KAISER PERMANENTE®

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Suite 100, Portland, OR 97232.

Camco Benefit Services

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

For Kaiser Permanente® Federal Employee Dental Plan Premiums

(Automated Clearing House Debits, ACH)

NAME (PLEASE PRINT) _____ PHONE _____

EMAIL _____ AFGE UNION LOCAL # (IF APPLICABLE) _____

I (we) hereby authorize **Camco** to initiate debits for dental plan premiums by the 10th of each month to my (our) account and financial institution named below

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

☐ CHECKING or ☐ SAVINGS (account type)

BANK NAME _____

TRANSIT/ROUTING/ABA NUMBER _____

ACCOUNT NUMBER _____

This authorization is to remain in full force and in effect until CAMCO has received WRITTEN request for TERMINATION of coverage in such time and in such manner to afford CAMCO and DEPOSITORY a reasonable opportunity to act.

SIGNED _____ DATE _____

This dental agreement is active from your initial effective date through December 31st of the same calendar year, subject to timely payment of premium each month. No bills or invoices for dental premiums will be sent. Premiums are due by the 10th of each month for that month's coverage. Failure to pay premium may result in termination of your dental coverage. If your coverage is terminated for nonpayment of premium, you will not be eligible to re-enroll in a Kaiser Permanente Federal Employee Dental Plan until the next open enrollment period. THERE WILL BE A **$35.00** SERVICE FEE FOR ANY RETURNED ITEMS OR INSUFFICIENT FUNDS.

camco benefit services

Send completed form to:

Kaiser Permanente Federal Dental Plans
c/o Camco Benefit Services
P.O. Box 5667
Lacey, WA 98509

Toll-Free **844-206-5032** FAX **360-438-6256**

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