insuringsmiles.com
PO Box 659 Evansville, IN 47704-0659
800-727-1444 Fax: 812-424-2096

Dear COBRA Subscriber:

In an effort to facilitate simpler monthly premium payments, we offer an alternative way to pay. You may have HRI Dental & Vision initiate the EFT transfer, and HRI Dental & Vision will automatically debit your account for the amount due. Administrative benefits include checkless bill paying, postage cost reduction, and assurance that your payment will reach Paramount Dental by the monthly due date. If you prefer the EFT payment option, complete and return the form below and a check for the first month's premium.

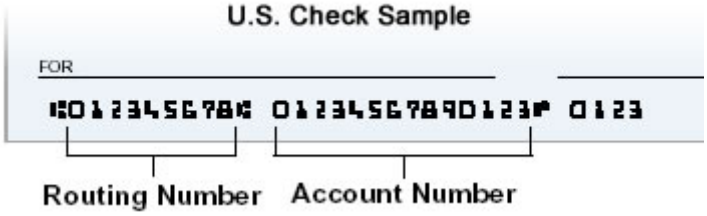
Please complete this form to enroll in EFT Payment.

1. Name:	2. Address, City, State, Zip

Financial Institution

3. Financial Institution Name	4. City	5.State	6. Zip
7. Routing Number (**must be 9 digits**)	8.Bank Account Number	9.Type of Account ☐Checking ☐Savings	

Following is an illustration to help you determine the routing transit number and account number from the bottom of a check. This is for illustration only - contact your bank if you are unable to determine these numbers. You must enter all 9 digits for the routing number. Account number digits will vary.



Authorization for Setup, Changes, or Cancellation

I hereby request and authorize Health Resources Inc. to deposit/withdraw payments by electronic funds into/from the account specified and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments/withdrawals may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow 2 weeks for initiating or terminating Electronic Funds Transfer (EFT) and is responsible for notification of financial information.

10.Authorized Signature	11.Printed Name	12.Date

Form Instructions

1. Complete all fields above legibly and completely – KEEP A COPY FOR YOUR RECORDS
2. Verify that the account number and bank routing number at the bottom of the check match the information in Part 3.
3. Send the form by mail or fax to:

Address
HRI Dental & Vision
Health Resources Inc.
ATTN.: ACCOUNTING
PO Box 659
Evansville, IN 47704

Fax
812-401-4558

4. Questions? Email: Accounting@InsuringSmiles.com