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Dear Subscriber:

STOP WRITING CHECKS!

The **Automated Payment Program** allows you to pay your Health Plan bill automatically each month. When you enroll in the Automated Payment Program, we will deduct your health care premium from your bank account on the 5th of each month. If the 5th is on a weekend or holiday, payment will be deducted on the following business day.

To sign up for **The Automated Payment Program**, please complete and sign the enclosed Authorization for Automated Payment Form and return to The Health Plan. In addition, we will need a **VOIDED** check drawn on the account you want us to use for your Automated payment. The **VOIDED** check will give us all the information we need to set up your account (i.e. your bank identification number and account number).

If you have any questions about your monthly bill/payment, please call the Finance Department at (330) 834-2253, or toll-free 1-877-236-2289 ext. 2253. We'll promptly research and correct any errors or mistakes, just as we do with check payments. Our hours of operation are Monday through Friday, 8:00 a.m. to 5:00 p.m.

Later, if you decide to terminate the Automated Payment, simply notify The Health Plan in writing 15 business days before the next payment is scheduled to be taken from your account.

We're ready for you to **STOP WRITING CHECKS** and to start using the **AUTOMATED PAYMENT PROGRAM**.

Sincerely,

Finance Department
The Health Plan

THE HEALTH PLAN CONSUMER ACH CONTRACT

As a participant in the ACH system, we agree to the following through services provided by the Health Plan.

1. We will comply with and be subject to the Operating Rules and Procedures of the Virginia Automated Clearing Houses Association (VACHA) and the National Automated Clearing House Association (NACHA).
2. We will provide The Health Plan with all necessary information pertaining to the ACH transfer. All responsibility for accuracy and consumer authorization shall be the Consumers.
3. The Health Plan shall (i) process entries received from Consumer to conform with the PPD (Prearranged Payment and Deposit) file specifications set forth in the ACH rules, (ii) transmit such entries as an ODFI (Originating Depository Financial Institution) to the Federal Reserve, acting as an Automated Clearing House Operator, and (iii) settle for such entries as provided in the Rules.
4. The Health Plan shall transmit such files to an ACH Operator by the deadline of the ACH Operator. The transmission deadline is two (2) business days prior to the Effective Entry Date for credits and one (1) business day for debits. For purposes of this agreement, a business day is a day on which The Health Plan is opened to the public for carrying on substantially all of its business other than Saturday or Sunday and designated holidays.
5. If any of the requirements of Clause 4 are not met, The Health Plan shall use reasonable effort to transmit such files to an ACH Operator by the next deposit deadline of the Ach Operator, which is a business day and a day on which the ACH Operator is open for business.
6. We understand that we must inform The Health Plan of any changes to the affected accounts. We have no right to cancel or amend any file after transmission has occurred.
7. The Health Plan shall notify the Consumer of a returned entry from the ACH Operator. The Health Plan shall no obligation to re-transmit a return with respect to the original transmission. The Health Plan also reserves the right to cancel this agreement in the event of habitual NSF returns or problems pertaining to this file if applicable.
8. We understand that a prenote is required to be transmitted, ten (10) calendar days, prior to the transmission of a live dollar amount. It is the responsibility of The Health Plan to ensure that the prenotifications are transmitted in a timely fashion provided the Consumer abides by the ten-calendar day deadline.
9. We will indemnify The Health Plan and hold the bank harmless from all losses, claims, damages, demands, liabilities, cost and fees (including reasonable attorney=s fees) incurred by the bank, which are caused in whole or in part, directly or indirectly, by any breach by the Consumer of its warranties or duties under the Rules and Procedures, such Operating Procedures that may be established, or this agreement.
10. The Health Plan shall have no responsibility or liability to the consumer or its customers for any delay or failure is beyond the Bank=s control.
11. This agreement may be terminated by either party with a thirty (30) day written notice. Notwithstanding such termination, this agreement shall remain in full force and effect as to all ACH transactions prior to the termination date.

(Subscriber's Signature)

(Print Name)

(Health Plan ID#)

(Date)

(Spouse/Dependent's Signature
if applicable)

(Print Name)

(Health Plan ID#)

(Date)