

GREATER HOUSTON BUILDERS ASSOCIATION BENEFITS PROGRAM

Electronic Funds Transfer Authorization Agreement/Terms & Conditions

The Greater Houston Builders Association Benefits Program (GHBABP) has authorized Concerro Services to collect premium and remit payments to the insurance carriers offered as part of this program.

Bill Payment Service

By providing your name and account information in the Electronic Funds Transfer Authorization Agreement (EFT), you authorize Concerro Services to debit your checking account on a monthly basis and remit premium payments on your behalf to the insurance companies for the plans you have purchased. Due dates are the 1st of the month for all plans and all EFT submissions will be processed on the 1st day of the month in which they are due or next business day.

Concerro Services will use its best efforts to make all your payments properly. However, we shall incur no liability if we are unable to complete any payments because of any one or more of the following circumstances:

1. Your financial institution fails to honor the payment authorization because of insufficient funds or other reasons;
2. You have not provided us with the correct information in your EFT Authorization Agreement; or
3. Circumstances beyond our control (such as, but not limited to fire, flood, or interference from an outside force) that prevent the proper execution of the transaction.

Password and Security

As a user of this website you agree not to give or make available your account password or other means to access your account to any unauthorized individuals. You are responsible for all changes to your account. If you believe that someone is using your password without your consent or has made changes to your enrollment information without your permission, you must notify us immediately by email or by fax.

Fees

There are no additional charges from the Greater Houston Builders Association Benefits Program or Concerro Services associated with using EFT. However, a \$30 fee will be charged to any account where the EFT is unsuccessful in drawing the premium due. Any fees associated with your checking account from your financial institution will continue to apply. You are responsible for any and all telephone access fees and/or Internet service fees that may be assessed by your telephone and/or Internet service provider. Please refer to the Delinquent Remittance Policies posted under Smart Tips on the Greater Houston Builders Association Benefits Program web site for specific fees and policies.

Incomplete Transaction

If Concerro Services is unable to complete the transaction you will receive a notice indicating the payment problem and requesting a payment remedy. The notification will include specifics on the grace period(s) that may apply. If your **payment is not received** by the last business day of the grace period, your benefit plans will be terminated in accordance with the terms of the insurance plan(s) you have purchased.

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Errors and Questions

In case of errors or questions about your monthly billing statement or payment, you should contact Concerro Services as soon as possible. All changes will be processed in accordance with the insurance carrier(s) policies. Consult your benefit contract for more specific information.

If you think your statement is wrong or you need more information about a transaction listed on the statement, we must hear from you no later than thirty (30) days after you received your email reminder to view the statement on which the problem or error appeared. You must:

1. Tell us your company name and group policy number(s);
2. Describe the error or the transaction you are unsure about, and explain as clearly as you can why you believe it is an error; and
3. Tell us the dollar amount of the suspected error.

We will tell you the results of our investigation within ten (10) business days after we hear from you, and will correct any error promptly. If we need more time, however, we may take up to thirty (30) days to investigate the complaint or question.

Modifications and Amendments

The Greater Houston Builders Association Benefits Program maintains the right to modify or amend the applicable fees and service charges at any time. Concerro Services shall notify you by email (or fax) of such changes. Continued use of EFT after this notification will constitute your agreement to such changes.

Banking Changes

You agree to promptly submit a new completed and signed EFT Authorization Agreement to Concerro Services any time there is a change in your checking account. Additionally, you agree to provide this notification by the 25th of the month to be effective the 1st of the following month.

Termination or Discontinuation

In the event you wish to terminate or discontinue your EFT service, you must notify Concerro Services by email or fax by the 25th of the month prior to the effective date you wish to make the change. EFT may be a condition of the program and terminating your EFT coverage may result in termination of your insurance coverage. In the event EFT is the only payment option available, the Agreement will be terminated once the outstanding account balances have been settled. Please contact Customer Support for additional information.

Greater Houston Builders Association Benefits Program

Phone: **1-877-294-5831 (toll-free)**
Email: txcustomersupport@concerogroup.com
Fax: **1-877-225-0463 (toll-free)**

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Electronic Funds Transfer Authorization Agreement

To authorize monthly electronic payments from your account, please complete, sign and fax this form along with a voided check.

Electronic Funds Transfer Authorization Agreement
Name of Financial Institution:
Routing Number (9-digit number found following I:, located in the bottom left-hand corner of check) I: _ _ _ _ _ I:
Account Number (# of digits vary by account, located after the routing # on check):
Name on Account: Group Name (if different from account name):
I have read the Terms and Conditions associated with this Agreement and am authorizing a monthly insurance premium collection be drawn from the above referenced account. This account will be debited on the premium due date designated by your insurance carrier.
Print Name of Authorized Signer:
Print Title of Authorized Signed:
Email Address:
Signature:
Date: