

## **Innovative Health Plans: Client ACH Instructions**

The premium payment process for your organization's participation in the Innovative Health Plans Program is intended to be very easy and simple for you. That is, an ACH transaction is all that is needed to complete the monthly premium payment. Based on the information, below, S&S will pull the funds from your account on the Due Date so please make certain it is accurate and up to date.

LIENT ACCOUNT				
Client Legal Name: Group #:		Effective Date:		
Group #.		Lifective Date.		
NVOICE PAYMENT		Due Date:	25th of Mont	h
Invoice:	Invoice to be generated on 15th of month prior to	due date		
Billing Period:	Month next following Invoice date (e.g., Billing Pe	eriod is July; Invoice	generated June	15 <sup>th</sup> )
Requirements:	Premium "pull" will be as invoiced on the Due Dat	te		
Adjustments:	Retro active adjustments will be applied for 30 da	ys only		
NVOICE Inquiries:				
Inquiry:	Contact Broker			
Email Questions:	dl-finance@ss-healthcare.com			
ACH AUTHORIZATION AGRE hereby authorize S&S to purposes of payment of a amounts included on the curther, I agree not to ho by my financial institution	initiate monetary withdrawals from my account at the fi imounts due for participation in the Innovative Health Pla current invoice. Id S&S responsible for any delay or loss of funds due to in n or due to an error on the part of my financial institution	ncorrect or incomplete in depositing funds to	thdraw amount wil information suppl o my account.	l not exce
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