



Concordia Plan Services  
 The Lutheran Church- Missouri Synod  
 PO Box 229007  
 St. Louis, MO 63122-9007

Toll Free: 888-927-7526  
 Email: info@concordiaplans.org  
 Website: ConcordiaPlans.org

### ACH Authorization

Please type or print clearly in blue or black ink. Inaccurate or ineligible information will delay your payment and any related benefit enrollment.

A	Member Information														
<div style="display: flex; justify-content: space-between;"> <span>Member Name (Last, First, Middle Initial)</span> <span>Last 4 Digits of Social Security Number</span> </div> <hr/> <div style="display: flex;"> <span>Address</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Email Address</span> <span>Preferred Phone Number</span> </div>															
B	CHP Options														
<p>Select the tier of coverage for each by checking 1-4. 1= Member Only 2= Member &amp; Spouse 3= Member &amp; Children 4= Family</p> <p>I elect the following CHP options and tiers:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Current Plan</td> <td style="width: 25%; text-align: center;">Healthy Me HSA A (BCBS)</td> <td style="width: 25%; text-align: center;">Healthy Me Copay D (BCBS)</td> <td style="width: 25%; text-align: center;">Decline</td> </tr> <tr> <td style="text-align: center;">Current Plan</td> <td style="text-align: center;">Dental Plus</td> <td style="text-align: center;">Dental Premium</td> <td style="text-align: center;">Decline</td> </tr> <tr> <td style="text-align: center;">Current Plan</td> <td style="text-align: center;">Vision Basic</td> <td style="text-align: center;">Vision Premium</td> <td style="text-align: center;">Decline</td> </tr> </table>				Current Plan	Healthy Me HSA A (BCBS)	Healthy Me Copay D (BCBS)	Decline	Current Plan	Dental Plus	Dental Premium	Decline	Current Plan	Vision Basic	Vision Premium	Decline
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<table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> </table>				1	2	3	4								
1	2	3	4												
C	Payment Details														
<p><b>ACH Payments will be deducted on the 10th of the month for the duration of this authorization.</b></p> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Monthly Amount*</span> <span>Date of First Payment (MM/DD/YYYY)</span> <span>Number of Payment Installments**</span> </div> <p>*Concordia Plans Services will deduct the full amount due for Concordia Health Plan (CHP) or other coverage. This amount is subject to change with annual rate changes and/or changes to coverage options or tiers.        **All benefits associated with this ACH Authorization will terminate at the end of the month in which the last payment installment was made.</p>															

