

Electronic Funds Transfer (EFT) Payment Option



Thank you for choosing the Electronic Funds Transfer (EFT) payment option. EFT provides a new payment option for list billed groups to remit premium and/or prepayment fees electronically from their bank to ours, without the resources and costs associated with requesting and issuing a manual check each month. To implement the EFT payment option, a group/division must complete the attached Authorization for Electronic Fund Transfer form and attach a copy of a voided business check.

Clients of Metropolitan Life Insurance Company and SafeGuard Health Plans, Inc. may use this form.

Each group/division will continue to receive a list billing statement at the same time they do now. The difference on the bill is the last page states "Amount To Be Drafted". The premium and/or prepayment fees will be drafted from the groups' authorized bank account on each Bill Due Date. The effective date of a group on EFT payment option will be contingent on when we receive the completed authorization form and load the groups' account information into our systems.

Mail this completed form to:

**MetLife
P.O. Box 14593
Lexington, KY 40512-4593**

Or

Fax to:

**Attn: MetLife
Subject: EFT Authorization Form
Fax: (888) 505-7446**



AUTHORIZATION FOR ELECTRONIC FUND TRANSFER

The undersigned hereby authorizes Metropolitan Life Insurance Company and/or SafeGuard Health Plans, Inc. (collectively the "Company") to initiate electronic debit entries and any necessary adjustments involving these entries to the account identified below at: _____ (the "Bank") and authorize the Bank to accept such entries and make any necessary adjustments. It is agreed that these entries will be made under the Rules of the National Automated Clearing House Association.

This authorization will remain in effect until **written** notice of termination is delivered to the Company in such time and in such manner so as to afford the Company a reasonable opportunity to act thereon. In no event shall such termination be effective as to entries processed prior to receipt of such notice.

Account Information:

Bank Name: _____

Bank Address: _____
Street

City State Zip

Transit Routing #: _____

Account #: _____

Account Type (Checking): _____

Account Title: _____

Authorized by:

Signature of Authorizing Party: _____

Printed Name: _____

Date: _____

Group/Division Name: _____

Group/Division Number: _____

Please attach a voided check or a photocopy of a canceled check above this line.

Insurance benefits and other dental benefits are provided by Metropolitan Life Insurance Company, New York, NY 10166. Dental HMO benefits are available in CA, FL and TX only, through a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies.