



Retiree Authorization for Electronic Funds Transfer

PURPOSE: Complete and return this form only if you would like Group Dynamic, Inc. to electronically withdraw your monthly Retiree insurance premiums directly from your bank account. You may also use this form to report changes/cancellations to this process once you are enrolled.

AUTHORIZATION: I authorize Group Dynamic, Inc. to initiate automatic withdrawals from the bank account listed below for my Monthly Retiree Premium Cost. Further, I agree not to hold Group Dynamic, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution. This agreement will remain in effect until Group Dynamic, Inc. receives a written notice of cancellation from me or my financial institution, or I submit a revised Retiree Authorization For Electronic Transfer form to Group Dynamic, Inc. I understand that my Monthly Retiree Premium Cost will be automatically withdrawn from the bank account listed below on the 3rd Friday of each month in order to pay for coverage for the subsequent month.

ACCOUNT INFORMATION

Your Name (as it appears on the bank account): _____

Bank Name: _____

City/State/Zip: _____

Bank Account Number: _____

Routing Number: _____

The information listed above is: Initial Authorization Change Cancellation

Monthly Retiree Premium Cost: _____

EFFECTIVE DATE & SIGNATURE

Effective Date of this Authorization: _____

Print Name: _____ Daytime Telephone: _____

Signature: _____ SSN: _____

SUBMIT FORM

SEND TO: Group Dynamic, Inc. Retiree Billing Administration

MAIL: 411 US Route One, Falmouth, ME 04105 - or -

FAX: 207-518-5229

QUESTIONS: Call 1-800-626-3539 and ask to speak to a Retiree Billing Specialist