

## ***ACH Withdrawal Questions and Answers For Harvard University Premium Payments***

**Please see page 2 of this document for the ACH Authorization Form**

**Q. How do I set up an ACH withdrawal for my portion of the monthly premium?**

A. Complete the *ACH Withdrawal Authorization Form*. To withdraw from a checking account, attach a voided check to the form. To withdraw from a savings account, provide the requested information (it is recommended that you obtain a letter from your bank identifying the account and transit/routing number for your bank). **Mail to:** ACH Withdrawal, Harvard University COBRA Plan, c/o Crosby Benefit Systems, Inc., PO Box 414944, Boston, MA 02241-4944.

**Q. Can I attach a cancelled check instead of a voided check?**

A. No. You must attach a voided check not a cancelled check. If you attach a cancelled check, you may be at risk of the bank negotiating your check again.

**Q. Can I fax the authorization form to Crosby?**

A. Yes, you may fax the form and copy of your voided check to Crosby at 617-928-0001.

**Q. What happens if I do not fill out the authorization form correctly or do not include the proper documentation?**

A. We will contact you if your form is not completed correctly or if additional documentation is required. You will continue to pay your premium with a "live" check until the ACH has been set up.

**Q. Can I make my initial payment by ACH?**

A. No. You must make your initial payment by check or money order. Subsequent payments will be withdrawn on the 5<sup>th</sup> business day of each month for that month's premium.

**Q. How do I know when my ACH payment will begin?**

A. In order for the ACH process to take effect, your premiums must be paid through the month prior to the start date of the ACH request. If your ACH form is received at Crosby on or before the 25<sup>th</sup> of the month and your premiums are paid through the current month, your ACH will take effect for the next month's premium. For example, if your ACH form is received on January 10<sup>th</sup>, your premium must be paid through January in order for the ACH transaction to be initiated for February premiums.

**Q. When will the premium be withdrawn from my account?**

A. The payment of your premium will be withdrawn on the 5<sup>th</sup> of the month for which the payment is due. If the 5<sup>th</sup> of the month falls on a weekend or holiday, funds will be withdrawn the next business day. For example, if February 5<sup>th</sup> is a Sunday, funds will be withdrawn on Monday, February 6<sup>th</sup>. If you are mailing your ACH form after the 1<sup>st</sup> of the month, please include a check for the current month's premium.

**Q. How do I stop ACH transfers? What if I close or change my account?**

A. To stop transfers, notify Crosby in writing at least two weeks prior to the 5<sup>th</sup> of the month in which you wish to stop the ACH withdrawal. Please provide the date on which this request is to be effective. Crosby will remove you from the ACH transfer system and you must begin paying premiums by mailing a check. If you would like to request premium payment coupons, contact us 800-462-2235.



# ACH Withdrawal Authorization - For Harvard University Only

This option is available for those sending payments to: PO Box 414944, Boston, MA 02241-4944

<b>Agreement Type</b>	___ New Agreement ___ Change Account (please choose one)		
<b>Employee Information</b>	Name on Bank Account _____ Last 4 Soc Sec # XXX-XX-_____		
<b>Please Print</b>	Participant Name _____		
	Employer or Former Employer: <b>Harvard University</b>		
	Home Address _____		
	Daytime Phone No. (_____) _____ Email address _____		
<b>Account Information</b>	I authorize Crosby Benefit Systems to withdraw my portion of the monthly premium from my: ___ <b>CHECKING</b> account or ___ <b>SAVINGS</b> account		
<b>Please SIGN</b>	Signed _____ Date _____		
<b>Complete for Checking Account Only</b>	<p><b>Please tape a voided check for checking account. (Do not staple.)</b></p> <p><b>DO NOT USE A CANCELLED CHECK.</b></p>	<div style="display: flex; justify-content: space-between;"> <span>John Doe 1000 Main St. Anytown, USA 11111</span> <span>Date: _____</span> <span>1245</span> </div> <div style="text-align: center; margin: 5px 0;"> <b>V - O - I - D</b> </div> <div style="display: flex; justify-content: space-between;"> <span>Pay to the Order Of: _____</span> <span>\$ _____</span> </div> <div style="text-align: center; margin: 5px 0;"> <b>PLEASE TAPE A VOIDED CHECK HERE</b> </div> <div style="display: flex; justify-content: space-between;"> <span>Memo _____</span> <span>_____</span> </div> <div style="text-align: center; margin-top: 5px;">   123456789   00111 11111   1245 </div>	
<b>Complete for Savings Account</b>	For Savings Account: Routing/Transit Number: _____ Savings Account Number: _____ <i>Or attach a bank letter with savings routing and account number</i>		
<b>Submission Information</b>	<b>Fax completed forms to:</b> 617-928-0001	<b>Or mail to:</b> ACH Withdrawal Harvard University COBRA Plan c/o Crosby Benefit Systems, Inc. PO Box 414944 Boston, MA 02241-4944	
<b>Withdrawal Timing</b>	The payment of your premium will be withdrawn on the 5 <sup>th</sup> of the month for which the payment is due. If the 5 <sup>th</sup> of the month falls on a weekend or holiday, funds will be withdrawn the next business day. For example, if February 5 <sup>th</sup> is a Sunday, funds will be withdrawn on Monday, February 6 <sup>th</sup> . If you are mailing your ACH form after the 1st <sup>th</sup> of the month, please include a check for the current month's premium.		
<b>Cancellation Information</b>	To stop transfers, you must notify Crosby in writing at least two weeks prior to the 5 <sup>th</sup> of the month in which you wish to stop the ACH withdrawal. Please provide the date on which this request is to be effective. Crosby will remove you from the ACH transfer system and you must begin paying premiums by mailing a check.		
<b>For Admin Use Only</b>	Set Up (name) _____ Date Received ___/___/___ Date Set Up ___/___/___ Paid Thru Date ___/___/___ Contacted Participant Y N Amount due: \$ _____ Missing Information _____		

