OPEN ENROLLMENT FOR HEALTH BENEFITS
2013 ADJUNCT FACULTY

OPEN ENROLLMENT begins Monday, August 26, 2013 from 11:30AM to 4 PM in the new pavilion. Representatives from Independence Blue Cross, Delta Dental, United Concordia, Medco, and Brokerage Concepts, Inc. d/b/a HealthNow Administrative Services will be there to answer any questions you might have concerning your enrollment.

The deadline for OPEN ENROLLMENT is Friday, September 20, 2013. Coverage will be effective beginning October 1, 2013. Enrollment forms, along with a check for the first payment and a completed ACH form authorizing the scheduled deductions must be sent to the Human Resources, Benefits Office. After the deadline, only newly hired employees who have had a “life changing event” may enroll or make changes to their coverage.

Enclosed in this mailing is information on the health insurance plans offered by the College, premium costs, and participation rules. You will also find a comparison grid of the benefits offered to adjunct faculty under the two medical plans; an explanation of how contributions toward benefits are earned; and contact information for Brokerage Concepts, Inc. d/b/a HealthNow as well as for the various carriers. For those who have medical benefits elsewhere, there is information on the reimbursement process.

Adjuncts and Visiting Lecturers are eligible to receive contributions from the College towards health insurance premiums. Visiting Lecturers are entitled to fully paid benefits through the College. Adjunct faculty may either: elect coverage offered by the College and pay a portion of the premiums, or be reimbursed, up to the amount contributed by the College, for premiums paid for plans obtained elsewhere.

Adjunct faculty who wish to enroll in one of the plans or make changes to their current elections may obtain enrollment forms in the Human Resources Office, 1500 Spring Garden Street, 7th Floor or on the HR website under the adjunct/visiting lecturer link or by contacting Lolita Lukes at 215-751-8034. Those already enrolled in a medical plan at CCP who do not wish to make any changes, do not need to complete any paperwork at this time.

Participants enrolled in these plans must make payments through automatic ACH (Automatic Clearing House) deductions from a bank account. Checks and money orders are accepted ONLY to pay for an entire year. Premiums due for benefits earned during a semester are collected over the course of the semester, rather than on a per-month basis. Thus, you pay for six months of coverage over a four month period and a year of coverage over an eight month period. Deductions for premium payments will be made from participants’ bank accounts on the following dates: 09/06/13, 10/04/13, 11/01/13, 12/13/13, 01/10/14, 02/07/14, 03/07/14 and, 04/04/14 and 05/02/14 if newly enrolled in the Spring. Please Note: The September and January deductions may occur before adjunct/visiting lectures are paid for the Fall and Spring semesters, please budget accordingly.

New enrollees MUST include, with their enrollment forms, a check for the first payment due in September. Subsequent payments will be made through automatic deductions on the scheduled dates listed above, starting with the payment due in October.

Because rates change effective September 1, adjustments will be made each September to cover the difference between the payments made and the new rates in effect.

IMPORTANT NOTE: Your work status in the Fall determines if you pay the pool rate or the full premium rate, for the September, October, November, and December payments. Your work status in the Spring determines the rate at which the January, February, March, and April payments are made. Persons who missed working at least one of those terms, but who work in the summer, will have their accounts credited accordingly, but will still experience a loss of some contributions. IT IS YOUR RESPONSIBILITY TO KEEP BCI INFORMED OF CHANGES IN YOUR WORK STATUS.
**Rights to Medical Benefits**

The union and the College negotiate the benefit available to PT/VL faculty. For each semester you perform bargaining unit work, the College will make a contribution toward your medical premium. You earn six (6) months of premium contributions for each Spring or Fall semester, or three (3) months for each Summer semester, beginning the month after you commence working (e.g., if you begin teaching in September, the College will pay its share for benefit coverage starting in October. However, you may not earn more than twelve (12) months of coverage per academic year.

When you have earned a contribution from the College, the amount of that contribution is determined as follows: Employees in seniority Pools I and II receive a contribution equal to 50% of the Personal Choice premium. Employees in seniority Pools III and above receive a contribution equal to 75% of the Personal Choice premium.

