



Payment Form and ACH Withdrawal Authorization *Tufts University Voluntary Dental Plan 2021*

Please complete this form if you are enrolling in the voluntary dental plan for the 2021 Plan Year.

General Information:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City, State and Zip: _____

Phone Number: _____ Email address: _____

Affiliation (Circle One):

ASE | Dental | Fletcher | Grad ASE | Medicine-MD | Medicine-PHPD | Nutrition | Biomedical Sciences | Vet

A. Please select your payment Option below:

I choose to make one **Annual payment** by ACH (complete section B below)

I choose to make one **Annual payment** by check/money order (made payable to EBPA)

B. ACH Withdrawal Authorization

Do you choose automatic premium payment (ACH)? Yes No

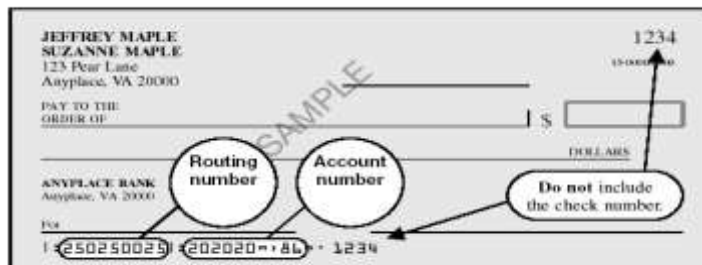
If yes, please complete the rest of this form. If paying annual premium by check/money order, please skip to signature and date. **Payment by check/money MUST accompany your enrollment form.**

What type of account information are you providing? Checking Savings

Routing/Transit #: _____ Acct #: _____

Please Complete the Following Steps:

- Attach a blank, **VOIDED** check for checking account. Sign and date this form.
- Mail this form along with your completed Delta Dental enrollment form to: EBPA, 37 Industrial Drive Suite E, Exeter, NH 03833 **OR**
- Electronically transmit through the EBPA Secure Portal: Go to: <https://select.ebpabenefits.com>. Enter Tufts University under Employer Name or Group Number. Select Click here to submit claims, forms, or substantiation electronically. Then select COBRA and Retiree/Direct Billing to upload your document(s).



Note. The routing and account numbers may be in different places on your check.

I authorize EBPA to withdraw my premium from my checking or savings account.

Signature: _____ Date: ____/____/____

ACH Withdrawal Questions and Answers – Voluntary Student Dental Plan

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

A. No. You must attach a blank, 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 EBPA?

A. No, Forms must be mailed or uploaded on the EBPA Secure Portal.

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

A. EBPA will contact you if your form is not completed correctly or if additional documentation is required.

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

A. The payment of your premium will be withdrawn on the 1st of the month for which the payment is due. If the 1st of the month falls on a weekend or holiday, funds will be withdrawn the next business day. For example, if January 1st is a Sunday, funds will be withdrawn on Monday, January 2nd.

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

A. To stop transfers, notify EBPA in writing (send email to: premiumcollection@ebpabenefits.com) at least two weeks prior to the ACH pull. EBPA will remove or change your ACH information. Call EBPA to follow-up if there are any questions or concerns: 1-888-232-3203.

Q. How can I cancel my Voluntary Dental Coverage?

A. Coverage can be dropped if you have experienced a Qualified Status change. Proof of coverage along with the cancellation request form, must be submitted and approved in order for your coverage to terminate.