



# State Employee Health Plan (SEHP) – Direct Bill Automated Clearinghouse Enrollment

This form is used by State Employee Health Plan Direct Bill members to elect to have SEHP premiums drafted monthly from a checking or savings account. **Funds are drafted on the 3<sup>rd</sup> of each month or the last business day before the 3<sup>rd</sup> if the 3<sup>rd</sup> falls on a weekend or holiday.** Members only need to use this form if they wish to sign up for automated clearinghouse (ACH) draft without using the Internet.

**Type of Request:** Add  Change

**1.) Member Information** - Please print the covered Direct Bill member information below:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Please provide **either** your 9-digit Social Security Number or your 11-digit Kansas Employee Identification Number (EIN) below:

Social Security Number: ——

**OR**

Employee ID Number:

**2.) Bank Account Information** – Below please provide information on the bank account from which you would like your premiums drafted. Please see the back of this form for helpful information.

**Name on the account:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

**Type of Account:** Checking  Savings

Bank Routing Number:

Acct Number:

**To be signed by the owner of the bank account identified above.**

By signing below, I authorize EDS, an HP company and its designees to draft monthly State Employee Health Plan premium payments on behalf of the member identified above. I agree that funds will be available for drafting on the 3<sup>rd</sup> of each month or the last business day before the 3<sup>rd</sup> of each month if the 3<sup>rd</sup> falls on a weekend or holiday. While EDS does not charge fees for processing monthly ACH drafts, I agree that as the accountholder I will be responsible for fees that may be charged by my bank or EDS or its designees should the ACH draft be reversed due to insufficient funds. As the accountholder I accept that non-payment of premiums resulting from insufficient funds could be cause for the member named on this form to lose their coverage. I authorize for EDS to begin drafting payments as early as the 3<sup>rd</sup> of the first month following my signature date.

Bank Account Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

**3.) Voided Check – Attach a voided check to your completed form.**

**Please return original completed forms to:**

EDS Kansas Premiums  
P.O. Box 1778  
Topeka, KS 66601

**For questions, call EDS-HP Member Services at:**

**1-866-688-5009**

## State Employee Health Plan (SEHP) – Direct Bill Automated Clearinghouse Enrollment Helpful Tips

---

<b>Type of Request</b>	<b>ADD</b>	Check "ADD" if you do not currently participate in ACH draft.
	<b>CHANGE</b>	Check "CHANGE" if you currently participate in ACH but want to change the bank account information.

---

### Member Information

The information you'll enter in this section is specific to the State of Kansas Direct Bill member. We need the Direct Bill member's name in order to validate their account information and correctly enroll them in ACH draft. In addition to the Direct Bill member's name, you need to provide us with either the Direct Bill member's Social Security number or the employee identification number.

**Social Security Number:** This is the nine-digit number issued to you by the Social Security Administration.

**OR**

**Employee Identification Number (EIN):** At the time of their initial employment, each State of Kansas employee is issued a unique State of Kansas Employee Identification number. This number is used to identify the retiree as an SEHP member by SEHP and EDS to manage the retiree's health insurance benefits. The EIN is 11-digits long.

### Bank Account Information

The information we need in the Bank Account section is specific to the bank account owner. This information could be different from the actual member. For example, if the child of a member is authorizing EDS to draft their parent's premium payment from the child's account, the parent's information would be listed in the Member Information section and the child's bank account information would be provided in the Bank Account section. If there is more than one owner listed on the bank account, please simply provide the owner's name who will be signing the form.

**Bank Routing Number:** The bank routing number is a unique 9-digit number that identifies your bank. You can find your bank's routing number on the bottom of a blank check. In the numbers across the bottom of a check, the routing number will be the first 9-digits. If you do not have a check for this account or do not know the routing number, please contact your bank. Unfortunately, we do not have access to this information on behalf of your bank.

**Acct. Number:** Please print the account number assigned to your account by your bank. For checking accounts, you can find your checking account number at the bottom of your check immediately after the special symbol that follows the bank routing number. However, when reading these numbers, do not include the last four numbers in this row because those numbers are your actual check number. If you are unable to determine your account number, please contact your bank.

The form must be signed by an individual listed in the Bank Account section as the account owner.

If you have additional questions, please contact EDS-HP Member Services at 1-866-688-5009.