


Early Retiree Online Payment Instructions


If you are paying for Medical ONLY:

1. On the Insurance Payments home screen, select “Early Retiree”.

 **SMU** *World Changers Shaped Here*

[Home](#) [Register](#) [Log In](#) [Insurance Payment\(0\)](#) [Search](#)

Insurance Payments
[Home](#)

 **SMU**

Important: This website is for individuals who are unable to pay their medical and dental premiums via payroll deduction, including:

- SMU employees on unpaid Leave of Absence
- Former SMU employees receiving Long-Term Disability (LTD) benefits
- Retired SMU employees enrolled in the Early Retiree medical/dental plans administered by BCBSTX
- SMU employees on a J-1 Visa enrolled in the SMU Visiting Scholar Health Plan

[Early Retiree](#)


[Long-Term Disability](#)

[Leave of Absence](#)

[Visiting Scholar](#)


2. Enter the payment amount for **Medical** in the box below. Enter the amount for one month only and be sure the amount is entered correctly. Update quantity if you wish to pay for more than 1 month at a time (do not do so if you wish to set up automatic withdrawal).

If you would like to opt in for automatic withdrawal, check “Yes” under “Medical Insurance” and click “Continue” to proceed. Make sure the quantity is 1 if you wish to set up automatic withdrawal. If you DO NOT wish to set up automatic payment, select “NO” and skip step 3. Proceed to step 4.

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Early Retiree
[Home](#) | [Early Retiree](#)



Medical Insurance - Early Retiree


If you are an early retiree, you will pay your Medical Insurance Premiums here. Enter payment amount and click “Continue”. After you click “Continue”, the next page will ask for your name and phone number. It is important to note that you may pay for multiple months. Please choose which months you are paying for on the next page.

Payment Amount: \$

Quantity:

Would you like automatic withdrawal each month?:
☐ Yes
☒ No

[Continue](#)



Dental Insurance - Early Retiree

If you are an early retiree, you will pay your Dental Insurance Premiums here. Enter payment amount and click “Continue”. After you click “Continue”, the next page will ask for your name and phone number. It is important to note that you may pay for multiple months. Please choose which months you are paying for on the next page.


Payment Amount: \$

Quantity:

Would you like automatic withdrawal each month?:
☐ Yes
☒ No

[Continue](#)

3. You will be redirected to the screen below to set up automatic withdrawal. Check for the amount for accuracy. Select "Monthly" as the frequency of payments. Select the date you wish your payments to start (payments are due on the 5th of each month). Please be sure to set your end of payment schedule day **NO LATER THAN December of the current billing year**, as the insurance rates increases in January of the following year and this will need to be set up again then.

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Medical Insurance - Early Retiree - Recurring Setup

[Home](#) | [Early Retiree](#) | [Medical Insurance - Early Retiree - Recurring Setup](#)

End of payment schedule cannot be after 01/03/2019

The amount that you enter below will take place on each scheduled payment date.

Payment Amount: \$1.00

If the selected "End of payment schedule" date does not coincide with a scheduled payment date (as determined by the selected frequency and start date), the final payment will be the last regularly scheduled payment date before the "End of payment schedule" date.

How often will your payment recur?*

Date of first payment (m/d/yyyy):*

End of payment schedule (m/d/yyyy):*

[Continue](#)

4. Enter first name, last name, phone number, and check the boxes for the months you are paying for. If you are set up to pay for the whole year, check all months apply. Click “Continue” to proceed.

Medical Insurance - Early Retiree
Home | Early Retiree | Medical Insurance - Early Retiree - Options

Payment Amount:

\$10.00

Quantity:

1

* Indicates required information

* First Name

(1–1,000 character[s])

* Last Name

(1–1,000 character[s])

* Phone Number

(10–14 character[s])

(555) 555-5555

* Which Months Are You Paying? - You can pay for multiple months

☐ January

☐ February

☐ March

☐ April

☐ May

☐ June

☐ July

☐ August

☐ September

☐ October

☐ November

☐ December

Continue

5. Make sure the information entered is accurate and click "Continue".

The screenshot shows the SMU website header with the logo and tagline "World Changers Shaped Here". The navigation bar includes "Home" and "Insurance Payment(1)". A search bar is located on the right. The main heading is "Insurance Payment", with a breadcrumb trail "Home | Early Retiree | Insurance Payment".

Items in your Insurance Payment

Item Name	Remove	Amount
Medical Insurance - Early Retiree First Name: John Last Name: Smith Phone Number: (000) 000-0000 Which Months Are You Paying? - You can pay for multiple months: August Which Months Are You Paying? - You can pay for multiple months: July		\$10.00
Total:		\$10.00

At the bottom, there are two buttons: "Make Additional Payments" and "Continue". The "Continue" button is circled in red.

