

Introducing the ABI Automatic Payment Plan

You have selected the monthly Electronic Funds Transfer (EFT) method of paying your dental care plan premiums. This can be done through ABI's Automatic Payment Plan*. This new payment method will save you time. Plus, you can feel more secure knowing your valuable coverage will not be interrupted because of an overlooked payment.

How to Sign Up for This Convenient Payment Plan Option

It's easy as 1-2-3

to sign up for the ABI Automatic Payment Plan Option

- 1** Complete the Authorization Form on the reverse side.
- 2** Attach a voided check from your **checking** account.
- 3** Mail it with a payment for one month's premium.

The first automatic withdrawal will be made for the next month's premium due. Thereafter, we will automatically deduct your payment from your **checking** account on the first business day of each month. Please note, if the first of the month falls on a weekend or holiday, your account will be debited the next business day.

If the amount of your monthly payment is changed (e.g., due to an age change, a benefit change you have requested, the addition to or deletion of coverage, addition or deletion of plan(s) for which premium is withdrawn monthly or other benefit and/or rate changes as outlined in your Certificate of Insurance, you will be notified in writing.

All changes to your authorization (closing your account, changing banks, termination of automatic withdrawals) for the ABI Automatic Payment Plan must be submitted to our office in writing.

Questions?

CALL 1-800-445-9862

Between 8:30 AM and 4:45 PM, Central Time

* This payment option is only available to ABA members who have checking accounts at U.S. banks.

Authorization Form

I, (we) authorize American Bar Insurance Plans Consultants, Inc., hereinafter called "ABI," to initiate debit entries to my (our) checking account indicated below for the monthly premium due for my dental care coverage. I (we) authorize the financial institution below, hereinafter, called "Institution," to credit the amount of such entries to my (our) account, to correct any errors, and to deposit any such corrections to my (our) account.

This authority is to remain in full force and effect until I (we) revoke the agreement in writing as hereinafter provided. Any revocation is effective only after "ABI" has received written notification from me (us) to terminate this agreement in such time and manner as to afford a reasonable opportunity to act upon the notice. I (we) have the right to stop payment of a debit by written notification to "Institution" in such time and manner to afford a reasonable opportunity to act prior to charging the account.

I have attached a voided check for the checking account from which I want these future withdrawals made for my dental care program and enclosed payment for my first monthly premium payment. I understand that by signing up for the ABI Automatic Payment Plan I will no longer receive a notice of premium due for my insurance premium payment, and that this process will continue until I notify you in writing to terminate the withdrawals. I also understand that my premium payment may be changed as described on the reverse side.

Please fill in the following information to assist us in contacting you should the need arise in processing your application.

Name: _____ ABA Member ID#: _____

Business Phone: (_____) _____ Fax Number: (_____) _____

Home Phone: (_____) _____ E-mail: _____

I would like to sign-up my dental care program for the ABI Automatic Payment Plan.

Signature: _____ Date: _____ / _____ / _____

PLEASE ATTACH A VOIDED CHECK BELOW

IMPORTANT NOTE

Please mail this completed authorization form, along with your enrollment form, a voided check and the first monthly premium to:

American Bar Insurance Plans Consultants, Inc.
Attn: Automatic Payment Enrollment Department
321 N. Clark Street, 14th Floor
Chicago, IL 60654