

STERLING HEALTH PLANS®

Underwritten by Sterling Life Insurance Company



11SAPCO101

Authorization for Automated Premium Collection (APC)

As a convenience to me, I authorize Sterling Life Insurance Company (Sterling) to initiate debit entries to the bank account listed below. This withdrawal from my bank account will pay for coverage of health care benefits under the:

- Sterling PFFS Plans
- Sterling PDP Plans
- Sterling PPO Plans
- Sterling Medicare Supplement / Medicare Select Plan

Please provide the following bank information and attach a voided check

Bank From Checking Savings

City State

Accountholder Name

Routing # Account #

Where is my Accountholder Name, Routing number and Account number?

Account Number 000123456789		Account Number 1234
Routing Number 123456789		Accountholder Name John Doe

I understand this withdrawal will occur by the 12th business day each month **for premium due the month of the withdrawal**, or by the last business day each month **for premium due the month following the month of withdrawal**, depending on the draft date option selected below, and that such record will appear on my monthly bank statement.

Draft Date: ACH 5 **(by the 12th)** or ACH 20 **(by the 30th)**

I understand my bank account will be debited for my initial premium on or before the effective date of coverage. I agree that if any charge is dishonored it may result in forfeiture of insurance. I understand I remain obligated to make my monthly premium payment in the event my Bank does not transfer the necessary funds.

I hereby authorize Sterling to begin withdrawing premiums from my bank account as indicated above. I understand that I have the right to stop the automatic deduction by notifying my bank at any time or by written notification to Sterling at least 10 business days prior to the day premiums are due (1st of the month). I understand that this agreement will remain in effect until Sterling has received written notice from me or I disenroll.

Last Name First Name Middle Initial

Medicare Number

Enrollee Signature

Today's Date

MM DD YYYY

Accountholder Signature

Today's Date

MM DD YYYY

New 2011! You may now have your premium automatically withdrawn from you credit or debit card. We currently are accepting Visa, MasterCard and Discover credit cards and debit cards with the Visa or MasterCard logos. Please contact customer service at 1-888-858-8551 or TTY 711 for more information.