

GERBER LIFE INSURANCE COMPANY

P.O. Box 2271

Omaha, Nebraska 68103-2271

Initial Premiums Paid through Automated Clearing House (ACH)

Medicare supplement applications may have their initial premiums automatically deducted from their checking or savings account through the specific Electronic Funds Transfer (EFT) process identified as Automatic Clearing House (ACH). When they do, you may fax the application and required forms instead of mailing them.

Follow these easy steps to submit Med supp apps using ACH for initial premiums:

Step 1 - COMPLETE THE AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (ACH/BSP) FORM

Applicants wishing to pay electronically complete the appropriate Med supp *Authorization for Electronic Funds Transfer* form*:

T03_200 for Gerber Life Insurance Company

To Pay:

- Only the **initial premium** via EFT, complete the top portion as well as the account information on the Med supp *Authorization for Electronic Funds Transfer* form
- Both the **initial and renewal premiums** via EFT, complete the entire form, including the account information

Step 2 - FAX THE FOLLOWING ITEMS TO THE DEDICATED LINE FOR ACH PAYMENTS AT 1-866-422-9139

1. ACH fax transmittal cover sheet on the back of this form, T03_199_0110*
2. Med supp *Authorization for Electronic Funds Transfer* form, T03_200*
3. Med supp application and other required forms

Tips for Submitting Initial Premiums through ACH

- Do not send a signed check for the initial premium; clients could be charged twice
- Do not fax the forms more than once; additional charges could result
- If you fax the forms, do not mail them, too; processing errors occur and additional charges result

*In the application package

For producer use only. Not for use with the general public.

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Omaha, NE 68103-2271

Call 1-877-617-5592
Fax 1-866-422-9139



**Gerber Life
Insurance Company**

Fax

Use to Transmit Applications with Initial Payment by ACH 1-866-422-9139*

*Use this fax number only for applications and new-business documents. Applications faxed to any other number can cause processing delays.

Please complete the following information:

Total number of pages being faxed (including this cover sheet)_____

Producer Name	Producer Number or SSN
Phone Number	Fax Number

Comments _____

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