6. If this is your first time making an online payment, we STRONGLY RECOMMEND you to create a user profile by clicking on "Register Now" as shown below. If you choose to register, your payment method will be saved for future payments. Once you are registered following step 6, you can login under "Registered Users" shown below for future payments. If you choose to pay WITHOUT a user profile, you will enter your email address in the screen below and click "Continue Unregistered", which will take you directly to the payment page. If you choose to pay without a user profile, you will need to enter your credit card/electronic check information every time when you make a payment.

The screenshot shows the SMU website header with the logo and tagline "World Changers Shaped Here". The navigation bar includes "Home", "Register", "Log In", and "Insurance Payment(1)". A search bar is located on the right. The main heading is "Delivery Address", with a breadcrumb trail "Home | Insurance Payment | Address | Payment Methods | Review | Receipt".

Contact Information

Please enter the email address for this Insurance Payment.

Email Address:*

**Indicates required information*

Continue Unregistered

Insurance Payment Summary

Item Total:	\$10.00
Total:	\$10.00

Registered Users

Username:
Password:
Login


New Users

Register Now


The "Register Now" button is circled in red.

At the bottom, there is a section titled "Items in your Insurance Payment".

7. If you choose to create a user profile: Create a user name and password as required by the page below. If you enter your billing address here, it will be saved and you will not have to enter it again in the future. Click “Create Account” to proceed.

 **SMU** *World Changers Shaped Here*
Home | [Register](#) | [Log In](#) | Insurance Payment(1)
Create an Account
Create User Name and Password *Indicates required information
Username:*
(must be at least 4 characters)
Password:*
(7 to 20 characters with at least one number)
Confirm password:*
Name and Email Address
Prefix:
First Name:*
Middle Name:
Last Name:*
Suffix:
Email address:*
Billing Address (Optional)
Address Line 1:
Address Line 2:
City:
State/Province:
Postal Code:
Country:

8. You will be taken back to the page below. Click “Continue to Payment” to proceed to payment page.

 **SMU** *World Changers Shaped Here*
Home | [Log Out](#) | [My Account](#) |
Hello John. ([Not John?](#))
Delivery Address
[Home](#) | [Insurance Payment](#) | [Address](#) | [Payment Methods](#) | [Review](#) | [Receipt](#)
Contact Information
Please enter the email address for this Insurance Payment.
Email Address:* *Indicates required information

Insurance Payment Summary


Item Total:	\$10.00
Total:	\$10.00

Items in your Insurance Payment

Item Name	Amount
Medical Insurance - Early Retiree	\$10.00
First Name:	John
Last Name:	Smith
Phone Number:	(000) 000-0000
Which Months Are You Paying? - You can pay for multiple months:	August
Total:	\$10.00

To make a payment with a credit card:

- On the “Payment Method” drop down menu, select “Credit Card”.

 **SMU** *World Changers Shaped Here*

Home | Insurance Payment(1)

Payment Methods

Home | Insurance Payment | Address | Payment Methods | Review | Receipt

Payment Method

Please select your payment method.

Payment Method:*

Credit Card ▼

Select a Payment Method

Credit Card

Electronic Check (ACH)

Select a Card Type ▼

Credit Card

Card Type:*

Credit Card Number:*

Expiration Date:*







Security Code:*

07 ▼

2017 ▼

[View example](#)

Credit Card - Available credit card issuers.



Billing Information

Name:*

Address Line 1:*

Address Line 2:

City:*

State:*

ZIP Code:*

Country:*

Texas ▼

United States ▼

Insurance Payment Summary

Item Total:

Tax:

Total:

\$10.00

\$0.00

\$10.00

- Select the type of credit card you would like to use (AMEX, Discover, Visa, MasterCard, etc.). If you wish to save this payment method for future payment, name the payment method and check the box for "Save the selected payment method to your customer profile". Click "Continue" to proceed.

[Home](#) | [Log Out](#) | [My Account](#) | [Search](#)

Hello John. ([Not John?](#))

Payment Methods

[Home](#) | [Insurance Payment](#) | [Address](#) | [Payment Methods](#) | [Review](#) | [Receipt](#)

Payment Method

Please select your payment method.

***Indicates required information**

Payment Method:* Credit Card ▼

Credit Card







Card Type:* Discover ▼

Credit Card Number:*

Expiration Date:* 07 ▼ 2017 ▼

Security Code:* [View example](#)

Credit Card - Available credit card issuers.