Adjunct faculty who teach non-credit courses or do other bargaining unit work for fewer than twenty-three (23) clock hours per semester will have their contributions pro-rated accordingly. For example, if you teach non-credit courses for ten (10) clock hours during the Fall term, you would be entitled to 10/23 of the contribution for your pool for each of the six months of contributions earned that semester. Under the terms of the 2006-2011 contract, employees hired the first time on 09/01/07 or later are required to perform 69 clock hours per semester of non-teaching bargaining unit work to be entitled to full contributions of medical benefits. For those individuals, 10 clock hours would earn 10/69 of contributions.

**NOTE:** Adjunct faculty newly hired for the Spring term will be enrolled in coverage effective April 1. This will allow such employees to have subsidized coverage through the remainder of the plan year (April through September). Payments will be collected from February through May for these employees. This does not affect continuing employees who enroll in benefits in Spring due to a life event change, regardless of work status.

**Spousal Equivalents**

Coverage is offered to spousal equivalents of the opposite sex, provided they meet the same definitions (other than gender) specified in the PT/VL contract. Full-time employees such as Visiting Lecturers, fully paid benefits to spousal equivalents, either in same sex or opposite sex pairings, may be taxable under Federal law. Benefits to married spouses are not taxable. Benefits to spousal equivalents which you pay yourself are not taxable. You may wish to consult your accountant for further information on this issue.

**Medicare Part “D”**

Our free-standing prescription plan is considered “credible” under the Medicare Part “D” rules (that is, our plan is as good as or better than Medicare Part “D”) such that those enrolled in our prescription plan will not be penalized for failing to sign up for Medicare Part “D” when they would normally become eligible. Such individuals who subsequently drop or lose coverage under our prescription plan would then have to sign up for Medicare Part “D” to avoid penalties. For more information, contact Human Resources.

**MEDIGAP:** Federal law prohibits the College from offering MediGap plans to adjunct faculty, or from reimbursing them for participation in MediGap plans obtained elsewhere.
**Loss of Seniority and Continuation of Benefits**

Those who do not teach for thirty (30) consecutive months lose all seniority and are no longer regarded as active employees. Under insurance law, they are considered to have no further connection to the College. As such, they are not eligible to continue coverage under our plans except as indicated under applicable COBRA laws.

**Medical Insurance Age 26 Dependent coverage**

Employees who have a dependent child under the age of 26 will be able to enroll (or re-enroll) the dependent child under the parent’s College medical benefits plan.

The following summarizes the Age 26 Dependent coverage:

- The dependent child may enroll for medical and prescription coverage only (no dental coverage).
- The dependent child will be covered until the end of the month he/she turns age 26 (child will then be eligible for 36 months of COBRA).
- There is no student, residency or marital requirement.
- The dependent child may be employed and still be eligible for enrollment under the College plan unless his/her place of employment provides medical benefits (regardless of cost). All dependents who enroll with the College plan must sign a waiver form stating that his/her place of employment does not provide medical benefits (if applicable).
- Employees (parents) must provide a copy of the dependent’s birth certificate or adoption papers.
- Coverage will start on October 1, 2013.

**Contact Information**

The College contracts with a third party administrator, Brokerage Concepts, Inc. d/b/a HealthNow Administrative Services, to administer the payments of premiums to the insurance companies. Your payments are collected by Brokerage Concepts, Inc. d/b/a HealthNow; the College sends its contributions for your benefits to Brokerage Concepts, Inc. d/b/a HealthNow, and then Brokerage Concepts, Inc. d/b/a HealthNow pays the insurance company. Brokerage Concepts, Inc. d/b/a HealthNow is also responsible for maintaining the account balances for each individual’s payments. **Brokerage Concepts, Inc. d/b/a HealthNow is only responsible for handling issues related to payment of premiums, and for handling your enrollment in the various plans.** They cannot answer your questions about plan details or service problems.

This mailing includes a list of member services centers for all the Blue Cross/Blue Shield products offered through the College. The Member Service number for Blue Cross/Blue Shield is: 1-800-555-1514. Their website URL is [http://www.ibx.com](http://www.ibx.com). The Member Service number for Delta Dental is: 1-800-932-0783. Their website URL is [http://www.deltadental.com](http://www.deltadental.com). The Customer Service number for United Concordia is 1-800-332-0366. Their website URL is: [http://www.ucci.com](http://www.ucci.com).
Do you have insurance through another employer, or through a partner’s employer? Do you, or does your partner, pay for this insurance through payroll deductions? Do you have medical insurance that you pay for yourself, by a method other than payroll deduction? If the answer to any of these questions is “yes,” and if you do PT/VL bargaining unit work during the 2013-2014 academic year, you may be eligible for a reimbursement from Community College of Philadelphia.

