



# EXPERIENCE THE **FREEDOM**

**of automatic bill pay.**

Never miss a payment, and  
keep your coverage active.



**KAISER PERMANENTE®**

# Experience the **FREEDOM**

## 1 What is automatic premium bill payment?

Automatic premium bill payment (AutoPay) is a simple and secure service offered by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Permanente). The service allows you to automatically pay your monthly premium bill payment from your bank, credit union, credit card, or other participating financial institution account each month. With automatic premium bill payment, you don't have to remember to mail a check every month to pay your premium. You can relax, knowing that your coverage is active because your payments are received on time.

## 2 How do I sign up?

There are a few ways you can sign up for AutoPay:

**Online:** To sign up for AutoPay online, you must first register for an account on our Online Bill Pay website. To register for an account, visit [kp.org/mas/onlinebilling](http://kp.org/mas/onlinebilling) and follow these simple steps:

- Select the **Enroll for online bill pay** button.
- Find your Family Account Number and Group Number on the last invoice you received.
- Enter the requested information, review the Terms of Service, and select **I agree**.
- Enter your email address.
- Choose a username and password and wait for a verification email to be sent to your email account.
- When you receive the verification email, select the **Activation** link.
- Log in to complete registration and begin using Online Bill Pay.
- To activate AutoPay, you must first create a Payment Profile by selecting the **Payment Profile** link in the navigation bar. Then follow the instructions to authorize AutoPay.

**Mail or fax:** To sign up for AutoPay by mail or fax, you must complete, sign, and date the attached Authorization for Automatic Premium Payment form. You can choose one of the following options for payment:

- **Checking account:** If you choose to have your premium payments charged against your checking account, attach a blank check to the Authorization for Automatic Premium Payment form. Please make

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sure you have written the word “VOID” on the front of the check. The voided check (see sample on the right) tells us where you bank and from which account you want us to deduct your payments.



- **Savings account:** If you want to have your premium payments charged against your savings account, either attach a savings deposit slip that has your name and address preprinted on it or supply the ABA bank routing and savings account numbers on the Authorization for Automatic Premium Payment form.
- **Credit card:** If you wish to charge your monthly payments to your credit card, just supply your credit card number and expiration date where indicated on the Authorization for Automatic Premium Payment form.

Be sure the form is signed and dated before you return it by mail or fax, regardless of which payment option you choose (see form for mailing address and fax number).

## 3 What type of credit card may I use?

You may use any type of bank, credit union, or other financial institution credit card, as long as the card is a Visa, MasterCard, or American Express. You can also use Visa check cards tied to your checking or savings account.

If you sign up by mail or fax, you may also use a Discover card. (Discover cards are not accepted through our Online Bill Pay website.)

## 4 What happens after I sign up?

**Online:** After you register for an account through our Online Bill Pay website, create a Payment Profile, and activate AutoPay, you will receive an email confirming your activation.

**Mail or fax:** After you send the Authorization for Automatic Premium Payment form by mail or fax, you will receive a confirmation letter. The letter will tell you when your first premium payment will be automatically deducted from your account.

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## **5 When will the first automatic payment be deducted from my account?**

When we receive your request to sign up for AutoPay, we will send a zero-dollar transaction to your financial institution during our next monthly billing cycle to verify your account information. Once your information is verified, the following month's premium payment will be deducted from your account. Depending on when during the monthly billing cycle we receive your application, it will take from one and a half to three months for your first automatic payment to be deducted from your account. Once deductions begin, your payments will be charged against your account in the first week of each month.

To keep your account current, you will still need to pay the premium due on your paper invoice(s) by phone, mail, or through our Online Bill Pay website. Do not stop making payments by check until you receive a letter from Kaiser Permanente telling you the first month that your deduction will become effective.

## **6 Will I have proof of payment?**

Review your invoice and bank or credit card statement every month to ensure that your account has been debited. It is your responsibility to ensure that your monthly premium payments are deducted from your account each month. Contact Kaiser Permanente Member Services immediately with any discrepancies at **800-777-7902 (TTY 711)**, Monday through Friday, 7:30 a.m. to 9 p.m. Eastern Time.

## **7 What will happen if there is a change in the premium amount I owe?**

If the amount of your monthly premium changes for any reason, we will automatically deduct the new premium amount beginning on the effective date of the new benefit.

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## • How do I cancel the automatic payment service or change account information (other than my account number and/or ABA bank routing number)?

