FOOTHILL-DE ANZA
Community College District

ATTENTION RETIREES

(Including Surviving Spouses/Domestic Partners)

Electronic Funds Transfer Required to
Receive Health Benefit Premium Reimbursement for the 2013 Plan Year

Authorizing Electronic Funds Transfer:
All retirees who will be enrolled in health insurance coverage through one of the FHDA-sponsored CalPERS Health plans for the 2013 Plan Year, and who have not previously submitted the required EFT Form to Secova are required to complete and submit the attached Electronic Funds Transfer (EFT) authorization form, along with a voided check (if using a checking account) from the Bank Account to be used for billing and reimbursements, to Secova by 5 p.m., October 5, 2012.

Submitting the EFT form will authorize required deposits to (and in the event of overpayments to the retiree, withdrawals from) the retiree's bank account for the monthly contribution associated with the retiree's elected benefits plan effective January 1, 2013.

(NOTE: You will not receive any paper invoices going forward; all transactions will be handled electronically)

On or about the first of each month funds will be automatically deposited to (or in the event of overpayment to the retiree, withdrawn from) the retiree's bank account, based on the difference between the monthly health plan premium the retiree paid by deduction from his/her retirement check and the monthly contribution actually required of the retiree.

What if I Already Have EFT Authorization with United Healthcare Benefit Services?
If you had previously authorized UnitedHealthcare Benefit Services to recover payments through an EFT process, that service stopped as of June 30, 2012. All prior UHC authorizations for EFT processing were discontinued effective June 30, 2012.

You must complete a new EFT form and submit it to Secova to authorize deposits to (and withdrawals from) your checking/saving account.

What if I Change Banks?
If you change banks, complete a new EFT form and notify Secova immediately to avoid non-payment concerns.

Why is a Deduction Made From My Retirement Check?
In accordance with the requirements for participating in the CalPERS Health plans, all retirees who are deemed Annuitants with CalPERS/CalSTRS (receiving a retirement check) are required to pay the premium cost of their health plans by deduction from their PERS or STRS retirement checks. The District then determines the difference between the full premium amount and the monthly contribution actually required of the retiree and deposits the difference to (or in the event of overpayment to the retiree, withdraws from) the retirees authorized bank account.

What If My Retirement Check is Not Sufficient to Cover the CalPERS Premium Payment or My Monthly Contribution for My Selected Health Plan?

Payment of the retiree's responsible portion is due in full on the first of each month; in the event a deduction from the retiree's retirement check is insufficient, CalPERS will bill the retiree directly. The retiree is responsible for making premium payments in full directly to CalPERS.

What if I Am a Surviving Spouse/Domestic Partner?

All survivors must also complete an EFT Authorization for deposit to, or withdrawal from, the bank account to be used for billing and reimbursements, by 5 p.m., October 5, 2012. Survivors who are not PERS/STRS Annuitants must pre-pay in accordance with District procedures.

Does This EFT Authorization Also Authorize Medicare Part B Reimbursement Deposits?

Yes, this also provides authorization to deposit Medicare reimbursement, if applicable. If a retiree has questions about his/her Medicare Part B reimbursement, please contact the District Office of Human Resources/Benefits Unit.

What If I Have Questions or Need Assistance?

Secova is available to answer questions, provide information and assist retirees with enrollment processes, completing forms and submission of documents. Secova contact information is included below.

Secova Customer Service

Phone: (866) 364-2594
eFax: (877) 635-4606
E-mail: fhda.retireebenefits@secova.com

SECOVA
Attn: RETIREES SUPPORTING SERVICES
5000 Birch Street, West Tower, Suite 1400
Newport Beach, CA 92660

ELECTRONIC FUNDS TRANSFER

Authorization for Automated Deposit and/or Withdrawal for the Following Transactions: (1) Monthly Reimbursement of District Portion of Retiree Health Plan Premium; 2) Survivor Health Plan Payments; (3) Reimbursement of Medicare Part B Premium; (4) Collection of Premium Reimbursement Overpayments; and (5) COBRA Premium Payments.

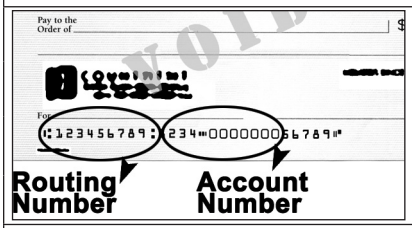
Employer Name: **Foothill-De Anza Community College District**	
Participant Information	
Name (Last, First)	Social Security Number
Address	City/State/Zip
E-mail Address	Phone Number

☐ I hereby authorize Secova on behalf of FHDA to electronically deposit the amount of my monthly or quarterly reimbursements for my benefit plan premium and Medicare Part B premium payments to the designated checking or savings account listed below; AND

☐ I hereby authorize Secova on behalf of FHDA to electronically withdraw monthly or quarterly benefit plan contributions (including any associated bank charges) or overpayment of reimbursements, if applicable, from the designated checking or savings account listed below.

Note: This form may take up to 10 business days from the date received to process. If I am mailing this form close to the 1st of the month for which the premium payment is due, I will include a check for my first payment due on the 1st. Automatic withdrawals, if applicable, will then commence on the following premium payment due date..

Name of Financial Institution			
Mailing Address	City	State	Zip Code



Routing Number:
Account Number:
Type of Account: ☐ Checking ☐ Savings
Requested Effective Date:

I understand and agree that, where applicable: (1) automatic withdrawals will continue until I either cancel this agreement by submitting the request in writing to the address below, or cancel my district paid benefits; (2) withdrawals will be made on the 1st of the month for which the payment is due (or on the next banking day if the 1st is a non-banking day); (3) submission of this authorization form does not remove my responsibility to make timely payments for my health plan contribution which continues to be my sole responsibility; (4) if my automatic withdrawal is rejected by my bank due to insufficient funds or other circumstances, Secova will resubmit the automatic withdrawal once on the last Thursday of the month; (5) I am responsible for additional bank charges associated with insufficient funds; and (6) any automatic withdrawal not honored by my bank will be considered not paid and could result in cancellation of the corresponding health care coverage.

Signature:	Date

Attach a voided check (if for a checking account above) and mail or fax to SECOVA at the address below:

SECOVA
Attn: RETIREES SUPPORT SERVICES
5000 Birch Street
West Tower, Suite 1400
Newport Beach, CA 92660

eFax: (877) 635-4606
Note: Please keep a copy for your records, including a copy of the fax confirmation page, if faxed.

For Secova Customer Service
Phone: (866) 364-2594
E-mail: fhda.retireebenefits@secova.com