



Premium Withdrawal Program Enrollment/Change Form

Premium Withdrawal Program

For many of us in this busy world, remembering to pay our health insurance premium is just one more item on an endless list of things to do.

Avalon® Insurance Company understands the countless demands on your schedule. That's why we've designed a program to help shorten your to-do list. We call it the Premium Withdrawal Program.

The Premium Withdrawal Program is an automated payment option that will deduct your Avalon Insurance Company premium directly from your bank account. No checks to write. No envelopes to mail. No hassles. Best of all, it will give you peace of mind in knowing that your health insurance premium is paid on time.

How Does It Work?

Your bank will monthly transfer your Avalon Insurance Company premium from your bank account directly to Avalon Insurance Company. If the designated transfer day is a holiday, the premium payment will be deducted on the next business day. If your account does not have sufficient funds available to pay the premium, Avalon Insurance Company will send you a bill. Repeated insufficient funds, however, may cause your insurance to be canceled.

Your participation in the Premium Withdrawal Program does not change your benefits or the terms of your contract in any way. If premiums change, Avalon Insurance Company will send you a notice in advance. You may cancel your participation in the Premium Withdrawal Program at any time up to three (3) business days before the scheduled date of transfer. Simply notify Avalon Insurance Company in writing.

How Do I Enroll?

To take advantage of this free monthly service you must complete the back of this page, and provide your signature. The Premium Withdrawal Program Enrollment/Change form is also available on the Avalon Insurance Company website at **AvalonMedicare.com**. Simply return the completed form to Avalon Insurance Company at the address below. If using a checking account, write "VOID" on a blank bank check, include your name and address if not printed on your check, and return it with your enrollment form. Please keep a copy of the completed form for your records. Your Premium Withdrawal Program authorization will be processed and begin with your next monthly billing. Depending on when we receive your enrollment form, you may receive a paper bill for payment. Avalon Insurance Company will let you know, in writing, when you are approved for this program and when your automatic payments begin. Your initial bill may be more than a one-month time period to bring you in-line with our Premium Withdrawal Program enrollment files.

How Do I Make Changes?

You can make changes easily by completing another Premium Withdrawal Program Enrollment/Change Form and placing a check mark in the appropriate box.

Return Completed Application to:

Avalon Insurance Company
PO Box 772612
Harrisburg, PA 17177-2612

Premium Withdrawal Program Enrollment/Change Form

By completing this form, I/we authorize Avalon Insurance Company and the financial institution named below, to deduct the amount of the premium for health care coverage from my/our account on the designated day and transfer such amount directly to Avalon Insurance Company. If the designated day is a holiday, the premium payment will be deducted on the next business day. I/we agree to maintain sufficient funds in the account to permit these deductions. If the account does not have sufficient funds at the time of transfer, I/we understand that my/our Avalon Insurance Company health care coverage may be canceled.

Please Check One

☐ Enroll in Premium Withdrawal Program

☐ Change Bank Account Information

☐ Cancel Premium Withdrawal Program

Insured Information (Please Print)

Insured's Full Name		Identification Number (as it appears on your ID card) ()
Street Address		Daytime Telephone Number
City	State	ZIP Code

Authorized Signature	Date
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Is this a new address? ☐ Yes ☐ No

Bottom of Check

MEMO

⑆ 2313811161011 ⑆ ⑆0123456789⑆

ABA/Transit Routing Number

Account Number

Financial Institution Information (Please Print)

Name of Financial Institution	ABA Number
Name on Bank Account	Bank Account Number

Signature of Avalon Insurance Company Insured

Signature (if joint account)	Date	Signature (if account is other than insureds)	Date
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Please note: Notification of premium changes will be sent to the insured only.

Important: Please include a blank check marked "VOID" showing your preprinted account number if using a checking account.

Return to Avalon Insurance Company.
Please keep a copy of the completed form for your records.

