

DEAR RETIRED HEALTH SYSTEMS MEMBER:

Union Pacific Railroad Employees Health Systems offers the option of having your Health Systems premiums (dues) automatically deducted from your bank account, either quarterly or one month at a time, instead of making direct payments. To be eligible for the monthly payment plan you must sign up for our Automatic Dues Payment Systems (ADPS) program. We cannot accept monthly payments sent directly to Health Systems.

If you are currently paying direct dues payments and wish to sign up for either the quarterly or monthly automatic payment plan, complete the attached authorization form, making sure to mark the payment option box, and include a voided check. **Quarterly dues deductions are debited on the second Monday of every March, June, September, and December.**

If you opt for monthly dues deductions, you will be required to have your dues paid up in full for the current quarter. Your first monthly deduction will take place starting with the second Monday of the last month of the current quarter, and that deduction will cover you for the next following month. This procedure will be repeated monthly and you will always be paid one month in advance.

If you do not have a checking account but wish to take advantage of this program by using your savings account, please provide to us along with your authorization form, your savings account number and your banking institutions routing/transit number.

The Health Systems must receive all authorization forms for the automatic payment plan before the last day of the second month of the current calendar quarter in order to be included in the next applicable scheduled debit.

Here are some of the reasons why we think this service will be helpful to you:

1. It saves time. Your dues payment will automatically be deducted from your bank account and you won't have to worry about making your payment on time.
2. You won't need to worry about making the correct dues payment; we will handle that for you. If there is a dues increase we will notify you in advance.
3. You will save banking service charges and postage.
4. When you sign up for this program, there will be no paper treatment certificate card for you to keep track of. Your plastic UPREHS membership Health Insurance Identification card is all you will need.



AUTHORIZATION FORM AUTOMATIC DUES PAYMENT SYSTEM

I (we) hereby authorize Union Pacific Railroad Employees Health Systems (UPREHS) to initiate debit entries (charges) and any needed adjustment to my (our) account with my bank which is:

(Name of Bank) (Branch)

(City) (State) (Zip)

This authority is to remain in full force and effect until UPREHS has received written notification from my spouse or me of our intent to terminate this authorization. However, I realize that I must give UPREHS at least 15 days advance notice of our intent to terminate.

(Applicants Name) (Medicare or S.S. #) (Date of Birth)

(Applicants Name) (Medicare or S.S. #) (Date of Birth)

(Signatures) / _____
(Date Signed)

Telephone number () _____

To choose your payment option, please check one box below:

- Monthly
- Quarterly

Return this completed form and your blank check with the word "VOID" written on it to UPREHS at the address listed below. A deposit slip will not suffice.

