



**Christian
Education**

HEALTH PLAN

CHRISTIAN EDUCATION HEALTH PLAN
2969 Praire St SW Ste 102 | Grandville MI 49418 | USA
t 616.284.3230 | 877.274.8796 ext 230 | f 616.301.2149
laura.landstra@cebteam.org

Retiree Insurance Premium Payment Options

Personal Information:

Last Name _____ First Name _____
Phone Number _____ Email _____

Option 1: Pre-Authorized Debit

I hereby authorize the Christian Education Health Plan and the bank listed below to withdraw funds from my account on the last business day of each month for my insurance premium payment.

Bank Information:

Bank Name _____
Bank Number (3 digits) _____ Branch Transit Number (5 digits) _____
Bank Account Number (7 or more digits) _____

Please attach a voided cheque or deposit slip.

Option 2: Deduction from Pension Payment

I authorize the Christian Education Health Plan and Christian Education Pension Plan to deduct my monthly insurance premium from my monthly pension payment.

Note: Monthly pension payment must be larger than your monthly insurance premium to use this payment method.

Signature _____ Date _____

Please print form, sign, and submit by email, mail, or fax.