



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100, COLUMBUS, OHIO 43215-3746
614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

HEALTH CARE AUTOMATIC PAYMENT AUTHORIZATION AGREEMENT

Name _____ Last four digits of Social Security Number: ____ _

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ Email address _____

To ensure the correct account number is used for this electronic payment and to obtain the nine digit routing number, please contact your financial institution for assistance.

Name of Bank _____

Address _____

City _____ State _____ Zip _____ Phone number (____) _____

Choose **one** of the following: Checking Savings

Account # _____ ABA/routing number _____

Tape or staple a voided check here.
Do not send a deposit slip.

I authorize SERS to deduct my health care payment from the checking or savings account listed above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify SERS in writing of any changes in my account information or termination of the authorization at least 15 days prior to the next billing date. I acknowledge the origination of Automated Clearing House transactions to my account must comply with provisions of U.S. law.

RECIPIENT'S SIGNATURE (DO NOT PRINT)

DATE

Answers to Questions about Health Care Automatic Pay

Q. How does Health Care Automatic Payment work?

A. Complete the authorization agreement and mail it to SERS. Then, allow up to 30 days for processing and continue to pay as you normally would until your invoice shows that you have been signed up for the service. The invoice will show the account the payment will be withdrawn from and the date of withdrawal. SERS will initiate an automated withdrawal from your account on the due date for your health care payment (generally, the tenth of the month or the first business day after the tenth).

Q. How will I know the amount of my invoice?

A. You will still receive an invoice (at least 10 days before it is due) indicating the amount due and due date.

Q. What if I have a question about my invoice?

A. Call SERS at 1-800-878-5853.

Q. How do I know that the invoice has been paid?

A. Each payment will be clearly itemized on your next invoice and financial institution account statement.

Q. Can payments be withdrawn from a savings account?

A. Yes, however, federal regulations limit the number of transactions on some accounts. Contact your financial institution for information about your specific account.

Q. Is there a charge for Health Care Automatic Payment?

A. No, there is no charge for this service. Most financial institutions don't charge either; remember, they save time and money from this too.

Q. What if I change bank accounts or financial institutions?

A. You will need to complete a new authorization agreement and send it to SERS at least 15 days before the next benefit payment date.

Q. What if I decide to cancel participation in Health Care Automatic Pay?

A. If you decide to cancel your participation in Health Care Automatic Pay, simply put your request in writing at least 15 days before the next benefit payment date.