Adjunct/VL faculty who have insurance coverage through other sources are entitled to the same benefit contributions as participants in the College’s insurance groups. This means that Adjunct faculty who pay any portion of the premium for their medical coverage can be reimbursed for those payments, up to the amount they would receive as members of the College’s groups. Forms for requesting the reimbursement are available in the Human Resources Office, 1500 Spring Garden Street, 7th Floor. They must be submitted and accompanied by proof of payment of premium. Employees who are entitled to this benefit, but who have not requested it in the past, should include a letter from their employer or other administrator of benefits, breaking down the insurance cost for the individual (as opposed to family or employee and spouse) and for medical insurance, alone (as opposed to dental or prescription coverage). The College reviews all requests and will not honor claims for reimbursement submitted more than six months after the expense was incurred. Please note: no reimbursement for any 65 Plan (Medigap plans).

**Note.** Prescription and Dental plans are NOT subsidized by the College, and will NOT be reimbursed if covered elsewhere. Adjunct/VL faculty may, however, purchase such coverage in accordance with the rates listed.

**Important Note for Visiting Lecturers:** By Federal law, VL’s who do not enroll themselves and their families in fully paid College plans for medical, dental and prescription coverage may only be reimbursed their maximum Pool rate for their own medical premiums.
RATE ADJUSTMENTS TO SEPTEMBER PAYMENTS

Below are the amounts underpaid or overpaid for the September 2013 premium. These amounts will be added to the first payment due in September.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Old Contribution</th>
<th>New Contribution</th>
<th>Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Keystone QPOS (Pools I &amp; II)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>217.85</td>
<td>232.40</td>
<td>14.55</td>
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<tr>
<td>Employee + Child(ren)</td>
<td>614.80</td>
<td>655.85</td>
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<td>Employee + Spouse</td>
<td>905.89</td>
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<tr>
<td>Family</td>
<td>1249.90</td>
<td>1333.36</td>
<td>83.46</td>
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<tr>
<td><strong>Keysonte QPOS (Pools III and above)</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>62.15</td>
<td>66.31</td>
<td>4.16</td>
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<tr>
<td>Employee + Child(ren)</td>
<td>459.10</td>
<td>489.76</td>
<td>30.66</td>
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<tr>
<td>Employee + Spouse</td>
<td>750.19</td>
<td>800.28</td>
<td>50.09</td>
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<tr>
<td>Family</td>
<td>1094.20</td>
<td>1167.27</td>
<td>73.07</td>
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<tr>
<td><strong>Personal Choice (Pools I &amp; II)</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Single</td>
<td>311.40</td>
<td>322.19</td>
<td>10.79</td>
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<tr>
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<td>830.48</td>
<td>51.98</td>
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<tr>
<td>Employee + Spouse</td>
<td>1121.03</td>
<td>1195.88</td>
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<td>Family</td>
<td>1525.87</td>
<td>1627.75</td>
<td>101.88</td>
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<tr>
<td><strong>Personal Choice (Pools III and above)</strong></td>
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<tr>
<td>Single</td>
<td>155.70</td>
<td>166.10</td>
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<tr>
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<td>622.80</td>
<td>664.39</td>
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<td>965.33</td>
<td>1029.79</td>
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<td>Family</td>
<td>1370.17</td>
<td>1461.66</td>
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<td><strong>Medco Drug</strong></td>
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<td>188.30</td>
<td>205.23</td>
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<td>Employee + Child(ren)</td>
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<td>578.71</td>
<td>47.73</td>
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<td>47.73</td>
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<td>Family</td>
<td>530.98</td>
<td>578.71</td>
<td>47.73</td>
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<tr>
<td><strong>Delta Premier/Preferred</strong></td>
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<tr>
<td>Single</td>
<td>41.60</td>
<td>41.60</td>
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<td>Employee + Child(ren)</td>
<td>109.80</td>
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<tr>
<td>Employee + Spouse</td>
<td>109.80</td>
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<tr>
<td>Family</td>
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<td><strong>Delta Care (DMO)</strong></td>
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<tr>
<td>Single</td>
<td>18.08</td>
<td>18.08</td>
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<tr>
<td>Employee + Child(ren)</td>
<td>30.98</td>
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<td>0</td>
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<tr>
<td>Employee + Spouse</td>
<td>30.98</td>
<td>30.98</td>
<td>0</td>
</tr>
<tr>
<td>Family</td>
<td>47.02</td>
<td>47.02</td>
<td>0</td>
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<tr>
<td><strong>United Concordia</strong></td>
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<td></td>
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<tr>
<td>Single</td>
<td>18.48</td>
<td>17.60</td>
<td>-0.88</td>
</tr>
<tr>
<td>Employee + Child</td>
<td>37.65</td>
<td>33.00</td>
<td>-4.65</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>37.65</td>
<td>33.00</td>
<td>-4.65</td>
</tr>
<tr>
<td>Family</td>
<td>55.68</td>
<td>52.40</td>
<td>-3.28</td>
</tr>
</tbody>
</table>
ACH’S FOR 2013 – 2014

