



Save time and money.

Prevent the risk of cancellation.

Use direct debit to pay your Federal COBRA or State Continuation costs.

Direct debit is the most convenient way to make your monthly payment. It eliminates the need to write and mail a check each month, saving you time and the cost of checks and postage.

It's simple. Authorize CBIA Service Corp. to debit your checking or savings account for your monthly Federal COBRA or State Continuation amount. We will debit your account on the 1st of the month for the amount due. (i.e. April 1 for the month of April.) That's it. No more worrying about your check being delayed or your coverage being cancelled if payment doesn't reach us on time.

Sign up for the convenience of direct debit by completing the enclosed enrollment form and returning it to CBIA Service Corp. **Please include a voided check** (not a deposit ticket) so we can verify your account information. A photocopy is acceptable.

We will notify you by mail that we have received your account information and the date of the first withdrawal from your account. As a courtesy, you will receive a monthly bill that displays the amount being withdrawn from your account.

Please call CBIA Customer Service at 860.525.2242 if you have any questions.

Sincerely,

Gina Giansiracusa
CBIA Insurance Operations

CBIA Service Corp.

350 Church Street, Hartford, CT 06103-1126 | 860.244.1900 | 860.278.8562 (f) | cbia.com



Direct Debit Enrollment

Company Name _____

Address _____

Case Number _____

Bank Account Number _____

Bank Routing (ABA) Number _____

Checking Savings

Bank Name _____

Bank Address _____

Remember to include a voided check.

I authorize CBIA Service Corp to debit the account specified above for payment of insurance premium due. I understand that I must notify CBIA Service Corp in writing if the account information changes, or to stop the direct debit authorization. I also understand that CBIA Service Corp may charge a \$25 fee for each instance in which there are insufficient funds in the specified bank account when the direct debit transaction occurs.

Signed _____ Date _____

Print name and title _____

Phone number _____

Fax to: 860.278.0883

Mail to: CBIA Insurance Operations
350 Church Street
Hartford CT 06103-1126

CBIA Service Corp.

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