

USW LOCAL 10-00086 MERCK EMPLOYEES' HEALTH AND WELFARE PLAN

Recurring Payment Authorization Form for Employee Health Contributions - Direct Pay

Recurring Payments Will Make your Life Easier:

- It's convenient (saving you time and postage).
- Your payment is always on time, eliminating possible suspension of your health insurance benefits.

Here's How Recurring Payments Work:

You authorize regular scheduled charges to your credit or debit card and your card information is kept on file. You will be charged the amount(s) indicated below. The charge confirmation will appear on your bank or credit card statement.

Please complete the information below:

I _____ (Card holder name) authorize the USW Local 10-00086 Merck Employees Health and Welfare Fund to charge my credit/debit card number as indicated below for:

_____ \$ _____ or the current contracted monthly Employee Contribution rate **each** month.

_____ \$ _____ **one**-time charge for prior contributions due.

Member's Name: _____

Member's Address: _____

Member's Telephone Number: _____ Member's Email: _____

Card Holders Name: _____

Card Holders Billing Address: _____

Card Holders Signature: _____

I understand that this authorization will be kept on file and will remain in effect until I cancel in writing, and I agree to notify the USW Local 10-00086 Merck Employees Health and Welfare Fund in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit or debit card account and that I will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.

FAX OR MAIL THIS FORM TO: Rae Consulting / Fax#: (215) 773-9907, 601 Dresher Road, Suite 201, Horsham, PA 19044.
For any questions, contact us at USWHealth@rae-consulting.net.

CARD INFORMATION

_____ Credit Card _____ Debit Card

Card Holders Name: _____

Card Account #: _____

Expiration Date: _____ CVV # (3-digit number) _____