



Individual

Electronic Funds Transfer Authorization – Monthly Deductions

Common Ground Healthcare Cooperative accepts monthly premium payments via Electronic Funds Transfer (EFT). PLEASE NOTE: Your first month's premium payment cannot be paid via EFT by using this form. It can only be paid via EFT if you perform this action online.

To Begin Automatic Withdrawal of Funds from your Bank Account:

1. Complete the information below
2. Sign and date
3. Attach a voided check, if you will be paying via your checking account
4. Mail to: Common Ground Healthcare Cooperative (CGHC)
 120 Bishop's Way, Suite 150
 Brookfield, WI 53005

Please complete the following information to have your premium payment paid via EFT. Your payment will be requested on the 25th of each month or the next business day prior to coverage; allow up to three (3) business days for processing. NOTE: If you wish to have a process date other than the 25th you MUST select a different payment option.

Please PRINT:		
Member's Last Name:	Member's First Name:	Member's Middle Name:
Account Holder's Last Name:	Account Holder's First Name:	Member ID Number:
Daytime Telephone Number:	Email Address:	
Name of Financial Institution:	Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	1st Payment to Begin EFT Process: 25 th of _____ <small>(specify payment month NOT coverage month) For example, July's premium is processed on June 25th.</small>

The amount to be processed will be the amount due indicated on your monthly invoice.

Routing Number

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The first nine (9) digits found at the bottom of your check; Savings customers: ask your financial institution

Account Number

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The number found after the routing number at the bottom of your check; OR check your bank statement

I hereby authorize Common Ground Healthcare Cooperative to instruct my financial institution to deduct monthly premium payments from the account listed above, for the benefit of the member listed above. I understand that these deductions will continue for the term of the policy, or until Common Ground Healthcare Cooperative has received notification from either the member or account holder to discontinue the withdrawals.

Member's Signature	Account Holder's (if different than Member) Signature	Date
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NON-DISCRIMINATION NOTICE AND AVAILABILITY OF LANGUAGE LINE ASSISTANCE SERVICE

Common Ground Healthcare Cooperative (CGHC) complies with applicable Federal civil rights laws and does not discriminate. This means that we do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

CGHC provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, etc.) We also provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services please call us at 877.514.2442.

If you feel that CGHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity, you can file a grievance in person, by mail, fax or email by contacting:

Civil Rights Coordinator: Carrie Loften
Phone Number: 414.269.4684 (TTY: 711)
Fax Number: 262.754.9690
Email: CivilRights@CommonGroundHealthcare.org
Mail: 120 Bishop’s Way, Suite 150
 Brookfield, WI 53005-6271.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail to U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building Washington, DC 20201 or by phone at 1.800.368.1019 or 1.800.537.7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

French ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.877.514.2442 (TTY/TDD: 711)	Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.514.2442 (TTY/TDD: 711)	Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.877.514.2442 (TTY/TDD: 711)
Hmong LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.877.514.2442 (TTY/TDD: 711)	Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.877.514.2442 (TTY/TDD: 711)	Arabic معلومات هامة: نحن نقدم خدمات مساعدة لغوية مجانية. اتصل بنا على الرقم 1.877.514.2442 (TTY/TDD: 711)
Pennsylvania Dutch Wann du [Deitsch] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dir helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.877.514.2442 (TTY/TDD: 711)	Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.877.514.2442 (телефайн: 711)	Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.877.514.2442 (TTY/TDD: 711).
German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.514.2442 (TTY/TDD: 711).	Thai ข้ ยม: ถ้ ุณพศกษษษไทยคณสมกรทไท้ รกรทช้ ยพลที้ ทงภษษษทไท้ ร โทร 1.877.514.2442 (TTY/TDD: 711).	Laotian ໂປດຊີບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຕອບນັ້ນຮອບໃຫ້ທ່ານ. ໂທ 1.877.514.2442 (TTY/TDD: 711)
Hindi ध्यान द : य द आप हिंदी बोलते ह तो आपके िलए मु त स भाषा सहायता सेवाएं उपलब्ध ह । 1.877.514.2442. प कॉल कर । (TTY/TDD:711)	Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.877.514.2442 (TTY/TDD: 711).	Albanian KUJDES: Nëse flitri shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.877.514.2442. (TTY/TDD: 711)