

COBRA PREMIUMS CAN BE MADE BY ELECTRONIC FUND TRANSFER (EFT)

For your convenience, Multnomah County offers the option to pay your COBRA premiums by Electronic Fund Transfer (EFT) from your checking or savings account.

This payment option helps to ensure that your payments are made on time and can avoid problems you might have accessing coverage because of a late premium payment. EFT is a consistent and reliable method of paying your COBRA premiums. Accurate premium amounts are automatically processed while you have ongoing EFTs.

To request EFT as your payment option, please complete the Authorization Agreement on the reverse and return to our office as soon as possible. Your first premium payment by EFT cannot occur unless your COBRA premiums are current, so you may still be required to make one or more payments by check before EFT can begin. After your Authorization Agreement is processed, we will mail a confirmation providing your EFT start date.

For more information about EFT, please contact our office.

Multnomah County Employee Benefits Office ATTN:COBRA
501 SE Hawthorne Blvd, Suite 400
Portland, OR 97214
Phone: 503-988-3477
Fax: 503-988-6257
Employee.Benefits@co.multnomah.or.us

Authorized Agreement for Electronic Fund Transfer (EFT) - COBRA

Premiums can be automatically withdrawn from COBRA participant's personal checking or savings account. Multnomah County processes the EFT accounts on the last business day of each month for the next month of health insurance coverage. EFT withdrawals are recorded on the COBRA participant's bank statement as a transaction which occurred on the following day. (Example: Bank statements will reflect a withdrawal on the 1st of the next month when Multnomah County processes EFT accounts on the 31st of the prior month.) In the event bank account had insufficient funds or there was a change in banking account information that was not reported to the Multnomah County Employee Benefits Office in writing, which resulted in a failure to provide premium payment by the due date, COBRA health plan coverage will be suspended until full premium payment is submitted within the late payment grace period, otherwise coverage will terminate with no option to re-enroll. Premium payment must be made by check or money order to Multnomah County COBRA, since Multnomah County was unable to transfer funds via EFT.

Service Fee: Any situation resulting in failure to fund the full monthly premium amount, such as insufficient funds in the account or an unreported change to banking account information preventing EFT, will result in a \$25.00 service fee to the COBRA participant. This fee is payable to the County in addition to the required premium.

Participant Name: _____

SSN: _____

Mailing Address _____

City State Zip

- 1.) I authorize Multnomah County to automatically withdraw funds from my checking or savings account at my designated financial institution for the purpose of paying my monthly COBRA health insurance premium (medical and/or dental coverage). Below I am reporting my financial institution and my individual account information, including the institution's name, ACH routing number, account category, and account number. (Note: The ACH routing number may not always appear on the check or deposit slip - please contact your bank to confirm the ACH routing number.)
- 2.) I understand it is my responsibility to keep this financial information current in County records. I am responsible for immediately notifying Multnomah County of any change in my account information or financial institution. I understand failure to provide current account information and/or financial institution information to the County may result in non-payment of my COBRA health insurance premium, immediate suspension of my COBRA health plan coverage, which may lead to termination of my COBRA continuation coverage.
- 3.) I understand if the County is required to initiate a collection process, I will be required to pay the County a penalty fee for the processing costs.
- 4.) In the event of a COBRA health insurance premium change, I authorize Multnomah County to initiate the change directly with the financial institution listed below.

Financial Institution: _____ Phone: _____

Account Number: _____ ACH Routing Number: _____

Account Type: Checking (**attach voided check**) Savings (**attach voided deposit slip**)

First premium payment should be deducted from this account for coverage month/year : _____

This authorization remains in force until I provide Multnomah County with written notification to change the information or terminate the EFT process. My written notification of change needs to be provided to the County in a timely manner and cannot be implemented retroactively.

Signature: _____ Date: _____

Return completed form to:

Multnomah County Employee Benefits Office ATTN: COBRA
501 SE Hawthorne Blvd, Suite 400, Portland, OR 97214