

MONTHLY LIFE AUTOMATIC PAYMENT PLAN & HEALTH INSURANCE LIST BILL FORM

To initiate the Automatic Payment Plan, **the following must accompany your application:**

- This fully completed and signed form.
- Credit Card information; - **OR** - Monthly Bank Draft information

Coverage purchased by credit card is subject to acceptance of the credit card issuer and coverage purchased by bank draft is subject to the availability of funds.

Reminder:

To set-up a list bill:

- ✓ Each primary applicant must sign the Individual Health Plan List Bill Election form
- ✓ Each primary application must submit a check for the first month's total premium, as calculated to the right (Summary of the Initial Payment)
- ✓ An owner or office of the business or third party must complete the Individual Health Plan List Billing/Payroll Deduction Set-Up form.

Madison National Life Insurance Company (MNL), or its designated administrators, is hereby authorized to debit my checking account or credit card for the MNL insurance premiums and Communicating for America, Inc., Association membership dues each month until this Authorization is terminated. Initial payment has been submitted through a personal check for both life and health insurance premiums, including the one-time enrollment fee. **I understand that the applicable initial premiums collected will be refunded to me if my life and/or health insurance certificate(s) is not issued.** I agree that the named institution shall be fully protected in honoring any such payments. The institution's rights and treatment of each payment shall be the same as if it were signed by me. If any such payment is dishonored, whether with or without cause, I understand that the institution shall not be liable whatsoever, even though such dishonor results in a forfeiture of insurance. This Authorization will remain in effect until the bank is notified of termination by me in writing. To terminate insurance coverage, I will also notify MNL or its administrators in writing.

In the event my MNL insurance coverage subsequently lapses or terminates, Communicating for America, Inc. or its administrators is hereby authorized to continue to debit my checking account or credit card for Association Membership dues each month until this Authorization is terminated with no further liability to MNL.

The initial amount collected covers the first month's quoted premium for health and life insurance (if life insurance is conditionally issued). Subsequent health premiums, if coverage is approved, will be included in a monthly direct list bill. Subsequent life insurance premiums, if coverage is approved, will be drafted or charged, based on the number of insurance certificates issued per family and the final rate determined by MNL. The Proposed Insured and spouse will each be issued a life insurance certificate, in addition to one health insurance certificate, if applied for and issued.

Summary of the Initial Payment

(including applicable fees and dues):

Health Insurance: \$ _____
 Life Insurance – Proposed Insured: \$ _____
 Life Insurance – Additional Proposed Insured: \$ _____
 One-time Enrollment fee: \$ \$40.00
 Total: \$ _____

Summary of Subsequent Payments

Health Insurance: _____
 (To be billed monthly through a list bill.)

Life Insurance: _____
 (To be billed monthly as selected below.)

Complete the following for subsequent Life premium payments:

Credit Card Payment Choose one: MasterCard Visa

Name (as it appears on card) _____
 Card # _____ Exp. Date _____
 Signature of Cardholder _____ Date _____

Monthly Checking Account Bank Draft

Name of Bank _____
 Address _____
 Account No. _____
 Bank Routing No. _____
 Signature of Cardholder or Depositor _____ Date _____
 Name (please print) _____
 Relationship to Proposed Insured _____