



Electronic Funds Transfer Form

1. Applicant Information:

First Name:	Last Name:
Member Number:	Monthly Premium Amount:

2. Bank Information:

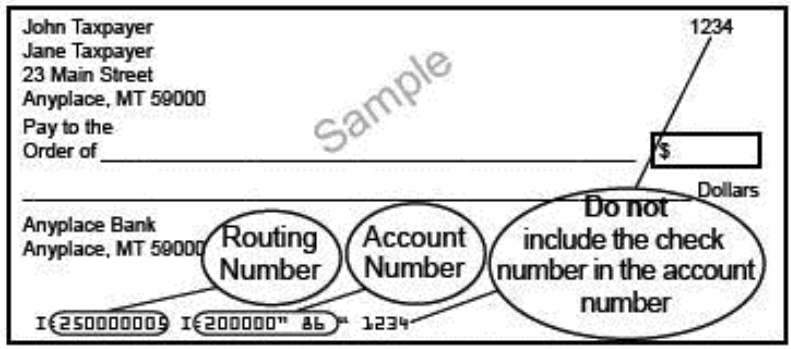
Bank Account Holder's First Name:	Bank Account Holder's Last Name:
Name of Bank:	Address of Bank Branch:
City:	State, Zip Code:

Account Type: (Please check one)

Checking Bank Transit Routing Number

Savings Account Number

See Sample for Routing & Account Numbers →



3. Signature:

I authorize the Pre-Existing Condition Insurance Plan (PCIP) to begin withdrawing funds on the 4th of each month from the account described above for my PCIP monthly premium, in accordance with U.S. laws. If the premium changes, I authorize PCIP to adjust the amount withdrawn to equal the new premium.

Signature of Bank Account Holder Date

Printed Name of Bank Account Holder

NOTE: This permission to withdraw funds will remain in effect until PCIP receives written notice from the applicant to discontinue the monthly electronic funds transfer (EFT). If the applicant is no longer enrolled in PCIP, the EFT will automatically end.

In order to allow PCIP enough time to process your EFT form, you must continue paying your premiums in another way with either a personal check, cashier's check or money order until the EFT withdrawal is in effect. It can take up to 6-8 weeks before the EFT is withdrawn from your account after you sign up.

Please complete this entire form. Enclose a blank check or savings withdrawal slip and write the word "VOID" on it.

Mail to: Pre-Existing Condition Insurance Plan
 PO Box 537031
 Sacramento, CA 95853-7031