

RE: Payment Instructions

We value our business relationship and consider you a valued group. We are pleased to provide you with the following instructions allowing you three ways to pay your monthly bill:

1. Pay by check mailed through the USPS include remittance advice
2. Pay Via ACH Debit
3. Pay Via ACH Credit

ACH DEBIT

Mid-America Associates, Inc will debit your bank account. See ACH Authorization Form.

The fully completed ACH Authorization Form must be received by Mid-America 15 days prior to the first of the month to allow processing. If not received timely, ACH withdraw will be delayed until the first of the following month.

ACH debit transactions rejected for non-sufficient funds (NSF): You will be required to remit payment using an alternate method of payment for NSF rejections. A fee of \$25 will be charged to your account for ACH rejected transactions. Please note, Mid-America will not initiate a second ACH withdraw for rejected ACH transactions.

ACH CREDIT

The following is the basic information you will need to send an ACH credit to our account. Please note that these instructions apply to ACH credit payments only and do not apply to other payment types, such as wire transfers:

UPIC Number: 72907956
Bank Routing Number: 021052053

If you do not currently use ACH credits to make payments to your suppliers, you will need to contact your financial institution and get information about adding this functionality to your banking services.

An advantage of ACH credit payments is that you can include important information about the payment within the ACH payment itself. Please reference your group number with us to assure payment is promptly and accurately applied to your account.

In addition, you can include invoice (remittance) with your ACH credit payment including the Change Form to report new hires, terminations or status changes. You should consult with your financial institution regarding its functionality.

AVOID COVERAGE LAPSE: Regardless of your chosen option of payment, coverage will lapse if payment is not received before the end of the grace period. Payment is deemed received on the date funds are deposited electronically or the date check is received at Mid-America Associates.

Depending on your payment option and your financial institution, your payment may be converted to a paper check delaying delivery of the payment. Allow ample time for deliver as delay time will vary depending on the financial institution.

Sincerely,

Mid-America Associates, Inc.

ACH Payment Authorization

You _____ (*Print Group Name*) authorize regularly scheduled charges to your checking/savings account. You will be charged the amount stated on your invoice for each billing period on the first business day of each month. No receipt for each payment will be provided to you. The charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided unless the date the charge will be withdrawn changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. Any return of premium will be issued by check within 20 days following ACH payment receipt. In no event will ACH payment continue coverage beyond the Plan termination date as determined by Mid-America Associates, Incorporated.

I _____ (*Print Full Name of Authorized Individual*) authorize Mid-America Associates, Inc. to charge my bank account indicated below on the first business day of each month.

Fully completed ACH Form must be received by Mid-America Associates 15 days prior to the first of the month or ACH withdrawal will be delayed to following month.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

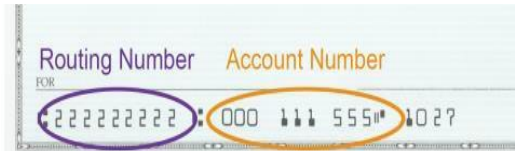
Checking Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify Mid-America Associates, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as early as the first business day of each month.

In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that I will be required to issue payment for NSF transaction using an alternate method, Mid-America Associates will not initiate a second ACH transaction for payment due. I agree to pay Mid-America Associates an additional fee of \$25 for returned NSF transaction. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; provided that the transactions correspond to the terms indicated in this authorization form.

Signature: _____
Account holder's Signature

Date: _____

For: _____
(Company name & group number)