



MONTHLY BANK DRAFT AUTHORIZATION

UniCare Health Insurance Company of the Midwest

INSTRUCTIONS:

1 Complete and sign the Monthly Bank Draft Authorization below. This form authorizes UniCare and its affiliates to automatically withdraw your premium from your personal checking account *each month*, on one of the following dates below that you designate:

1st 8th 15th 22nd

2 Attach a sample of your check marked "VOID." It will be used as a record of your checking account number. **Deposit slips are not acceptable.**

3 UniCare must be notified of any changes to your bank account at least 10 days prior to your monthly bank draft bill date.

4 Your automatic premium payment will begin at your next paid-to-date.

MAILING ADDRESS:

**UniCare Health Insurance Company of the Midwest
Individual Services
P.O. Box 5061
Bolingbrook, IL 60440-5061**

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INSURED NAME	
INSURED'S SOCIAL SECURITY NO. / CERTIFICATE NO.	GROUP NO.
NAME ON CHECKING ACCOUNT <i>(if different than above)</i>	
AUTHORIZED SIGNATURE <i>(As it appears in the financial institution's records)</i> X	DATE
AUTHORIZED SIGNATURE <i>(As it appears in the financial institution's records)</i> X	DATE
NAME OF BANK OR CREDIT UNION	
ADDRESS	
CITY / STATE / ZIP CODE	
BANK/CREDIT UNION ACH ROUTING NO.*	BANK/CREDIT UNION ACH CHECKING ACCOUNT NO.*

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AUTHORIZATION: As a convenience to me, I request and authorize you to pay and charge to my account checks drawn on that account by and payable to the order of UniCare provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. I authorize UniCare to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment on my UniCare premium. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

NOTE: Should your withdrawal not be honored by your bank, you will be automatically removed from Monthly Bank Draft and be billed quarterly. After 12 months, you may re-apply for the monthly bank draft option.

You will incur a service charge for any withdrawal not honored.

* The Automatic Clearing House routing number and account number must be provided for bank draft authorization. Please obtain this information from your Credit Union.