

Safe Guard your coverage
Safe Guard your personal information
Safe Guard your family's future

SAFEguardPAY® provides you peace of mind in knowing your coverage will be there when your family needs it.

Avoid a coverage cancellation for late or missed payments by letting SAFEguardPAY® automatically—and safely—make your premium payment when it's due.

SAFE & SECURE. You can rely on this trusted service to safely and confidently guard your personal information. You can rest assured your payments will be safe and secure each time an electronic transaction is made.

AUTOMATIC PAYMENT.. SAFEguardPAY® safely makes your premium payment for you automatically from your bank account. No hassles of writing checks, mailing payments or missing a payment.

SAVES YOU MONEY.. No more stamps-no more checks! With frequent increases in postage, and financial institutions charging more for checks, you'll save money. While it may not be that much each payment, over time the money saved will add up to extra cash in your wallet.

IT'S CONVENIENT.. With SAFEguardPAY® your payment will be made safely, conveniently and on time. Payments are withdrawn the scheduled day of the month they are due. If needed, SAFEguardPAY® will try again at a later date-while your coverage is still within its grace period.

FREE SERVICE* TO YOU. Because you're a preferred participant in your insurance plan, your Plan Administrator does not charge a fee for SAFEguardPAY® services. This is a service you've earned, thanks to your continued participation.

*Financial institution fees may apply.

IT'S EASY TO START..To start your SAFEguardPAY® transactions, simply sign and date the Authorization form below. Then detach and return it along with your current premium payment.

	↓ Complete, de	etach and return with your premium payr	nent ↓
		SAFEguardPAY® Authorization	
Name: Address:		YES! Please start my SAFEguardPAY® payments for the coverage indicated. Bank Account Information:	
City:State	e:Zip:	Bank Account information.	
		Routing# Acc	count#
Your Certificate Number:		to pay my insurance premiums when institution to charge my account accoube notified and my SAFEguardPAY®	dministration LLC to establish automatic bill payments they come due. I also authorize my financial rdingly. I understand if my premium changes, I will deduction will be adjusted accordingly. I agree to stration LLC should my account information change.
Select Your Premium/Billing C	<u>ycle:</u>	X ₂	<u> </u>
Monthly	Quarterly	Member's Signature	Date (mm/dd/yyyy)
Semiannually	Annually	SAFEguardPAY® begins. In the mea	nium payment. You will be notified when your antime, please continue to pay any premium ents are indicated on your bank statement as

"Mercer Health & Benefits Administration LLC Premium".