



Benefits Continuation Services
3201 34th Street South
St. Petersburg, Florida 33711-3828

Dear Continuation Coverage Participant:

Enclosed is the Benefits Billing Service Automatic Payment Program Application you requested. Please complete the application and return it to Benefits Billing Service.

Please note that in order to keep your continuation coverage active, until such time as your completed Automatic Payment Program Application can be processed, you must continue to remit premiums to Benefits Billing Service in the usual manner (check, cashier's check, certified check or money order).

We will send you a Debit Memo once your application has been processed. The Debit Memo will be your confirmation that your continuation coverage premiums will be withdrawn from the designated bank account each month on the date specified. ***The initial withdrawal will cover all outstanding premiums due at that time.*** This may result in the deduction of one, two, or three months of premiums, depending on how many months of premiums are then due. The Debit Memo will indicate the amount of the initial withdrawal. ***Benefits Billing Service will not be responsible for insufficient funds penalties resulting from any premium withdrawals.***

If the initial withdrawal covers more than one month of premium, a second Debit Memo will be sent advising you of the amount of subsequent withdrawals. Should the amount of your monthly premium change because of either a plan change or a rate change, you will also be sent a Debit Memo at that time which will advise you of the new amount to be withdrawn.

Please notify us immediately if banking arrangements change or if you no longer wish to pay your premiums in this manner. The quickest way to do this would be by faxing us at 727/865-3648 advising us of the change you wish to make. If there is a change of banks, you will need to complete another Automatic Payment Program Application for the new bank. Premiums will then again become payable by check, cashier's check, certified check or money order until such time as your new application can be processed.

Please call our Customer Service Department toll-free at 800/995-9935 if you have any questions regarding the Automatic Payment Program or if we can assist you with any other concerns.

Thank you for this opportunity to be of service to you.

Cordially,

Processing Services

Enclosures



Benefits Billing Services

AUTOMATIC PAYMENT PROGRAM (APP)

Complete this form to have your BBS payment automatically deducted from your bank account.

APP PROCEDURE

- 1. Automatic Payment Authorization (APP) requires that all account and bank routing numbers be verified for accuracy before any funds are transferred. **This service is available for U.S. financial institutions only.**
- 2. After the verification period, a Debit Memo will be sent to you after the scheduled payment date.
- 3. You will continue to receive standard BBS invoices during the APP verification period. Continue to mail your payments until your Debit Memo states "This is not an invoice. DO NOT PAY." IMPORTANT!! When you receive the Debit Memo stating, "This is not an invoice. DO NOT PAY," if there are billing periods that are unpaid, those amounts will also be deducted from your account along with your first Automated Payment. However, if you have already submitted a check for any of the billing periods listed, please call our Customer Service Department at 1-800-995-9935.
- 4. Always check your BANK statement to verify each month's deduction for BBS payments.

INSTRUCTIONS

- * PLEASE PRINT ALL INFORMATION LEGIBLY
- * Mail completed form to the address indicated at the bottom of this page.

For drafts from **CHECKING** accounts - Please attach a check marked "void".
For drafts from **SAVINGS** accounts - Please attach a savings account deposit slip or verification from your bank.
PLEASE NOTE! Omission of a Check or Deposit Form prevents processing!

PARTICIPANT INFORMATION

First Name:		Last Name:	
Social Security Number or BBS ID Number: (INDICATE IF MORE THAN ONE RECORD)		Daytime Phone Number:	
Sponsoring (Former) Employer Name: CITY OF LAREDO			
SECURITY (OPTIONAL): For your protection please choose a Security Question and provide us with your answer. We will ask this question when you call us with questions regarding your APP Account. Check one: <input type="checkbox"/> Mother's Maiden Name? <input type="checkbox"/> Date of Birth? Please provide your answer below in the spaces below (answer is limited to 15 characters) <input type="checkbox"/> PIN Number? <input type="checkbox"/> Code Word? _____ <input type="checkbox"/> Pet's Name? <input type="checkbox"/> Child's Name?			
BANK INFORMATION PLEASE NOTE! Contact your bank if you are unsure of how to complete this section. Failure to provide the correct information will result in delayed processing. Notify Benefits Billing Services Immediately of any changes to the banking information provided on this form.			
Check One: <input type="checkbox"/> Set-up Automatic Payment Program <input type="checkbox"/> Change Bank Info			
Check One: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account			
Account Holder's Name:		Account Holder's Phone Number:	
Bank Name:		Bank Telephone Number:	
Bank ACH Routing Number (9-digit number on lower left of check) - U.S. financial institutions only _____			
Bank Account Number (Up to 17- digits) _____			
<small>AUTHORIZATION - I hereby authorize Ceridian Benefits Services (Benefits Billing Services) to initiate debit entries for payment of my continuation coverage to my (our) account designated above at the depository financial institution named above. I (we) acknowledge that the origination of the APP transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until Benefits Billing Services has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Benefits Billing Services a reasonable opportunity to act on it. I agree that Ceridian Benefits Services (Benefits Billing Services) will not be responsible for inaccurate or incomplete information that affects the Automatic Payment Program.</small>			
Bank Account Holder's Signature _____		Date _____	

NOTE! Omission of a signature will prevent processing of your application!!

Mail to: Ceridian Benefits Billing Services 3201 34th Street South St. Petersburg, FL 33711-3828 OR FAX 727/865-3648



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3201 34th Street South
St. Petersburg, Florida 33711-3828

Automated Payment Program *Frequently Asked Questions*

How long will it take for the ACH/APP to start drafting my bank account?

Depending on the time of the month your application is received and entered into our system it could take 2 billing cycles before drafting begins.

May I choose the date the ACH is drafted from my account (i.e my social security check does not post to my checking account until the 3rd of the month, can I have this drafted on the 5th??)?

No, the draft automatically occurs according to the existing due date on your SBBS account. This draft can occur anywhere from *3 days before your due date to 3 days after your due date* depending on how the calendar falls.

I have a savings account and there is no deposit slip I can provide, how can I set up an ACH?

Please ask your bank or credit union to assist you in filling out your application and to provide you with proof of your account information.

My APP is showing as being in a PRE status, when will it become Active?

The PRE-note is sent to your bank for testing. It will take 10 days from the date your application was entered for the APP to become active.

What about outstanding premiums due when my APP becomes Active?

All outstanding or (billed) premiums will be drafted with the FIRST APP payment.

I'm afraid my APP/ACH will "bounce" (there may not be enough money in my bank) can I cancel my transaction?

There is no way to cancel a "single" transaction. Only the entire APP/ACH account can be cancelled. Once the app record is cancelled you would need to re-apply for the ACH program.

How can I cancel my ACH/APP and does it need to be in writing?

You may call the Customer Service Department at 1-800-995-9935 to request cancellation or you may mail in your request to:

Attn: Check Processing, APP Request form -SBBS
Ceridian
3201 34th Street South
St. Petersburg, Fl. 33711-3828

Please note that your APP record can not be cancelled until all pending transactions are cleared.