

Convenient Online Payment Remittance

What is the Online Payment Remittance Option?

The Online Payment Remittance Option is offered to our customers as a convenient way to submit payments for monthly premiums through a secure, online Web site called Employer eServices Electronic Billing Solutions. Once you sign up for this functionality, you will be able to initiate payment directly from the Employer eServices Electronic Billing Solutions Web site for each invoice.

What are the benefits to your company?

- Saves you money – no more checks, no more postage.
- Prevents coverage lapses – Employer eServices Electronic Billing Solutions allows you to review your invoice and make payments online at your convenience.
- Reduces administrative burden – allows staff to spend time on other important issues.
- Your data is secure. Payment data is transferred over a dedicated line directly to our bank. Only validated users who have been registered and authenticated for secure Internet access are allowed into the system.

How do we sign up?

- Have an authorized banking representative from your company (such as a Cash Manager or Banking Officer) complete this form.
- Attach a voided check or a letter from your financial institution showing the bank account to debit.
- Please submit this form, along with a voided check or letter from your bank to:

UnitedHealthcare
601 Brooker Creek Blvd.
Attn: Billing Operations Dept./Employer eServices Electronic Billing Solutions
FL080-1000
Oldsmar, FL 34677

Please attach the voided check or letter here and verify that this account is able to accept ACH debits.

- If you would like to designate individuals to pay invoices online other than those you have designated to view your invoices online, please do so here. If you do not complete the information below, the same individuals will have view and payment capabilities.
- Accounts with debit blocking require special setup. Please check here and a representative will contact you.

Users First & Last Name (List Primary User First)	Phone Number	Online Payment Remittance	E-Mail Address
1)	()	<input type="checkbox"/>	
2)	()	<input type="checkbox"/>	
3)	()	<input type="checkbox"/>	

How does it work?

- After you have completed and submitted this form, you will be enrolled as an Employer eServices Electronic Billing Solutions Payment customer.
- From the Employer eServices Electronic Billing Solutions Web site, you will be able to initiate payment for one or many invoices in the amount that you choose.
- The next banking day, our bank will process your payment request and the amount you designated will be withdrawn from your account.
- This payment authorization shall not supersede any provisions of your Contract. If you need to change banking information or have other questions, please contact the Employer eServices Electronic Billing Solutions Department at 1-800-651-5465.

Yes, I authorize UnitedHealthcare to process my payment using the banking information provided below. This authorization will remain in effect until I notify UnitedHealthcare. I understand the terms and conditions on this form.

Authorized Signature

Date

Customer Name

Customer Number and Bill Group Number

Bank Account Number to Debit

ABA (DFI) or Routing and Transit Number

Bank Account Type (Checking, Savings, etc.)