September 06, 2013

All of October
First Half of November

October 04, 2013

Second Half of November
All of December

November 01, 2013

All of January
First Half of February

December 13, 2013

Second Half of February
All of March

January 10, 2014

All of April
First Half of May

February 07, 2014

Second Half of May
All of June

March 07, 2014

All of July
First Half of August

April 04, 2014

Second Half of August
All of September
Adjunct Faculty
Benefit Enrollment/Change Form

Effective Date: ____________________
(HR Department use only)

Employee Must Complete in Full (Please Print). Return form to the Human Resources Department.

Deadlines:
- Initial eligibility into a benefits plan expires 30 days after the date of hire.
- Changes in Family Status eligibility expires 30 days after life event (e.g. marriage, divorce, birth, etc.)
- Annual Open Enrollment is announced each year – typically ends the second week in September.

EMPLOYEE INFORMATION:
- New Enrollment
- Open Enrollment Change
- Life Event Change
- Name Change
- Address Change
- Termination

Name:

Home Address:

City: State: Zip Code:

Home Phone: Work Phone (   )

Date of Birth: Date of Hire: Gender: ☐ Male ☐ Female

Social Security #: - -  Banner ID#

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Employment Classification:
- Adjunct Faculty
- Visiting Lecturer

LIFE EVENT CHANGE:
- Add a family member
- Remove a family member
- Employment Classification change

CHANGE REASON:
- Marriage/Domestic Partner
- Divorce
- Birth/Adoption
- Death
- Dependent loss of coverage
- Overage age dependent child
- Other, describe:

Effective date of event:

NOTE:
- If you are in Pools I & II the College will contribute 50% toward the single coverage premium only.
- If you are in Pools III & above the College will contribute 75% toward the single coverage premium only.
- There is no college contribution for prescription and dental coverage- the total premium cost is to be paid by the employee.

BENEFIT CHOICES:

Medical Insurance (Check one)
- DECLINE COVERAGE
- Personal Choice 10/20
- Keystone POS PA

Prescription Coverage (Check one)
- DECLINE COVERAGE
- Medco 5/15

Dental Insurance (Check one)
- DECLINE COVERAGE
- Delta Dental Premier (PPO)
- Delta Care USA (DMO)
- United Concordia

Subscriber/Dependent Coverage
- Single
- Employee plus spouse
- Employee plus child(ren)
- Family

Subscriber/Dependent Coverage
- Single
- Employee plus spouse
- Employee plus child(ren)
- Family

Subscriber/Dependent Coverage
- Single
- Employee plus spouse
- Employee plus child(ren)
- Family

Employee Signature: ____________________ Date: ____________________

Employer’s Signature: ____________________ Date: ____________________
Participation Rules

1. **If you wish to have your coverage dropped, you MUST inform Brokerage Concepts, Inc. d/b/a HealthNow, in writing. FAILURE TO DO SO WILL RESULT IN YOUR INCURRING LIABILITY FOR FULL INSURANCE PREMIUMS.** You are responsible for any premium payments we make on your behalf, unless Brokerage Concepts, Inc. d/b/a HealthNow receives timely written notice that you wish to be dropped. Changes in employment status do not automatically change your enrollment. You must notify Brokerage Concepts, Inc. d/b/a HealthNow if you wish to discontinue benefits, or if you become eligible for fully-paid benefits under another College plan.

