



Bank Draft Authorization

Policy number: _____

Note: The withdrawal amount may change depending on the mode of payment selected.

Authorization to bank or other financial institution

Type of account: Checking Savings Requested withdrawal date (1st - 28th only) _____

Account holder information:

Full name as it appears on the account: *first, middle, last, suffix*

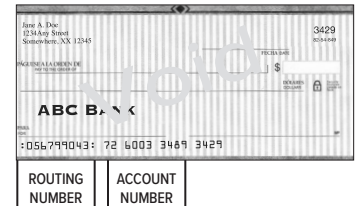
Address City State ZIP code

Bank or financial institution information:

Bank or financial institution's name (including branch, if any) Routing number

Bank or financial institution's address Account number

Please read: By providing my account information here and signing this form, I authorize the bank whose name and address I am providing to pay and to charge to my account the amount of any check, instrument, or any other funds made by and payable to one of the Wellabe, Inc. companies (the "Company")* for insurance premiums. I authorize the Company to contact my bank or financial institution on my behalf for the sole purpose of obtaining information necessary to administer my preauthorized withdrawals in conjunction with my insurance coverage. I authorize the Company to verify the validity of the financial institution information provided with any third-party including, but not limited to, any consumer reporting agency for purposes of confirming accurate predraft information. This authorization is to remain in effect until revoked by me in writing. Until you receive and have reasonable time to act on such notices, you shall be fully protected in accepting any preauthorized withdrawal against my account.



X

Signature

Date

Instructions for submitting a bank draft authorization:

To avoid unnecessary processing delays, make sure you have:

- A completed and signed authorization form.
- A voided check.

Mail or fax the completed form and all other necessary documents to:

Wellabe, Inc.
P.O. Box 1
Des Moines, IA 50306-0001
Fax: 515-247-2435

We're here for you:

Our secure customer portal and Wellabe: Be Well mobile app provide 24/7 access to your plan. Review policy information, view payment history and make payments, download and submit forms, and communicate with our customer success team. Simply visit www.wellabe.com/signin to login or register for an account.

*The Company includes, but is not limited to, American Republic Insurance Company, American Republic Corp Insurance Company, Great Western Insurance Company, Medico Insurance Company, Medico Corp Life Insurance Company, and/or Medico Life and Health Insurance Company.

American Republic Insurance Company administers for American Family Mutual Insurance Company, S.I., American Family Insurance Company, Continental General Insurance Company, Central Reserve Life Insurance Company, and Provident American Life Insurance Company. Medico Insurance Company administers for Ability Insurance Company and Knights of Columbus Health and Accident Division. Medico Life and Health Insurance Company administers for Pioneer Mutual Life Insurance Company.

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