**Online:** To cancel AutoPay or change your account information through our Online Bill Pay website, you must log in to your account, select the **AutoPay** link, and follow the necessary steps to cancel or change your automatic premium bill payment.

Once you select the **Cancel** button and the deactivation of your automatic premium bill payment is confirmed, you will receive an email confirming your cancellation.

**Mail or fax:** To cancel AutoPay or change your account information (other than your account number and/or ABA bank routing number) by mail or fax, you must notify us in writing at least four weeks before the first day of the month you want the change to take effect. This is required to give us sufficient time to notify your financial institution or credit card company of the change. For your convenience, you may fax the request to **855-414-2796**.

Please note: If you have any questions or concerns, please call Kaiser Permanente Member Services at **800-777-7902 (TTY 711)**, Monday through Friday, 7:30 a.m. to 9 p.m.

## • What happens if I change my account number or my ABA bank routing number?

If one of these numbers changes, you must complete a new Authorization for Automatic Premium Payment form and include the new information. Allow 30 days for the change to take effect.

During this time, you are responsible for ensuring that any payments due are made. If you must send a payment before your new account information is effective, make your payment by phone, mail, or through our Online Bill Pay website.

## **10 What happens if an entry to my account is made erroneously by Kaiser Permanente?**

If an entry made by Kaiser Permanente to your account results in an overcharge, you have the right to request that Kaiser Permanente credit the overcharged amount to your account. Within 30 calendar days after your bank or credit card company sends you a statement that includes the error, you must mail or fax a written notice identifying the incorrect entry to Kaiser Permanente. The notice must state that the entry was made in error and request that Kaiser Permanente credit your account or issue a refund check for the amount charged in error.

## **11 What happens if Kaiser Permanente has difficulty obtaining my automatic payment?**

If Kaiser Permanente is unable to retrieve your monthly premium payment from your checking, savings, or credit card account for two consecutive months, we will immediately transfer you to our monthly invoice billing system. You will then need to pay your monthly premium by phone, mail, or through our Online Bill Pay website.

Please read the Automatic Payment Agreement and use the enclosed form to sign up for Automatic Premium Payment.

### **Automatic Payment Agreement**

Keep this copy for your records.

I hereby authorize Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Health Plan) to initiate debit entries for the monthly premium amount from my checking, savings, or credit card account as indicated on this form. This authorization is to remain in full force and effect until Health Plan has received written notification from me of its termination in such time and in such manner as to enable Health Plan reasonable opportunity to act. If an entry made by Health Plan to my account results in an overcharge, I have the right to have the amount charged in error credited to my account by Health Plan. Within 30 calendar days following the date on which the financial institution sent or made available to me a statement of account or notification pertaining to the erroneous entry, I must mail or fax to Health Plan a written notice identifying the entry, stating that the entry was in error, and requesting that Health Plan credit my account or issue a refund check for the amount charged in error.



## Authorization for Automatic Premium Payment form

Read the Automatic Payment Agreement. Complete, sign, and return the form on the back of this page. Don't forget to attach a voided check or preprinted savings deposit slip, if necessary.

### Mail to:

Automatic Payment/Employer Services  
Kaiser Foundation Health Plan  
of the Mid-Atlantic States, Inc.  
P.O. Box 6306  
Rockville, MD 20849-6306

Or

**fax to: 855-414-2796**

### Automatic Payment Agreement

I hereby authorize Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Health Plan), to initiate debit entries for the monthly premium amount from my checking, savings, or credit card account as indicated on this form. This authorization is to remain in full force and effect until Health Plan has received written notification from me of its termination in such time and in such manner as to enable Health Plan reasonable opportunity to act. If an entry made by Health Plan to my account results in an over-charge, I have the right to have the amount charged in error credited to my account by Health Plan. Within 30 calendar days following the date on which the financial institution sent or made available to me a statement of account or notification pertaining to the erroneous entry, I must mail or fax to Health Plan a written notice identifying the entry, stating that the entry was in error, and requesting that Health Plan credit my account or issue a refund check for the amount charged in error.

PLEASE PRINT

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Kaiser Permanente MRN #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Please debit my ☐ Checking account #: \_\_\_\_\_ ☐ Savings account #: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Checking account ABA #: \_\_\_\_\_ Savings account ABA #: \_\_\_\_\_

For credit card payment: Please charge my ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

This is a: ☐ New automatic payment service request ☐ Change to existing service