

# Strategic Transitions

CONTACT PERSON	EMPLOYER	
STREET ADDRESS		EFFECTIVE DATE
E-MAIL ADDRESS	CELL PHONE NUMBER	CONTACT NUMBER

- One Time Enrollment Fee:** \$ \_\_\_\_\_
- Monthly Administration & Consulting Fee (This fee is collected after approval):** \$ \_\_\_\_\_
- AFLAC Premium Deduction:** \$ \_\_\_\_\_

**TODAYS TOTAL:**                      **NEXT MONTHS TOTAL:**

**PAYMENT OPTIONS:**

\$ \_\_\_\_\_                      \$ \_\_\_\_\_

ELECTRONIC FUNDS TRANSFER (Fill out EFT Authorization Form below)

**MONTHLY PAYMENT:** Please EFT my bank account for the monthly premium, administration fee and association dues. This will occur between the 15th & 20th of the month prior to the next months coverage. **There is a \$10 insufficient funds fee**

CHECK OR MONEY ORDER

**INITIAL PAYMENT:** I am paying my first month's premium, administration fee, association dues and one time enrollment fee **via check/money order.** I am sending my check or money order with my completed Enrollment Form. **There is a \$10 insufficient funds fee**

**MONTHLY PAYMENT:** I would like to receive a monthly invoice to pay my monthly premium, administration fee and association dues. I understand an **additional monthly billing fee of \$10** will be charged to me to receive a monthly invoice.

ACCOUNT HOLDER SIGNATURE (REQUIRED if paying via EFT)  <b>X</b>	PRINT NAME	DATE
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## EFT AUTHORIZATION FORM

BANK NAME

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

Voided check is **required** and must be legible. **No monthly charge for EFT.**

PLEASE ATTACH A CHECK MARKED

**VOID**

TO ENSURE ACCURACY

I understand this authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and such manner as to afford the company and depositor a reasonable opportunity to act on it. I have the right to stop payment of a debit entry (deduction) by notification to HPS three business days or more before this payment is scheduled to be made. Please be aware that your bank statement will reflect the debit as ( **HealthPlan** )

Rep Name	Date	Phone
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