2. **You are responsible for knowing your correct payment.** The pool rates only apply to months during which the College is making its contribution to your premium. We suggest you notify Brokerage Concepts, Inc. d/b/a HealthNow promptly, in writing, of any employment changes that affect your contributions. If you need help calculating the months for which you are entitled to contributions contact Lolita Lukes at 215-751-8034 or llukes@ccp.edu, or if you would like to know the balance of your account, contact Linda Sotera at Brokerage Concepts, Inc. d/b/a HealthNow at 610-491-4922 or Linda.Sotera@hnas.com.

3. In order for your coverage to continue, Brokerage Concepts, Inc. d/b/a HealthNow will deduct premiums from your account for eight months from September through April if enrolled during the Fall semester OR February through May if newly enrolled during the Spring semester. The schedule for 2013-2014 is as follows: 09/06/13, 10/04/13, 11/01/13, 12/13/13, 01/10/14, 02/07/14, 03/07/14 and, 04/04/14 and/or 05/02/14 if newly enrolled in the Spring. You will receive notices of updated premium costs and scheduled deductions annually. Your coverage will be dropped, retroactive to the end of the prior month, if any portion of your payment is one month behind.

4. **The College will not deduct the amount of your premium payments from your paycheck.** Further, Brokerage Concepts, Inc. d/b/a HealthNow will no longer accept payment by check or money order unless one check is sent to cover the entire year’s premiums. If you wish to participate in one or more plans, you must arrange to have automatic payments taken from your bank or credit union account. ACH forms authorizing Brokerage Concepts, Inc. d/b/a HealthNow to make the deductions will be supplied with enrollment packages. Payments are not accepted at the union office, either in person or by mail.

5. Open Enrollment occurs at the beginning of the academic year. **Continuing** employees who wish to change or add coverage, may do so then. **The deadline to add or change coverage is Friday, September 20th.**

6. **New** employees may sign up for coverage upon being hired; a new employee who does not enroll for coverage **within 30 days of being hired** will have to wait until the next Open Enrollment period to obtain coverage.

7. We reserve the right to make corrections to errors on this sheet. We also reserve the right to make changes to the rules for participation, as approved by the College in conjunction with the Federation or imposed by applicable law.
RELEASE FORM FOR PARTICIPATION IN CCP MEDICAL PLANS AS ADMINISTERED BY BCI

NAME: ____________________________________________

(Please Print)

SOCIAL SECURITY NUMBER: ______________________________________________________

I have read and understood the Participation Rules for the plans noted above, and agree to make the required payments for the insurance plans in which I enroll.

I understand that my coverage, as an employee of Community College of Philadelphia, under health plans obtained through the College and administered by Brokerage Concepts, Inc. d/b/a HealthNow, is independent of whether I work during a given semester. My coverage remains in force if I am not working, unless I cancel it.

I understand that if, for any reason, I wish to discontinue benefits I must notify Brokerage, Inc. Concepts d/b/a HealthNow in writing prior to the last date I wish to be covered.

I understand that if I become eligible for fully-paid benefits through the College (e.g. as a Visiting Lecturer or permanent full-time employee or spouse thereof) I must terminate my current benefits by notifying Brokerage Concepts, Inc. d/b/a HealthNow in writing as soon as I enroll in the College plans, but in no case later than the new College-paid insurance goes into effect.

I understand that my failure to notify Brokerage Concepts, Inc. d/b/a HealthNow in writing, in a timely manner, of any changes in eligibility or decisions to terminate my plans will result in my incurring liability for full premium payments and any administrative or banking fees incurred by Brokerage Concepts, Inc. d/b/a HealthNow owed to my failure to send them timely notification. Such administrative fees will include a $10 administrative charge, along with any banking fees incurred by Brokerage Concepts, Inc. d/b/a HealthNow, if I have failed to keep adequate money in my account for a scheduled debit payment.

