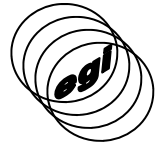




State of Wyoming  
Governor  
Matt Mead

Employees' Group Insurance  
Department of Administration and Information  
Human Resources Division



Program Manager  
Ralph Hayes

TO: Direct Pay Participants

RE: Paying Your State Group Insurance Premium and/or Your Flexible Benefit Plan Contribution

The State Group Insurance Program is administered by the Wyoming Employees' and Officials' Group Insurance Program. Policy mandates that all premiums for insurance coverage and contribution to your medical reimbursement account and dependent care account, if applicable, will be made through automatic deduction from your individual checking or savings account. The deduction from your account will occur no earlier than the second to last banking day of each month for the premium and contribution due for the next month's coverage.

With this payment method, you will not have to worry that your insurance will be cancelled because you forgot to write the check; or whether the payment was made on a timely basis; or whether the check was lost in the mail. You will not have the expense of postage and envelope to send the check each month. You will always know for what month you have paid the premium.

*To continue your insurance coverage after making your initial payment to bring premium and contributions current, you must complete the authorization agreement, sign and return it to the Employees' Group Insurance Office. The deduction from your account will be made when the next premium and contribution is due. Except for your initial payment to bring premium and contribution payments current, all future payments must be made by automatic-debit (ACH) from your checking or savings account.*

If your account has insufficient funds (NSF) to pay your premium and contribution, you will be notified by first class mail. Another attempt will be made on the second to last banking day of the month to withdraw from your account the amount due, plus a \$25.00 fee. If you do not have sufficient funds at that time, your insurance will be canceled as of the paid-to-date. Once there have been three (3) incidents of insufficient funds in a year your insurance will be canceled. There is no opportunity for reinstatement of coverage once cancellation has occurred.

If you wish to terminate your coverage and the automatic deduction from your account, you must notify the Employees' Group Insurance Office in writing. Our policy is to cancel coverage on the first day of the month following notification of cancellation.

If there is a change in your premium amount (this does not include any NSF charge), you will be notified at least 10 days prior to any future deductions.

If you have any questions on information provided in this memo, please call 307-777-6835 or 800-891-9241.

**PLEASE COMPLETE THE AUTHORIZATION AGREEMENT ON THE BACK OF THIS PAGE.**

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize the State of Wyoming Employees' and Officials' Group Insurance Program, hereinafter called EGI, to initiate debit entries to my (select one)  **Checking**  **Savings** Account at the financial institution named below. The debit amount shall be equal to the premium amount due to EGI. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States law.

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Telephone \_\_\_\_\_

Bank  
Routing  
Number \_\_\_\_\_

Bank  
Account  
Number \_\_\_\_\_

This authorization is to remain in full force and effect until EGI has received written notification from me of its termination.

Account Holders Name \_\_\_\_\_

Account Holders Signature \_\_\_\_\_

Primary Insured's Name \_\_\_\_\_

Primary Insured's SSN \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** All written debit authorizations MUST provide that the receiver may revoke the authorization only by notifying Employees' Group Insurance in the manner specified in the authorization.

The letter you received with this authorization agreement describes the procedures associated with the Debit Authorization Program and is part of the Agreement.

Return to:

**State of Wyoming  
Employees Group Insurance  
2001 Capitol Avenue Room B3  
Cheyenne, WY 82002**