



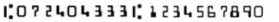
EMPLOYER PAYMENT FORM

To make your transactions smooth and easy, Texicare accepts your initial premium payment via Electronic Funds Transfer (ETF) without any processing fees. Once approved, your first month's full premium will be automatically debited. Then to set up recurring payments for your premiums, complete the Payment information section below to allow Texicare to securely charge your account via monthly autopay.

SECTION A: Business billing information

Billing contact (print full name)	Business name
Billing address	
Email(s)	
Group number (if available)	

SECTION B: Initial Payment information

By providing your account information you grant Texicare permission to initiate a one-time EFT for first month's payment and autopay ACHs for subsequent months payments. Please provide a copy of a voided company check to complete the electronic banking set up.	Account type:	Checking	Savings
	Bank name	Routing number	
	Account number	Confirm account number	
	 <small>Routing number (9 digits) Account number</small>		

SECTION C: General agreement

I have reviewed my most recent proposal and confirm the accuracy of the age, sex, and dependent status of all applicants, as well as the acceptability of the effective date, benefits, and rates. Any participation change may affect these rates, while alterations in benefits or effective date post-issuance may incur fees. I agree to provide written notification of any changes to my account information at least 15 days prior to the next billing date.

Signature of applicant x	Printed name	Date: (mm/dd/yyyy)
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For questions or payment changes, please reach out to us at clientservices@texicare.com or call 833-257-7002