I understand that new rates go into effect each September 1, and that it is my responsibility to read College materials sent out each year on this topic. These materials will include contact information for Brokerage Concepts, Inc. d/b/a HealthNow such as mailing address and the name, phone number and e-mail address of Brokerage Concepts, Inc. d/b/a HealthNow personnel administering the plans. Adjustments will be made each September for the difference between premiums paid and new premium rates due. I understand that it is my responsibility to see that there is enough money in my account to cover these adjustments.

SIGNATURE: ____________________________________________

DATE: ____________________________________________
Community College of Philadelphia,
Hereinafter referred to as “CCP”

Direct Payment Plan

Health Plans offered to adjunct faculty at CCP require employee contributions. In order to efficiently administer the health benefit plan, CCP has contracted with Brokerage Concepts, Inc. d/b/a HealthNow Administrative Services to perform certain administrative functions including the collection of member contributions to the health benefit plan.

CCP is pleased to offer the Direct Payment Plan utilizing and ACH DEBIT directly from your bank account for your monthly premium payments. CCP is providing you with the ability to have your payments made automatically from your checking or savings account and you will not have to change your present banking relationship to take advantage of this service.

The Direct payment Plan will help you in several ways:

- It saves time.
- Fewer checks to write.
- It helps meet your commitment in a convenient and timely manner even if you are on vacation or out of town.
- Your payment is always on time enabling you to maintain good credit.
- It saves postage.
- It is easy to sign up for and easy to cancel.

Here is how Direct Payment Plan works:

You authorize regular scheduled payments to be taken from your checking or savings account, using the enclosed form. (We recommend that you keep a copy of the completed form for your records.) Then, just sit back and relax. Your payments will be made automatically according to the schedule published by CCP in its annual rates memo, during the period of time when payments are due and payable (usually September through April). The scheduled deductions for 2013-2014 are: **09/06/13, 10/04/13, 11/01/13, 12/13/13, 01/10/14, 02/07/14, 03/07/14, 04/04/14** and/or **05/02/14** if newly hired in the Spring. Premium withdrawals will appear on your bank statement, and your bank statement is your receipt for proof of payment. Your only responsibility is to make sure funds are available in your bank account on the appropriate transaction date.
New Agreement  Change in Account  Terminate Direct Payment

Community College of Philadelphia

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT PAYMENT BY ACH DEBIT FOR HEALTH INSURANCE COVERAGE FOR THE MONTHS OF OCTOBER, 2013 AND THEREAFTER, AS SET FORTH ON CCP SCHEDULE OF RATES

I (we) hereby authorize Brokerage Concepts, Inc. d/b/a HealthNow Administrative Services hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries for any debit entries in error to my (our) ____ Checking ____ Savings account (select one) indicated below. The frequency of the ACH Debit will be monthly occurring on the days scheduled by the Federation each year. For 2013-2014, I (we) understand those dates to be: 09/06/13, 10/04/13, 11/01/13, 12/13/13, 01/10/14, 02/07/14, 03/07/14, 04/04/14, and 05/02/14 during the period of time when health coverage premiums are due and payable (in most cases, September through the following April). If I (we) join the plan later than January, additional dates may apply.

This authority is to remain in full force and will be effective until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it. I (we) can stop payment of any entry by notifying my (our) financial institution 3 business days before my (our) account is charged.

I (we) understand it is my (our) responsibility to ensure that proper funding is available in my (our) account at the time the COMPANY initiates the ACH Debit. If proper funding is not available, I (we) will be charged the appropriate fees incurred by the COMPANY from the bank plus an administrative fee of $10.00 (ten) dollars.

I (we) realize this agreement may be terminated by the COMPANY immediately if any debit is not honored by the Financial Institution named for any reason.

(Name of Financial Institution)          (Branch Address)

(City)          (State)          (Zip)

(Transit/ABA/Routing No.)          (Bank Account No.)

***** ATTACH A VOIED CHECK*****

Please Print Name(s)

(Please Print Address)          (Telephone #)

(Signature)          (Date)

Your regular payment will be deducted from your account as per your authorization above. A $2.00 processing fee will be included with your monthly payment each month when your account is debited. If the payment amount changes, we will notify you in writing through U.S. mail at least 10 days before the regular scheduled payment date.