TUFTS Health Plan

Initial Deposit Authorized Clearing House (ACH) Authorization Form

Company Name: _____

Company Address: _____

_____

Group Effective Date: _____

Bank Name: _____

Bank ABA Routing Number (should be 9 digits): _____

Bank Account Number (must be a business account): _____

Bank Account Type: ☐ Checking ☐ Savings

Premium Amount to Withdraw: _____

There is no formal notification of when the withdrawal will occur. Please have funds available as ACH is pulled 1-3 business days after Underwriting has approved your group.

Signature Required:

By signing below, I authorize Tufts Associated Health Maintenance Organization, Inc. d/b/a Tufts Health Plan and its affiliates to make electronic funds transfers from my business checking or savings account to withdraw the first month's deposit premium for group health insurance in the amount indicated and that the EFT withdrawal level on this account is sufficient to cover the amount indicated. I understand that this authorization is for the first month's premium only. I will be responsible for sending future premium payments to Tufts Health Plan unless I sign up for eBilling access. I have the right to terminate this agreement by sending a written notification of my intention thirty (30) days prior to the effective date of coverage. I have read this agreement and fully understand my rights and obligations under this agreement.

Please attach a voided business check or a clear image of a voided check with your completed ACH Authorization Form.

_____Initial here to confirm you have notified your bank that Tufts Health Plan (ACH Company ID: 1042985923) will be withdrawing funds from this account. The withdrawal of this ACH authorization will appear as "TAHMO" within your banking institution notification.

_____Initial here if you would like to sign up for eBilling, which will allow you to make future monthly payments electronically. A signed web authorization form must be included with the new business paperwork.

_____ _____

Authorized Signature Date

_____ _____

Print Name Title