

Please keep a copy of this form for your records and return the original to Human Resources, Attn: Lolita Lukes

**Community College of Philadelphia,
Hereinafter referred to as “CCP”
Direct Payment Plan**

Health Plans offered to adjunct faculty at CCP require employee contributions. In order to efficiently administer the health benefit plan, CCP has contracted with Brokerage Concepts d/b/a HealthNow Administrative Services to perform certain administrative functions including the collection of member contributions to the health benefit plan.

CCP is pleased to offer the Direct Payment Plan utilizing and ACH DEBIT directly from your bank account for your monthly premium payments. CCP is providing you with the ability to have your payments made automatically from your checking or savings account and you will not have to change your present banking relationship to take advantage of this service.

The Direct payment Plan will help you in several ways:

- It saves time.
- Fewer checks to write.
- It helps meet your commitment in a convenient and timely manner even if you are on vacation or out of town.
- Your payment is always on time enabling you to maintain good credit.
- It saves postage.
- It is easy to sign up for and easy to cancel.

Here is how Direct Payment Plan works:

You authorize regular scheduled payments to be taken from your checking or savings account, using the enclosed form. (We recommend that you keep a copy of the completed form for your records.) Then, just sit back and relax. Your payments will be made automatically according to the schedule published by CCP in its annual rates memo, during the period of time when payments are due and payable (usually September through April). The scheduled deductions for 2021-2022 are: **09/10/21, 10/08/21, 11/05/21, 12/03/21, 01/07/22, 02/04/22, 03/04/22 and, 04/01/22 or 05/13/22** if newly hired in the Spring. Premium withdrawals will appear on your bank statement, and your bank statement is your receipt for proof of payment. Your only responsibility is to make sure funds are available in your bank account on the appropriate transaction date.

The Direct Payment Plan is dependable and convenient. To take advantage of this service, please complete the attached authorization form and return it along with a voided check to:

**Community College of Philadelphia
Attn: Lolita Lukes
1700 Spring Garden Street
Philadelphia, PA 19130
(215) 751-8038**

New Agreement

Change in Account

Terminate Direct Payment

Community College of Philadelphia

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT PAYMENT BY ACH DEBIT FOR HEALTH INSURANCE COVERAGE FOR THE MONTHS OF OCTOBER, 2021 AND THEREAFTER, AS SET FORTH ON CCP SCHEDULE OF RATES

I (we) hereby authorize **Brokerage Concepts d/b/a HealthNow Administrative Services** hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries for any debit entries in error to my (our) _____ Checking _____ Savings account (select one) indicated below. The frequency of the ACH Debit will be monthly occurring on the days scheduled by the Federation each year. For 2020-2021, I (we) understand those dates to be **09/10/21, 10/08/21, 11/05/21, 12/03/21, 01/07/22, 02/04/22, 03/04/22 and, 04/01/22 or 05/13/22** during the period of time when health coverage premiums are due and payable (in most cases, September through the following April). If I (we) join the plan later than January, additional dates may apply.

This authority is to remain in full force and will be effective until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it. I (we) can stop payment of any entry by notifying my (our) financial institution 3 business days before my (our) account is charged.

I (we) understand it is my (our) responsibility to ensure that proper funding is available in my (our) account at the time the COMPANY initiates the ACH Debit. If proper funding is not available, I (we) will be charged the appropriate fees incurred by the COMPANY from the bank plus an administrative fee of \$35.00 (thirty-five) dollars.

I (we) realize this agreement may be terminated by the COMPANY immediately if any debit is not honored by the Financial Institution named for any reason.

(Name of Financial Institution)

(Branch Address)

(City)

(State) (Zip)

(Transit/ABA/Routing No.)

(Bank Account No.)

******* ATTACH A VOIDED CHECK*******

Please Print Name(s)

(Please Print Address) (Telephone #)

(Signature) (Date)

Your regular payment will be deducted from your account as per your authorization above. A \$2.00 processing fee will be included with your monthly payment each month when your account is debited. If the payment amount changes, we will notify you in writing through U.S. mail at least 10 days before the regular scheduled payment date.