

## Electronic Funds Transfer for Employer Groups

In response to requests from our employer group clients, RMHP now offers electronic funds transfer (EFT) for monthly premium payments. EFT is a convenient service that automates your monthly premium payment by automatically deducting your employer group premium payment from your business account each month.

RMHP will continue to send your employer group billing statement in advance of any EFT. Currently, you receive your RMHP Billing Statement by the 15th of the month for payment due on the 1st of the next month.

A similar billing cycle will be maintained. You will know exactly how much premium will be deducted from your business account well in advance of the actual funds transfer. If you have any questions about your billing statement or notice adjustments that need to be made, you may contact RMHP prior to the bank draft date. The EFT bank draft will be submitted to your business account on the 25th of the month, to be deducted from your account on the 1st business day of the following month.

We understand that last-minute enrollment changes occur. If your changes are not made by the bank draft date, RMHP will reflect all enrollment additions or deletions retroactively on your next billing statement, which you will be able to review in advance of the EFT.


### It's easy to start. Just 1, 2, 3...

1. Complete and sign the Account Deduction Authorization form.
2. Send the completed Account Deduction Authorization form along with a voided check to ensure accurate checking account information.
3. Mail to: Rocky Mountain Health Plans  
 PO Box 10600  
 Grand Junction, CO 81502-5600

Note: After we receive your completed Account Deduction Authorization form, allow 30 days for processing. Please continue to send in your monthly payment until you are notified by mail of the start date for EFT.

If you have questions, please call the RMHP Group Management Team at 800-453-2981 Option 1.

Detach and return to the address above.

 <p><b>ROCKY MOUNTAIN</b>  <b>HEALTH PLANS®</b>  <small>Good health. That's the plan.</small></p> <p>PO Box 10600, Grand Junction, CO 81502-5600        970-243-7050 or 800-346-4643</p>	<p>Plans underwritten by Rocky Mountain HMO          or Rocky Mountain HealthCare Options, Inc.</p> <p style="text-align: center;"><b>Account Deduction Authorization</b></p>	<p>RMHP Use Only</p> <p>Eff. Date _____</p> <p>Mail _____</p> <p>Rec'd _____</p> <p>Processed _____</p>
<p>I, _____, authorize the monthly          (Print Name)</p> <p>deduction of Rocky Mountain Health Plans premiums from my account _____          (Account Number)</p> <p>at _____          (Bank Name) (Location)</p> <p>for _____          (Group Name) (Group Number)</p> <p>I understand that if the bank fails to remit my premium, my membership will not be terminated until I have been given the opportunity to pay the amount due.</p> <p>Signature _____ Date _____</p>		
<p><input checked="" type="checkbox"/> <b>Please attach a voided check from your bank account.</b></p>		