and routing number
must be provided for verification purposes.**

**CDPHP Billing Department
6 Wellness Way
Latham, NY 12110**

Pay Your CDPHP Premiums Without the Hassle of Checks and Stamps

Capital District Physicians' Health Plan, Inc. (CDPHP®) and CDPHP Universal Benefits,® Inc. offer members the convenience of having their insurance premiums electronically deducted from their checking accounts. This option eliminates the need to mail premium payments to CDPHP.

It is easy to enroll in this program. Just complete the authorization form on the back of this flyer and mail it back to CDPHP with a voided check or bank letter that includes the member name, account, and routing number. It takes approximately one month for the withdrawal to be activated. You will be notified of the effective date of the electronic premium withdrawals. Your authorization shall remain in force until you notify us to discontinue the withdrawals.

Until electronic payment begins, you must mail your premium payments to CDPHP. Premium payments are due on the first of each month. CDPHP mails premium coupon booklets to each member quarterly. You must mail your payment in with the coupon for the month you are paying. Continue to make your payments to CDPHP until you receive notification that your automatic withdrawal is set up.

Electronic withdrawals will take place on or about the 15th of each month. Premium amounts may be modified due to requested changes in coverage, address, or a requested and approved rate change. You will be notified of any change in premium amount at least ten (10) days prior to our deducting it from your account.

If you have any questions, please contact the
CDPHP member services department at 1-888-248-6522.
For TTY/TDD line users, contact CDPHP at 1-877-261-1164.



**Capital District Physicians' Health Plan, Inc.
CDPHP Universal Benefits,® Inc.
6 Wellness Way
Latham, NY 12110**