



Prince William County Retiree Health Insurance Credit Plan & Premium Deduction Authorization – Bank Account Update

Return completed forms:

- 1) via email: PWCCredit@boltonusa.com
- 2) via secure upload: <https://www.boltonusa.com/prince-william-county-retired-employees/>
- 3) or via regular mail: Prince William County c/o Bolton

1 W. Pennsylvania Avenue Suite 600
Towson, MD 21204

Part A: Retiree Information (please print legibly)				
1. Name (First)	(MI)	(Last)	(Jr./Sr.)	
2. Address (Street)		(City)	(State)	(Zip)
3. Daytime Phone Number ()				
Part B: Bank Information				
4. Bank Name		5. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
6. ABA Routing Number		7. Account Number		

Part C: Authorization for ACH Deposit of Retiree Health Insurance Credits
<p>I hereby authorize Prince William County to initiate credits by pre-authorized electronic funds transfer to my checking account or savings account indicated above. I also authorize Prince William County to automatically collect any overpayment of credits made to this account. If any bank overdraft charges occur, Prince William County is not responsible for the payment of these charges. This authorization will remain in full force and effect until I notify the County in writing of its termination.</p> <p><input type="checkbox"/> By checking this box, I certify that the typed name below serves as my electronic signature.</p> <p style="text-align: center;">_____</p> <p>Retiree Signature Date</p>

Part D: Authorization for ACH Deduction for Health Insurance Premiums
<p>I hereby authorize Prince William County to initiate debits by pre-authorized electronic funds transfer from my checking account or savings account indicated above. I understand that deductions are made one month in arrears on the first business day of each month and that the amount deducted may change based on annual rate increases. If this deduction is returned/rejected by my bank, I understand that a second attempt will automatically be made on the 15th day of the month (or the following business day if the 15th is a weekend or holiday). If the second deduction is returned/rejected by my bank, I understand that my coverage will be cancelled. This authorization will remain in full force and effect until I notify the County in writing of its termination.</p> <p><input type="checkbox"/> By checking this box, I certify that the typed name below serves as my electronic signature.</p> <p style="text-align: center;">_____</p> <p>Retiree Signature Date</p>