



Electronic Funds Transfer Authorization Agreement Terms & Conditions

Pacific Health Trust has authorized Concero Services to collect premium and remit payments to the insurance carriers offered as part of this program.

Bill Payment Service

By providing your name and account information in the Electronic Funds Transfer Authorization Agreement (EFT), you authorize Concero Services to debit your checking account on a monthly basis and remit premium payments on your behalf to the insurance companies for the plans you have purchased. Due dates are the 10th of the month for all plans and all EFT submissions will be processed on the 10th day of the month in which they are due.

If you desire to cancel or stop any payment you must contact Concero Services by email at service@pacifichealthtrust.com or by fax at (866) 999-3485. Although we will make every effort to accommodate your request we will have no liability for failing to do so. Stop payment requests will be accepted only if there is a reasonable opportunity to act on such requests. We may also require you to fax your request in writing within fourteen (14) days if your original request was by made by email. The charge for each stop payment order will be the current charge for such service that is charged to Concero Services by the financial institution.

Concero Services will use its best efforts to make all your payments properly. However, we shall incur no liability if we are unable to complete any payments because of any one or more of the following circumstances:

1. Your financial institution fails to honor the payment authorization because of insufficient funds or other reasons;
2. You have not provided us with the correct information in your EFT Authorization Agreement; or
3. Circumstances beyond our control (such as, but not limited to fire, flood, or interference from an outside force) that prevent the proper execution of the transaction.

Password and Security

As a user of this website you agree not to give or make available your account password or other means to access your account to any unauthorized individuals. You are responsible for all changes to your account. If you believe that someone is using your password without your consent or has made changes to your enrollment information without your permission, you must notify us immediately by email at service@pacifichealthtrust.com or by fax at (866) 999-3485.

Charges

There are no additional charges from Pacific Health Trust or Concero Services associated with using EFT. However, a \$30 fee will be charged to any accounts that do not have sufficient funds on the payment date. Any fees associated with your checking account from your financial institution will continue to apply. You are responsible for any and all telephone access fees and/or Internet service fees that may be assessed by your telephone and/or Internet service provider.

In the Event a Transaction is Not Completed

In using EFT, you are requesting Concero Services to make premium payments for you from your checking account. If we are unable to complete the transaction for any reason associated with your checking account (for example, there are not sufficient funds in your checking account to cover the transaction), your premium will remain unpaid. You will receive an email indicating the payment problem and requesting a payment remedy. The email will include specifics on the grace period(s) that may apply. If your **payment is not received** by the last day of the grace

period, your benefit plans will be terminated in accordance with the terms of the insurance plan(s) you have purchased. Consult your plan booklets for more information.

Errors and Questions

In case of errors or questions about your monthly billing statement or payment, you should contact service@pacifichalthtrust.com as soon as possible.

If you think your statement is wrong or you need more information about a transaction listed on the statement, we must hear from you no later than sixty (60) days after you received your email reminder to view the statement on which the problem or error appeared. You must:

1. Tell us your company name and group policy number(s);
2. Describe the error or the transaction you are unsure about, and explain as clearly as you can why you believe it is an error why you need more information; and,
3. Tell us the dollar amount of the suspected error.

If you tell us verbally or by email, we will tell you the results of our investigation within ten (10) business days after we hear from you, and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate the complaint or question. If we decide there was no error, we will email you a written explanation within three (3) business days after we finish the investigation. You may ask for copies of documents we used in our investigation.

Modifications and Amendments

This Agreement, applicable fees and service charges may be modified or amended by Concerro Services from time to time. Concerro Services shall notify you by email of such changes. Continued use of EFT after this notification will constitute your agreement to such changes.

Address or Banking Changes

You agree to promptly submit a new completed and signed EFT Authorization Agreement to Concerro Services by fax (866) 999-3485 any time there is a change in your checking account. Additionally, you agree to provide this notification at *least ten (10) business* days in advance of any change in your checking account.

Termination or Discontinuation

In the event you wish to discontinue your EFT service, you must notify us by email at service@pacifichalthtrust.com or by fax (866) 999-3485 for further instructions. Such notice of discontinuance must be supplied ten (10) days prior to the actual discontinuance date.

Disclosure of Account Information to Third Parties

It is our policy to treat your account information as confidential. However, we will disclose information to third parties about your account or the transactions you make ONLY in the following situations:

1. Where it is necessary for completing authorized transactions;
2. In order to verify the existence and condition of your account to a third party, such as an insurance company;
3. In order to comply with a governmental agency or court orders;
4. If you give us your written permission.



Electronic Funds Transfer Authorization Agreement

Please complete this form and sign it to authorize monthly electronic payments from your account. A copy of a voided check should be attached to this form.

You will receive an email on the 25th (or next business day following) of the month as a reminder that your account will be debited the amount indicated on your billing statement as of the 10th of the following month.

Electronic Funds Transfer Authorization Agreement
Name of Financial Institution:
Routing Number (9 digit number found following I:) I: _ _ _ _ _ I:
Account Number (# of digits vary by account but follow the routing #):
Name on Account:
Group Name (if different from account name):
I authorize Concerro Services on behalf of Pacific Health Trust to deduct monthly insurance premiums from the above referenced account. I understand that I can stop these automatic payments if I email service@pacifichealthtrust.com or fax (866) 999-3485 for further instructions. I also understand that Pacific Health Trust, Concerro Services and/or my financial institution can also stop my participation in this service, if necessary. I have read the Terms and Conditions associated with this Agreement.
Print Name of Authorized Signer:
Print Title of Authorized Signed:
Email Address:
Signature:
Date: