

Electronic Funds Transfer (EFT) Payment Option

Clients of Metropolitan Life Insurance Company, SafeGuard Health Plans, Inc., and MetLife Health Plans, Inc. may use this form.

Things to know before you begin

- Some services in connection with your coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligation to you. Your coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.



You must attach a voided check or a photocopy of a canceled check to this form. This form cannot be processed without this check.

SECTION 1: Account information

Bank name	Bank address
Account title	Account type (<i>Checking</i>)
Transit routing number	Account number

Thank you for choosing the Electronic Funds Transfer (EFT) payment option. EFT provides a new payment option for list billed groups to remit premium and/or prepayment fees electronically from their bank to ours, without the resources and costs associated with requesting and issuing a manual check each month. To implement the EFT payment option, a group/division must complete the attached Authorization for Electronic Fund Transfer form and attach a copy of a voided business check.

Each group/division will continue to receive a list billing statement at the same time they do now. The difference on the bill is the last page states "Amount To Be Drafted". The premium and/or prepayment fees will be drafted from the groups' authorized bank account on each Bill Due Date. The effective date of a group on EFT payment option will be contingent on when we receive the completed authorization form and load the groups' account information into our systems.

SECTION 2: Authorization for Electronic Fund Transfer and Signature(s)

The undersigned hereby authorizes Metropolitan Life Insurance Company, SafeGuard Health Plans, Inc., and MetLife Health Plans, Inc. (*collectively the "Company"*) to initiate electronic debit entries and any necessary adjustments involving these entries to the account identified below at:

(*the "Bank"*) and authorize the Bank to accept such entries and make any necessary adjustments. It is agreed that these entries will be made under the Rules of the National Automated Clearing House Association.

This authorization will remain in effect until **written** notice of termination is delivered to the Company in such time and in such manner so as to afford the Company a reasonable opportunity to act thereon. In no event shall such termination be effective as to entries processed prior to receipt of such notice.

Name (<i>Printed</i>)	Group/Division name	Group/Division number
Sign Here	Signature of Authorizing party	Date (<i>mm/dd/yyyy</i>)

SECTION 3: How to submit this form

Mail: MetLife
P.O. Box 14593
Lexington, KY
40512-4593

Fax: Attn: MetLife
Subject: EFT Authorization Form
Fax: (888) 505-7446

Insurance benefits are provided by Metropolitan Life Insurance Company, New York, NY. Dental Managed Care Plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc., a California corporation in CA; SafeGuard Health Plans, Inc., a Florida corporation in FL; SafeGuard Health Plans, Inc., a Texas corporation in TX; and MetLife Health Plans, Inc., a Delaware corporation and Metropolitan Life Insurance Company, a New York corporation in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies.

"DHMO" is used to refer to product designs that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; "Single Service Health Maintenance Organizations" in Texas; and "Dental Plan Organizations" as described in the Dental Plan Organization Act in New Jersey.