Payment Profile

Payment Profile Name:

☐ Save the selected payment method to your customer profile

Billing Information

Name:*

Address Line 1:*

Address Line 2:

City:*

State:* Texas ▼

ZIP Code:*

Country:* United States ▼

[Continue](#) [Different Payment Method](#)

Insurance Payment Summary

Item Total:	\$10.00
Tax:	\$0.00
Total:	\$10.00

- Home | Insurance Payment(1)

Search

Review Insurance Payment

[Home](#) | [Insurance Payment](#) | [Address](#) | [Payment Methods](#) | [Review](#) | [Receipt](#)

Insurance Payment Summary

Item Total:	\$10.00
Tax:	\$0.00
Total:	\$10.00

Contact Information

johnsmith@smu.edu

[Edit](#)

Cancellation Policy Agreement

Insurance Payments

Cancellation of Coverage

Important: Coverage will be cancelled in the event that payments due are not received by the due date. If coverage is cancelled due to nonpayment, there will be no opportunity to re-enroll.

If you have any questions, please email Wen Qin at wqin@smu.edu. Please provide the amount of your payment, the

By clicking Submit Insurance Payment, I agree to the above Cancellation Policy

[Submit Insurance Payment](#)
[Print Agreement](#)

Payment Information

Payment	Details	Billing Information		
Discover	xxxxxxxxxxxx7159	John Smith 123 SMU Blvd Dallas, TX 75206 United States	Medical Insurance - Early Retiree	\$10.00
			Tax:	\$0.00
			Total:	\$10.00

[Change Payment Information](#)

Items in your Insurance Payment

Item Name	Amount
Medical Insurance - Early Retiree	\$10.00
First Name:	John
Last Name:	Smith
Phone Number:	(000) 000-0000
Which Months Are You Paying? - You can pay for multiple months:	December
Which Months Are You Paying? - You can pay for multiple months:	November
Total:	\$10.00

To make a payment with an electronic check:

- On the “Payment Method” drop down menu, select “Electronic Check (ACH)”. Select bank account type (Checking or Savings) and enter the routing number and account number as indicated on your check. “View Example” will help you locate where these number are located on your check. Enter the “Billing Information” requested. If you wish to save this payment method for future payment, name the payment method and check the box for “Save the selected payment method to your customer profile”. Click “Continue” to proceed to the next step.

Payment Methods

[Home](#) | [Insurance Payment](#) | [Address](#) | [Payment Methods](#) | [Review](#) | [Receipt](#)

Payment Method

Please select your payment method.

*Indicates required information

Payment Method:* **Electronic Check (ACH)**

Electronic Check (ACH)

Bank Account Type:* **Checking**

ABA Routing number:* [View example](#)

Account Number:*

Confirm Account Number:*

Electronic payments require a bank routing number and account number. Payments can be made from a personal checking or savings account. No corporate checks allowed, i.e. credit cards, home equity, traveler's checks, etc.

Payment Profile

Payment Profile Name:

☐ Save the selected payment method to your customer profile

Billing Information

Name:*

Address Line 1:*

Address Line 2:

City:*

State:*

ZIP Code:*

Country:*

[Continue](#)

[Different Payment Method](#)

Insurance Payment Summary

Item Total: \$10.00

Tax: \$0.00

Total: \$10.00

Items in your Insurance Payment

- Review the information entered to be sure it is correct. To submit the payment, click the red “Submit Insurance Payment” button in the middle section of the page. An email receipt will be sent to the email address provided previously. If you selected automatic withdraw, you will see the email receipt with automatic withdraw information you selected. **Please note, your account will be not charged until payment date occurs.**

[Home](#) | [Insurance Payment\(1\)](#)

Review Insurance Payment

[Home](#) | [Insurance Payment](#) | [Address](#) | [Payment Methods](#) | [Review](#) | [Receipt](#)

Insurance Payment Summary

Item Total:	\$10.00
Tax:	\$0.00
Total:	\$10.00

Contact Information

johnsmith@smu.edu

Cancellation Policy Agreement

Insurance Payments

Cancellation of Coverage

Important: Coverage will be cancelled in the event that payments due are not received by the due date. If coverage is cancelled due to nonpayment, there will be no opportunity to re-enroll.

If you have any questions, please email Wen Qin at wqin@smu.edu. Please provide the amount of your payment, the

Authorization Agreement for Electronic Payment (ACH DEBIT)

Authorization Agreement for Electronic Payment (ACH DEBIT) I understand that payment(s) will be initiated once the order(s) has/have been submitted. I will be electronically notified when my order(s) has/have been fulfilled. I authorize the following debit transaction(s) to my account(s) based on the terms and conditions listed below:

Name: John Smith
 Depository:
 JPMORGAN CHASE
 2ND FLOOR
 TAMPA, FL 33610
 Bank Account Type: Checking
 Routing Number: 111000614
 Account Number: xxxxx7286
 Total Debit Amount: \$10.00

Please type the word YES in the box below to signify your acceptance of this agreement and then click "Submit Insurance Payment" to continue.

By clicking Submit Insurance Payment, I agree to the above Cancellation Policy