



# ARTA RETIREE BENEFITS PLAN

## AUTOMATIC BANKING FORM

**INSTRUCTIONS:**

- Forward the completed form to ARTA c/o ASEBP at Suite 700 Weber Centre, 5555 Calgary Trail, Edmonton, AB T6H 5P9
- Please keep a copy of this completed form for your records

### Member Information (please print)

First Name(s)			Last Name		
Address (including apartment/unit number)					
City/Town		Province/Territory		Postal Code	Telephone Number
Date of Birth		E-mail Address		ARTA Membership Number	
Day	Month	Year			

### Personal Pre-authorized Debit Agreement

I authorize the Alberta Retired Teachers' Association (ARTA) to begin monthly automated withdrawals for payment of my benefit premiums (excluding premiums for home and automobile insurance) from the bank account identified below. I understand that the following conditions apply:

- ARTA may only assign this Personal Pre-authorized Debit Agreement ("PAD Agreement") to the Third Party Administrator contracted to administer the ARTA Retiree Benefits Plan
- I will pay the monthly premium amount noted in my approval letter and a monthly statement will not be issued
- I will receive at least 10 days prior notification of changes in the monthly amount payable due to:
  - Premium rate adjustments, which typically occur in September
  - A change in benefit coverage (e.g., from "single" to "couple" or "family" coverage)
- My monthly premium payment will automatically be withdrawn from my bank account on the **10<sup>th</sup>** of the month. If the 10<sup>th</sup> falls on a weekend or holiday, the withdrawal will occur on the next business day
- Premiums are billed in complete months and if my benefits terminate prior to the last day of the month, I will remain responsible for the full month's premium
- If there is a change in coverage that takes effect part way through a month (e.g. a change from "family" to "single" status), the premium and coverage in effect at the beginning of the month will stay in effect until the end of that month. On the first day of the following month, the new coverage will come into effect and ARTA will charge me the new premium
- I understand that I will not receive credits or refunds for premiums already paid
- I will notify the Third Party Administrator of any changes to my banking information

My authorization will remain in effect until there is 30 days written notification of termination from either myself or from ARTA. To obtain a sample cancellation form, or for more information on my right to cancel this PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

If the Third Party Administrator makes a withdrawal in error or for the incorrect amount, I will notify the Third Party Administrator as soon as possible. If the Third Party Administrator is aware of an error, the error will be corrected and I will be notified as soon as possible.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

### Non-payment of Premiums

If my benefits are terminated due to non-payment of premiums, coverage will end and I will not be able to re-enrol in benefits until I make restitution, which may include payment of premiums, interest, non-sufficient fund charges and claims paid after termination. I understand that ARTA retains the right to deny re-enrolment should coverage be terminated due to non-payment of premiums.

If you have any questions about this PAD Agreement, please contact a Benefit Plan Coordinator via the information provided below:

Phone: 780-989-8709 (in the Edmonton area)  
Toll-free: 1-855-444-ARTA (2782)  
Email: [arta@asebp.ab.ca](mailto:arta@asebp.ab.ca)

## Automatic Direct Withdrawal

### Banking Information

Attach a void cheque marked “**withdrawals**” or complete the following:

Financial Institution		Address	
City/Town	Province/Territory	Postal Code	
Branch Transit Number	Bank Number	Account Number	

To be completed if you are not the account holder:

Account Holder Name	Relationship to ARTA Member
Signature (confirms acceptance of the terms of the PAD Agreement)	Date

## Automatic Direct Deposit


Automatic direct deposit will be used for benefit claims payments and approved refund of premium payments. Direct deposit ensures that payment is made directly into your bank account and provides:

- faster and safer service than mailing a cheque to you
- protection from delays during postal service disruptions
- automatic deposits to your bank account if you are away from home

Most chartered banks, trust companies, credit unions and treasury branches participate in direct deposit. You should check with your financial institution to make sure it can receive payment into your desired account. The financial institution’s personnel will help you complete this form if necessary.

Complete the information on the following page to assign a bank account for direct deposit use.

## Banking Information

 Check here if you wish deposits to be made to the same bank account used for automatic premium withdrawals

Attached another void cheque marked "Deposits" or complete the information below if you wish to use a different bank account then the one you have selected for withdrawals.

Financial Institution		Address	
City/Town	Province/Territory	Postal Code	
Branch Transit Number	Bank Number	Account Number	

## Consent

The personal information contained herein is required to set up direct debit service with your financial institution to withdraw monthly premium payments from, and if selected, automatic direct deposit of benefit claims to, your bank account.

It is necessary for ARTA to disclose all of this personal information to the Third Party Administrator. It is necessary for the Third Party Administrator to disclose some or all of the personal information herein to your financial institution for withdrawal of benefit premiums and to its third party service provider for automatic direct deposit of benefit claims.

I consent to the collection, use and disclosure of the personal information contained herein for the purposes described above. I understand that I may revoke my consent at any time and acknowledge that doing so may affect my eligibility to receive group benefits. I understand why the information is required and am aware of the risks and benefits of consent or refusing to consent to its collection, use and disclosure.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ARTA Retiree Benefits Plan  
administered by:



Suite 700 Weber Centre  
5555 Calgary Trail  
Edmonton, AB T6H 5P9  
Phone: 780-989-8709  
Toll-free: 1-855-444-ARTA